

Research Article

Nurses' Perceptions About Family Presence During Resuscitation: A Literature Review

Indah Dwi Pratiwi*, Risa Herlianita, Indri Wahyuningsih

Department of Nursing, University of Muhammadiyah Malang

ORCIDIndah Dwi Pratiwi: <https://orcid.org/000-0002-9092-3321>**Abstract.**

In hospitals, family members of patients who need resuscitation attempts are usually taken outside of the resuscitation room. They are informed about the patient's situation regularly by a team member. Nurses' self-confidence is regarded as one of the most influential factors in accepting and implementing family presence during resuscitation. We wanted to see the perception and self-confidence of nurses about family presence during resuscitation (FPDR). Our research follows the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA). We searched for articles in international databases such as PubMed and ProQuest from January 2020 to November 2020. Of the 219 articles discovered, seven articles were reviewed. Data extraction and analysis results found two themes: risk and benefits of family presence during resuscitation and promoting self-confidence.

Keywords: Perceptions, self-confidence, family presence during resuscitation

Corresponding Author: Indah
Dwi Pratiwi; email:
pratiwi_indah@umm.ac.id

Published 23 June 2023

Publishing services provided by
Knowledge E

© Indah Dwi Pratiwi et al. This article is distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use and redistribution provided that the original author and source are credited.

Selection and Peer-review under the responsibility of the HSIC Conference Committee.

1. INTRODUCTION

During resuscitation, family presence is defined as family assistance in a patient care area where family members have visual or physical contact with the patient during resuscitation and invasive procedures [1]. The process of presenting the family during this resuscitation began in 1982 at Foote Hospital, USA, where family members asked permission to be present in the resuscitation room. In 1985, Doyle et al. surveyed 55 family members and 21 emergency room care staff at Foote Hospital. From their study, 71% (15) of staff supported the practice of family witness resuscitation, and most of the family members (94%) believed that their presence would benefit the patient and make adjustments to relative mortality easier [2].

Several professional organizations have issued their positions on the option of bringing in families during the resuscitation process. The American Heart Association recommends family witness resuscitation options in their guidelines [3][4]. Furthermore,

OPEN ACCESS

The Emergency Nurses Association also gave a positive statement about offering family witness resuscitation options [1].

Despite the many professional organizations' recommendations against family witness resuscitation, health care providers have conflicting opinions on issues [2], [5]. Several researchers found some barriers when allowing family members to witness resuscitation. Some believed that allowing family members to be present during resuscitation may interfere with patient care [6], causing the resuscitation team to become stressed [2], [5], [6], resulting in psychological trauma for the patient's family [5], [6], [7], and increasing the likelihood of lawsuits [6].

This literature study was made to review some literature that examines nurses' perceptions and self-confidence about family presence during the resuscitation process.

2. METHODS

This review was guided by the Preferred Reporting Items For Systematic Review And Meta-Analysis (PRISMA) [8], [9]. In the search for articles, four inclusion criteria were used: (1) population: nurses or doctors who work both in emergency rooms and intensive care rooms who treat both adult and pediatric patients, (2) type of study: primary research, (3) research objectives: the perception and confidence of the nurse or doctor, (4) the language used is English.

The search for this article went through two stages of an electronic search strategy used to identify articles that match the inclusion criteria: (1) through an electronic database of published articles and (2) through repeated search for citations. The electronic databases used in the search are Proquest and PubMed. An article search was conducted in July 2020. The search keywords used were [perception] AND [self-confidence] AND [nurs *] AND [family presence] AND [witness] AND [resuscitation]. The article title and abstract were reviewed according to the researcher's inclusion criteria; if duplication were found, the article would be discarded. Articles were excluded because they did not aim to see the perceptions and self-confidence of nurses or doctors. Articles that pass the screening will be read in full and thoroughly several times to be readjusted whether they meet the inclusion criteria.

The data extraction form includes the following: study location, study design, perception definition, self-confidence definition, number of samples, participant characteristics, intervention (if any), analysis, and primary objectives. Articles included in the review were assessed using one relevant critical appraisal instrument. The article uses the survey research method using the Joanna Briggs Institute [10].

Thematic synthesis was used to analyze the outcomes of each observed diagnosis [11]. This inductive method identifies common data elements across multiple studies. First, we coded each line individually, allowing the researchers to translate ideas from one look to the next. The topics identified and quotations from the unique studies provided in the results sections were considered information. Then the descriptive issues were translated into the final analytical issues, subthemes, and classes to respond to the study’s query. Furthermore, to clarify each subtheme, supportive rates have been added [12].

3. RESULTS

Identification of articles

A search through several databases identified 1234 documents or articles. In addition, the title and abstract were also screened and reviewed to select articles that met the inclusion criteria (Figure 1).

TABLE 1

Identification	Records identified through database searching PubMed (n=11) ProQuest (n=208)	
Screening	Records searching (n=99)	Records excluded as duplication (n=72)
	Titles and abstracts screened (n=23)	Records excluded after the screening, titles, and abstracts (n=0)
Eligibility	Full-text articles assessed for eligibility (n=17)	Full-text articles excluded (n=0) No concerned outcomes or relevant data not described Only abstract
Included	Studies included in a qualitative synthesis (n=7)	

The characteristics of the seven articles that match the inclusion criteria are summarized in Table 1. The articles used in this review are primary research with various research focuses, and all of the articles included were primary studies with varying research foci.

The literature search yielded 219 publications, which were reviewed using the title, abstract, and full-text criteria.

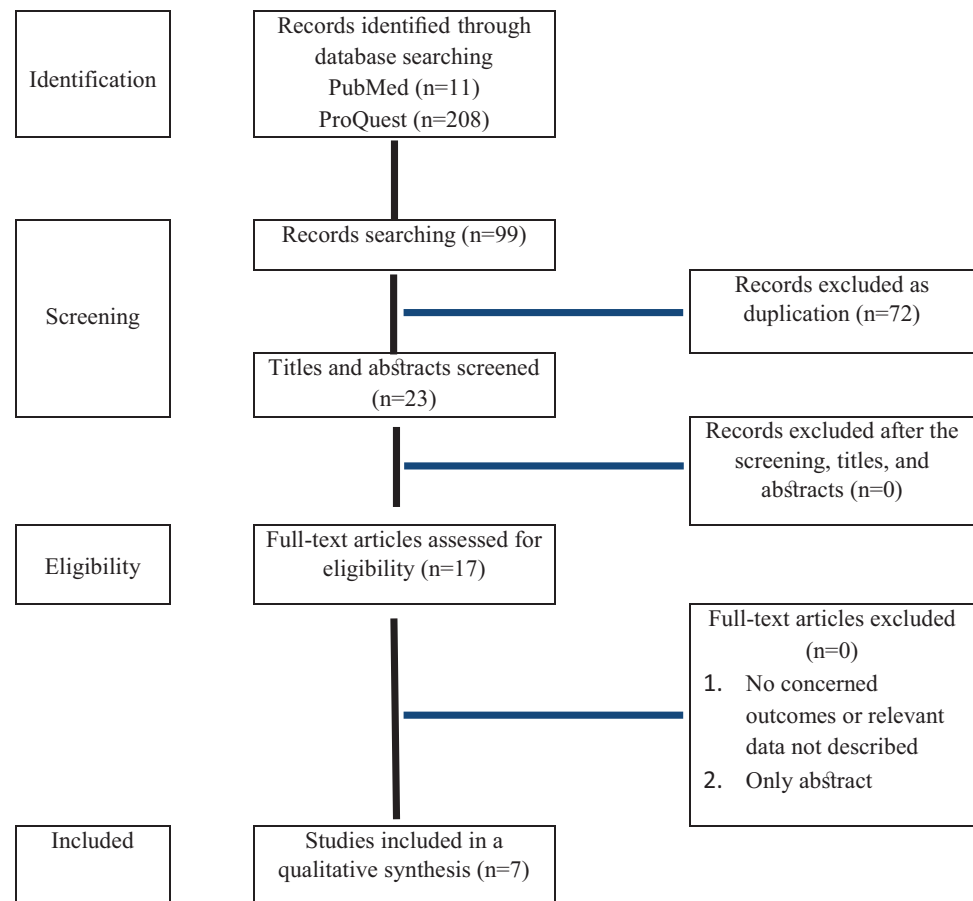


Figure 1: Flow chart study selection.

The research areas include perception, self-confidence, experience, attitudes, and work experience. The seven studies reviewed were all quantitative. The articles are from Australia, Poland, the USA, and Iran. Publications are predominantly in nursing journals, including The Journal of Clinical Nursing, British Journal of Nursing, Intensive and Critical Nursing, Journal of Critical Care Nursing, South Asian Journal of Emergency Medicine, Nursing Education, Families in Critical Care, and International Journal of Nursing Studies. The number of respondents involved ranged from 123 to 395. In total, 1048 nurses participated in these seven studies. As a result, this review included seven studies. The summary results of the quality assessments were obtained using JBI's critical appraisal tool. Seven included studies had quality scores ranging from 87.5% to 90%.

4. DISCUSSION

The findings or results of the seven research articles reviewed were summarized and then synthesized on the meaning of perception, self-confidence, and the frequency of

TABLE 2: Characteristics of included studies.

Author	Research design	Sample size (n)	Findings	Quality score
Gutysz-Wojnicka, et al (2018)	Survey	240	More than half of ICU nurses (n=66) had experienced family presence during resuscitation, 12 had a favorable view, and 46 others had an opposing view. Positive experiences about family presence during resuscitation affect nurses' views, perceptions, and attitudes towards family presence during resuscitation.	7/8
McLean, Gill & Shields (2016)	Survey	123	Staff who work in the ICU have higher self-confidence than staff who work in the non-ICU room. Experience in performing resuscitation in pediatrics, bringing family during resuscitation, and length of work significantly influenced participants' perceptions and self-confidence.	7/8
Powers & Candela (2016)	Survey	74	Perception and self-confidence scores in the intervention group were higher than in the control group. The online learning module is an effective method to provide education to ICU nurses about family presence during resuscitation. This online method can also increase nurses' perception and confidence about family presence during resuscitation.	8/8
Powers & Reeve (2018)	Survey	395	One-third of respondents never brought their family during resuscitation. Clinical experience of family presence during resuscitation is the strongest predictor of positive perception and higher self-confidence. The existence of knowledge about family presence during resuscitation and the existence of written policies are essential keys as predictors of perception.	7/8
Rafiei, et al (2018)	Survey	240	There is a negative relationship between nurses' attitudes about family presence during resuscitation and their self-confidence. Nurses with high self-confidence tend to have a positive attitude about family presence during resuscitation.	8/8
Hayat, et al. (2019)	Survey	185	Both nurses and doctors (52.3% and 55.9%, respectively) believed that having family present during CPR would pose more risk than benefit. Although the healthcare professionals felt confident in communicating in difficult circumstances, they felt that there was more risk than benefit and that having family present during resuscitation was not feasible.	8/8
Tudor et al. (2014)	Survey	154	Nurses' self-confidence and perceived benefit of family presence were significantly related ($r = 0.54$; $P.001$). Self-confidence was significantly higher in nurses who had completed Advanced Cardiac Life Support training, had ten or more resuscitation events, were specialty certified, or were members of nurses' professional organizations. Fear of interference by the patient's family, a lack of space, support for family members, fear of trauma to family members, and performance anxiety were all barriers to family presence.	8/8

words. Gutysz-Wojnicka et al. surveyed 240 nurses in Poland about nurses' views and

TABLE 3: Identified themes and categories related to nurses' perceptions and self-confidence about family presence during the resuscitation.

Theme	Sub-themes	Key aspects	References
Risk and benefits of FPDR	Risks of FPDR	Family's interference, lack of space, fear of trauma to family members, family anxiety	Hayat, et al. (2019); Tudor et al. (2014); Gutysz-Wojnicka, et al (2018)
	Benefits of FPDR	Chance to say goodbye, provide acceptance for family,	Rafiei, et al (2018); Powers & Reeve (2018); Gutysz-Wojnicka, et al (2018)
Promoting self-confidence	The educational aspect of CPR	Online learning, ACLS or CPR training, a position statement from professional organizations	Tudor et al. (2014); Powers & Candela (2016); McLean, Gill & Shields (2016)
	The written policy of FPDR	A policy of FPDR	Powers & Reeve (2018); Tudor et al. (2014); Rafiei, et al (2018)

experiences regarding family presence during resuscitation [13]. Gutysz-Wojnicka et al. also described that more than half of ICU nurses (n = 66) had experienced family witness resuscitation, 12 had positive views, and 46 others had negative views [13]. Positive experiences regarding family witness resuscitation affect nurses' views, perceptions, and attitudes towards family witness resuscitation [13].

McLean et al. conducted a study in Australia, surveying 123 nurses working in ICUs and non-ICU wards [14]. Mclean et al. found that staff working in ICU had higher self-confidence than staff who worked in non-ICU rooms [14]. The resuscitation experience in pediatrics, having brought a family during resuscitation, and the length of work significantly influenced these nurses' perceptions and self-confidence.

Powers & Candela intervened on 74 ICU nurses in the United States using an online learning module about family witness resuscitation [15]. Of 74 nurses, 40 nurses were included in the intervention group, and 34 nurses were included in the control group [15]. The results were that the intervention group's perception and self-confidence scores were higher than the control group. The online learning module is an effective method for providing education to ICU nurses about family witness resuscitation, and this online method can also increase nurses' perceptions and self-confidence about family witness resuscitation [15].

Powers & Reeve evaluated the perception, self-confidence, and invitation of 395 nurses in the united states using a survey method. The results obtained from Powers & Reeve's research are that one-third of respondents never bring their family during resuscitation [16]. Clinical experience with family witness resuscitation is the strongest

predictor of positive perception and higher self-confidence. Knowledge of family witness resuscitation and written policies are essential keys as predictors of perception [16].

Another research was done by Rafiei et al. in Iran involving 150 nurses working in the ICU on nurses' confidence and attitudes about family witness resuscitation [17]. Rafiei et al. found a negative relationship between nurses' attitudes about family witness resuscitation and their self-confidence. Nurses with high self-confidence tend to have positive attitudes about family witnessing resuscitation [17].

5. CONCLUSION

Nurses' perceptions and confidence about family presence during resuscitation were not studied much, and the sample size was quite prominent in the seven heterogeneous articles identified and could be generalized. Research findings that lead to nurses' increased self-confidence align with nurses' positive perceptions about presenting a family during the resuscitation process can further research. Future research in question can be directed at looking at the relationship between perceptions, self-confidence, and attitudes of nurses on the issue of presenting a family during resuscitation and the need for official policies that are owned or issued by the hospital that regulate the implementation, processes, and rights of obligations of families and nurses or health workers—involved in the patient's resuscitation process.

References

- [1] ENA. ENA Position. 2016;4(24): <https://doi.org/10.3390/healthcare4020024>.
- [2] Doyle CJ, Post H, Burney RE, Maino J, Keefe M, Rhee KJ. Family participation during resuscitation: an option. *Ann Emerg Med*. 1987 Jun;16(6):673–5.
- [3] Travers AH, Rea TD, Bobrow BJ, Edelson DP, Berg RA, Sayre MR, et al. Part 4: CPR overview: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2010 Nov;122(18 Suppl 3):S676–84.
- [4] Bhanji F, Donoghue AJ, Wolff MS, Flores GE, Halamek LP, Berman JM, et al. Part 14: Education: 2015 American Heart Association guidelines update for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation*. 2015 Nov;132(18 Suppl 2):S561–73.
- [5] Kianmehr N, Mofidi M, Rahmani H, Shahin Y. The attitudes of team members towards family presence during hospital-based CPR: a study based in the Muslim setting of

- four Iranian teaching hospitals. *J R Coll Phys Edinb.* 2010 Mar;40(1):4–8.
- [6] Köberich S, Kaltwasser A, Rothaug O, Albarran J. Family witnessed resuscitation - experience and attitudes of German intensive care nurses. *Nurs Crit Care.* 2010;15(5):241–50.
- [7] Dwyer TA. Predictors of public support for family presence during cardiopulmonary resuscitation: A population based study. *Int J Nurs Stud.* 2015 Jun;52(6):1064–70.
- [8] Moher D, Liberati A, Tetzlaff J, Altman DG; PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Med.* 2009 Jul;6(7):e1000097.
- [9] McInnes MD, Moher D, Thombs BD, McGrath TA, Bossuyt PM, Clifford T, et al.; and the PRISMA-DTA Group. Preferred Reporting Items for a Systematic Review and Meta-analysis of Diagnostic Test Accuracy Studies: the PRISMA-DTA Statement. *JAMA.* 2018 Jan;319(4):388–96.
- [10] What is Critical Appraisal? – Center for Evidence Based Management. <https://cebma.org/resources-and-tools/what-is-critical-appraisal/> (accessed Sep. 29, 2020).
- [11] Thomas J, Harden A. Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Med Res Methodol.* 2008 Jul;8(1):45.
- [12] Lucas PJ, Baird J, Arai L, Law C, Roberts HM. Worked examples of alternative methods for the synthesis of qualitative and quantitative research in systematic reviews. *BMC Med Res Methodol.* 2007 Jan;7(1):4.
- [13] Gutysz-Wojnicka A, Ozga D, Dyk D, Mędrzycka-Dąbrowska W, Wojtaszek M, Albarran J. Family presence during resuscitation - The experiences and views of Polish nurses. *Intensive Crit Care Nurs.* 2018 Jun;46:44–50.
- [14] McLean J, Gill FJ, Shields L. Family presence during resuscitation in a paediatric hospital: health professionals' confidence and perceptions. *J Clin Nurs.* 2016 Apr;25(7-8):1045–52.
- [15] Powers KA, Candela L. Family presence during resuscitation: impact of online learning on nurses' perception and self-confidence. *Am J Crit Care.* 2016 Jul;25(4):302–9.
- [16] Powers K, Reeve CL. Factors associated with nurses' perceptions, self-confidence, and invitations of family presence during resuscitation in the intensive care unit: A cross-sectional survey. *Int J Nurs Stud.* 2018 Nov;87:103–12.
- [17] Esmaeli Abdar M, Rafiei H, Amiri M, Tajadini M, Tavan A, Rayani F, et al. Iranian nurse attitudes towards the presence of family members during CPR. *Br. J. Card. Nurs.* 2016 Sep;11(9):438–43.