

Opinions for Family Presence During Cardiopulmonary Resuscitation in Turkey: A Literature Review

Türkiye'de Kardiyopulmoner Resüsitasyon Sırasında Ailenin Bulunmasına İlişkin Görüşler: Bir Literatür İncelemesi

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Abstract

Objective: The aim of this review was to evaluate the studies on family presence during cardiopulmonary resuscitation in Turkey.

Material and Methods: Articles were screened which focused on cardiopulmonary resuscitation family presence in Turkey. The studies were identified by using computerized literature searches of the Pubmed/MEDLINE database. Five articles were found to be related to family presence during cardiopulmonary resuscitation in Turkey. Each of these studies has been described in terms of the following framework used to critique the five studies: summary of their aims, samples, methods, interventions and conclusions.

Results: Four researches on this topic have been conducted to determine the health care professionals' and one to determine family members' opinions about the presence of family members during cardiopulmonary resuscitation. Findings of these studies revealed that the health care providers have different opinions about this practice. Health care professionals did not support the presence of families during cardiopulmonary resuscitation, and those who had taken part in family presence during cardiopulmonary resuscitation had negative experiences.

Conclusion: Results from these data reveal that prevalent negative attitudes of health care professionals about family presence during cardiopulmonary resuscitation may arise from lack of a formal policy. Further studies are needed on a larger sample, and also studies evaluating the effects of different factors on family members of patients. (Yoğun Bakım Derg 2013; 4: 13-7)

Key words: Family presence, cardiopulmonary resuscitation, Turkey

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Özet

Amaç: Bu derlemenin amacı, Türkiye'de kardiyopulmoner resüsitasyon sırasında ailenin bulunmasıyla ilgili çalışmalarını değerlendirmektir.

Gereç ve Yöntemler: Türkiye'de kardiyopulmoner resüsitasyon sırasında ailenin bulunması ile ilgili çalışmalar incelendi. Bu literatür incelemesi bilgisayar ortamında Pub-Med/ MEDLINE veritabanları kullanılarak yapıldı. Türkiye'de kardiyopulmoner resüsitasyon sırasında ailenin bulunması ile ilgili beş makale bulundu. Bu beş çalışma amaç, örneklem, yöntem, sonuç ve çıkarımları içeren bir düzen içerisinde verildi.

Bulgular: Bu konu hakkındaki dört çalışma sağlık profesyonellerinin görüşlerini, biri de aile bireylerinin görüşlerini belirlemek amacıyla yapılmıştır. Bu çalışmalarda sağlık profesyonelleri kardiyopulmoner resüsitasyon sırasında ailelerin bulunmasını olumlu düşünmemektedirler. Sağlık profesyonellerinin kardiyopulmoner resüsitasyon sırasında ailelerin yanlarında bulunması ile ilgili olumsuz deneyimleri olduğu belirtilmektedir.

Sonuç: Bu veriler; sağlık profesyonellerinin kardiyopulmoner resüsitasyon sırasında ailenin bulunması konusundaki büyük bir oranda olumsuz tutumları olduğunu göstermektedir. Bu konuyla ilgili daha geniş örneklem üzerinde ileri çalışmalara ve ayrıca hastaların aile bireyleri üzerindeki faktörlerin etkisini değerlendiren çalışmalara ihtiyaç vardır. (Yoğun Bakım Derg 2013; 4: 13-7)

Anahtar sözcükler: Aile varlığı, kardiyopulmoner resüsitasyon, Türkiye

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Introduction

The emergency department is the most common place in hospitals for cardiac arrest to occur. It is estimated that only 10% to 15% of patients who receive cardiopulmonary resuscitation in the hospital survive until discharge. When death occurs in the emergency department, it is most frequently the result of an unforeseen or unanticipated event, which can have a profound effect on the family (1).

Traditionally families have been excluded during resuscitation. Family presence during resuscitation is not universally accepted among the health care professionals (1, 2). The debate surrounding family presence in resuscitation areas has been evolving since the 1980s and family presence has been adopted as normal practice in several countries (1, 3, 4).

In considering the family presence at resuscitation, several benefits may follow from being permitted to be present during a resuscitation attempt, including help in coming to terms with the reality of death and easing the bereavement process, and being able to communicate with and touch their loved ones in their final moments while they are still warm. Hearing is the last sense to cease, and many seemingly unconscious patients may have some awareness of their surroundings. If patients are aware of their families' presence and hear their encouraging and loving words, they may find the strength to survive or take great comfort if they are dying. Furthermore, although witnessing a failed resuscitation is a severely traumatic event for a family, seeing the extraordinary effort put into it by the code team gives real meaning to the words, 'We did everything we could.' Being shut out of the resuscitation process can increase family members' feelings of helplessness, anxiety, panic and guilt (1, 3, 5-7).

Many relatives would like to be present during resuscitation attempts. Of those relatives who have had this experience, over 90% would wish to do so again. Although there are so far no studies evaluating the effect of family presence during resuscitation on the quality of care, a few studies have established that staff members were reluctant to allow family presence (3).

In 1993, the Emergency Nurses Association (ENA) adopted a resolution supporting a family-centred philosophy and the option of having family members at the bedside during cardiopulmonary resuscitation

and invasive procedures (e.g. IV starts, chest tube insertions) performed in the emergency department. This guideline was published in 1994, revised and approved four times over the next seven years, and was copyrighted in 2001 (8).

In 1995, the Royal College of Nursing, jointly with the British Association for Accident and Emergency Medicine, recommended that witnessed resuscitation should be considered and supported (9). The guidelines of the American Heart Association for cardiopulmonary resuscitation and emergency cardiovascular care also recommend that providers offer patients' family members the option of remaining with the patients during resuscitative efforts (10-12). In 2004, the American Association of Critical-Care Nurses (AACN) published an evidence-based practice alert entitled "Family Presence During CPR and Invasive Procedures" (13). AACN's practice alert is an endorsement of the Emergency Nurses Association's position statement, "Family Presence at the Bedside during Invasive Procedures and Resuscitation" (8, 14).

At present, the concept of family presence during trauma resuscitation is especially controversial and worldwide acceptance or implementation of it has not yet been achieved (3). In spite of these developments and the research, health care professionals continue to have conflicting opinions on the issue (15-19). These conflicting opinions are also reflected in the practice areas, and institutional and personal differences occur (10, 20, 21).

Allowing the presence of family members during cardiopulmonary resuscitation is an ethical issue (21, 22). However, no guidelines or studies have yet advocated that family members should not be present during resuscitation (23). There is increasing evidence from international studies of the value of family presence during cardiopulmonary resuscitation. It is important to examine the experiences and opinions of health care providers and families about presence during cardiopulmonary resuscitation to determine the current position in Turkey.

The aim of this review was to evaluate the studies of family presence during cardiopulmonary resuscitation in Turkey.

Material and Methods

Articles were screened which focused on family presence in cardiopulmonary resuscitation in Turkey. The studies were identified by using computerized literature searches of the PubMed/MEDLINE database. The following key words were used for the searches: "cardiopulmonary resuscitation", "family presence", "cardiopulmonary resuscitation in Turkey", and "cardiopulmonary resuscitation family presence in Turkey". We found in the database 14,752 articles for "cardiopulmonary resuscitation", 49,130 articles for "family presence", 73 articles for "cardiopulmonary resuscitation in Turkey" and five articles for "cardio-

Table 1. Standard steps in the review process

1. Formulate the aims of the review, then develop related questions to be answered or hypotheses to be tested
2. Establish tentative criteria to guide the inclusion of studies
3. Conduct the literature searches, making sampling decisions as required
4. Develop a questionnaire to gather data from the studies to be included
5. Identify rules of inference to be used in the study analysis and interpretation
6. Revise the criteria for inclusion in the questionnaire/data collection instrument as necessary
7. Read the studies using the questionnaire/data collection instrument to gather the required information
8. Analyse the studies systematically
9. Discuss and interpret the findings
10. Report the findings of the review clearly and completely.
Adapted from Ganong (24), Collingsworth et al. (25) and Gould et al. (26)

Table 2. Framework used to critique the five studies that reported the findings of intervention studies on family presence during cardiopulmonary resuscitation in Turkey

1. What is the aim of the study?
2. What is the sample of the study?
3. What is method of the study?
4. How are the data collected?
5. What is the intervention taken?
6. What is result of the study?
7. What is conclusion of the study?
Adapted from Gould et al. (26)

Table 3. Analysis of studies related to family presence during cardiopulmonary resuscitation in Turkey (studies presented in chronological order)

Author/year	Study design	Sample	Method	Results	Conclusions	Limitations
Badir A and Sept D, 2005 (27)	A descriptive study	Seven public hospitals and three university hospitals, 409 critical care nurses, in Istanbul.	Data was collected with a questionnaire developed by Fulbrook et al. The questionnaire consisted of 43 items within 3 areas of inquiry. Areas of inquiry included in this survey were (1) personal information about the nurses, (2) their experiences with regard to family presence at cardiopulmonary resuscitation (3) and their opinions on family witnessed cardiopulmonary resuscitation.	A majority of the nurses did not agree that it was necessary for family members to be with their patient and did not want family members in the resuscitation room. In addition, most of the nurses were concerned about the violation of patient confidentiality, had concerns that untrained family members would not understand cardiopulmonary resuscitation treatments, would consider them offensive and therefore argue with the resuscitation team. The nurses expressed their concern that witnessing resuscitation would have long-lasting adverse emotional effects on the family members.	This study reveals that critical care nurses in Turkey are not familiar with the concept of family presence during cardiopulmonary resuscitation. In view of the increasing evidence from international studies about the value of family presence during cardiopulmonary resuscitation, the study recommended an educational programme about this issue and policy changes within hospitals to enhance critical care in Turkey.	This study was limited to 409 critical care nurses and 10 hospitals in Istanbul.
Yanturalı S et al., 2005 (28)	A descriptive study	19 university hospitals, 239 physicians, in Izmir	Data were collected with a questionnaire. The questionnaire consisted of three pages. The first page was informational-this section included the objectives of the study and an introduction to family presence at resuscitation. The following pages contained the survey questions.	Most of the participants (82.8%) did not endorse family-member presence during resuscitations. Sixty percent of participants indicated that they were familiar with family witnesses during resuscitation and 37% stated that they had been involved in a resuscitation during which family members were present. Seventy-eight percent of the participants indicated that family members were never allowed to view resuscitations, 21% stated that family members were occasionally allowed, but only 1% of participants stated that they were routinely allowed.	Many emergency physicians have no knowledge of family presence resuscitation and do not support the practice. Emergency physicians are more likely to favour family witnesses as they learn more about and gain more experience with family presence resuscitation.	The limitation of this study was the inclusion of only physicians in the emergency department.
Demir F, 2008 (21)	A descriptive study	One university hospital, 62 physicians and 82 nurses who worked in an emergency department or in cardiology or anesthesia intensive care units, in Izmir.	Data were collected with a questionnaire. The survey questionnaire was developed by the researcher. There were four open-ended questions and 17 multiple choices.	Of health professionals, 82.6% did not think it was appropriate for patients' families to be present during cardiopulmonary resuscitation. The most common concerns were that the family would interfere with the team's activities (56.3%) and that resuscitation is a very traumatic procedure (43.6%).	Policies need to be developed regarding this topic because the absence of policy can cause misunderstandings and differences in practice. Further research is required to determine what public education is needed to facilitate the implementation of such policies.	This study was done in only one hospital and the participants were working in the different departments.
Ersoy G et al., 2008 (23)	A descriptive study	One university hospital, 420 family members, in Izmir.	Data were collected using a structured face-to-face interview with the participants. The interview consisted of two sections. In the first section, the objectives of the interview were explained to the participants. In the second section, participants' demographic information was requested.	Most participants (66.4%) stated that they would like to be present during resuscitation.	Data locally revealed that most of the participants in this survey would like to be present at cardiopulmonary resuscitation conducted on family members who presented at the emergency department. Factors such as the sex of the observer and absence of health insurance of the patient affected the level of willingness to observe cardiopulmonary resuscitation.	This study was conducted at only one centre in Izmir. The results may not be generalized.
Güneş ÜY and Zaybak A, 2008 (12)	A descriptive study	Two university hospitals, 135 critical care nurses, in Izmir.	Questionnaire consisted of 48 items under three areas of inquiry. Section 1 comprised socio demographic characteristics, including age, area of practice and years of experience in nursing and clinical specialty. Section 2 examined the nurses' experiences of family presence during resuscitation. It consisted of six closed-ended questions using yes and no answers. Section 3 examined the critical care nurses' attitudes to family presence with respect to: (1) decisions about resuscitation, (2) processes of resuscitation and (3) outcomes of resuscitation. Responses to statements in this section were on a three-point Likert scale (agree, do not know, disagree).	Of the nurses, only 22.2% had experienced a situation where family members were present during cardiopulmonary resuscitation. Most of these nurses (n = 20) had one or more negative experiences. The majority disagreed that family members should always be offered the opportunity to be with the patient during cardiopulmonary resuscitation. The most common reasons for not favouring family presence at resuscitations were reported as performance anxiety, fear of causing psychological trauma to family members and increased risk of litigation.	Many critical care nurses have no knowledge of family presence resuscitation and do not support the practice. It is suggested that Turkish critical care nurses should be informed by the international literature about the concept of family presence in resuscitation and that culturally appropriate policies concerning this subject should be developed in Turkish hospitals.	The sample was two university hospitals and 135 staff, which cannot be generalized to all the population.
<p>General Limitations: All studies have the kinds of limitations that are relevant to questionnaire and descriptive studies. All of them have a restricted population and sample, and involve limited hospitals and staff. Most of population in Turkey are Muslims, mostly are women, which affects ideas about family presence during cardiopulmonary resuscitation. These studies give an idea about this topic, but cannot be generalized all the Turkish population.</p>						

pulmonary resuscitation family presence in Turkey". Only five articles were provided that met the inclusion criteria laid down for the review.

Three frameworks, those of Ganong (24), Collingsworth et al. (25) and Gould et al. (26), were adopted for undertaking the integrative literature reviews (Table 1). The standard steps recommended first by Ganong (24) and then Collingsworth et al. (25) and Gould et al. (26) (Table 2) were followed to guide the review process.

Results

In accordance with the framework used to critique the five studies, a summary of their aims, samples, methods, interventions and conclusions are provided in Table 3.

Discussion

Four researches on this topic have been conducted to determine the opinions of health care professionals about family presence during cardiopulmonary resuscitation (12, 21, 27, 28). One research has been conducted to determine the opinions of family members about their presence during cardiopulmonary resuscitation (23).

In total, these studies covered the opinions of 626 nurses, 301 doctors and 420 family members from 31 hospitals. The data collection for these studies was conducted from 2003 to 2007. The results of these studies are not representative of all of Turkey, but they do give an idea about the perspectives on this topic.

Health care professionals have expressed concerns about the psychological trauma inflicted upon the witnessing family members and the performance anxiety of the resuscitation team. They also expressed the fear that the presence of family members might impede clinical care, and that they might act inappropriately if they become too emotional. In addition, there were concerns about overcrowded emergency rooms, and the shortage of nurses who could assist the family members during the resuscitation procedures (6, 10, 16-18, 29-33).

Findings from these studies have revealed that the health care providers had negative opinions about this practice (12, 21, 27, 28). Of nurses who experienced family presence, the majority had negative experiences (12, 21, 27).

In other countries nurses have supported the presence of families during cardiopulmonary resuscitation (6, 16, 21, 34), but in two studies nurses were not supportive of the presence of families during cardiopulmonary resuscitation (12, 27). Most of the nurses were concerned about the violation of patient confidentiality and they also had concerns that untrained family members would not understand cardiopulmonary resuscitation treatments, would consider them offensive, and that they would therefore argue with the resuscitation team (27).

Studies have shown that families want to stay with the patient during cardiopulmonary resuscitation (1, 4, 5, 20, 35-37). In this review, the majority of the patients' family members wished to witness cardiopulmonary resuscitation (23). But factors such as the sex of the observer and presence or absence of health insurance of the patient affected their level of willingness to observe cardiopulmonary resuscitation (23).

Despite international researches and guidelines offering the option of family presence during cardiopulmonary resuscitation, this practice remains highly controversial among health care providers and, as a consequence, it is rarely adopted in practice (11, 21, 38).

Conclusion

The results from these data reveal that the prevalent negative attitudes of health care professionals about family presence during cardiopulmonary

resuscitation may have arisen from the lack of a formal policy. Further studies are needed on a larger sample, and studies evaluating the effect of different factors on the family members of patients are also needed (12, 39).

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