



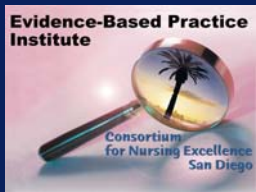
Identifying Factors Inhibiting or Enhancing Family Presence at the Bedside during Resuscitation



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Phenomenon of Interest

- Emergency Nurses Association (ENA) and American College of Emergency Physicians (ACEP) endorse family presence at resuscitation
- A policy was drafted and implemented without change in practice in the ED
- It was felt that barriers existed that prevented the practice from moving forward





Purpose of Study

The aim of this study is to identify factors inhibiting or enhancing family presence at the bedside during resuscitation through interviews with registered nurses and attending physicians in the emergency department.





Review of Literature

- Nurses' concerns that family presence would interfere with resuscitation were unfounded (Meyers, et al. 2004, p.67).
- Experience increased confidence and perceived benefits of family presence (Twibell, et al. 2008).
- Nurses reported feeling more positive about family presence after education and role playing.
- Physicians attitudes remained largely unchanged (Mian, et al. 2007)



Grounded Theory

- Interviewing or observing a phenomenon and developing a theory made out of concepts and relational statements (how do the concepts relate) to explain the phenomenon.

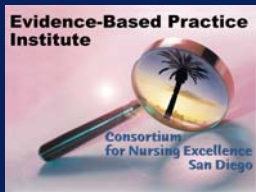




Research Questions

- Have you ever had family presence at the bedside during resuscitation?
- If yes, what led you to try it the first time?
- If yes, what were the positive aspects of having family present?
- If yes, what were the negative aspects of having the family present? What could we do differently to improve our practice in this area?





Research Questions

- If no, is there anything that has prevented you from inviting family to the bedside during resuscitation?
- If no, what do you think are some positive aspects of having family present?
- If no, what do you think are some negative aspects of having family present? What could we do differently to improve our practice in this area?
- Please share with us one or two experiences with having family at the bedside during resuscitation?





Interview tool developed

After IRB approval, a marketing flyer was posted,
and the project announced at staff meetings

12 semi-structured interviews were audio taped
and transcribed verbatim

Identified and reduced themes

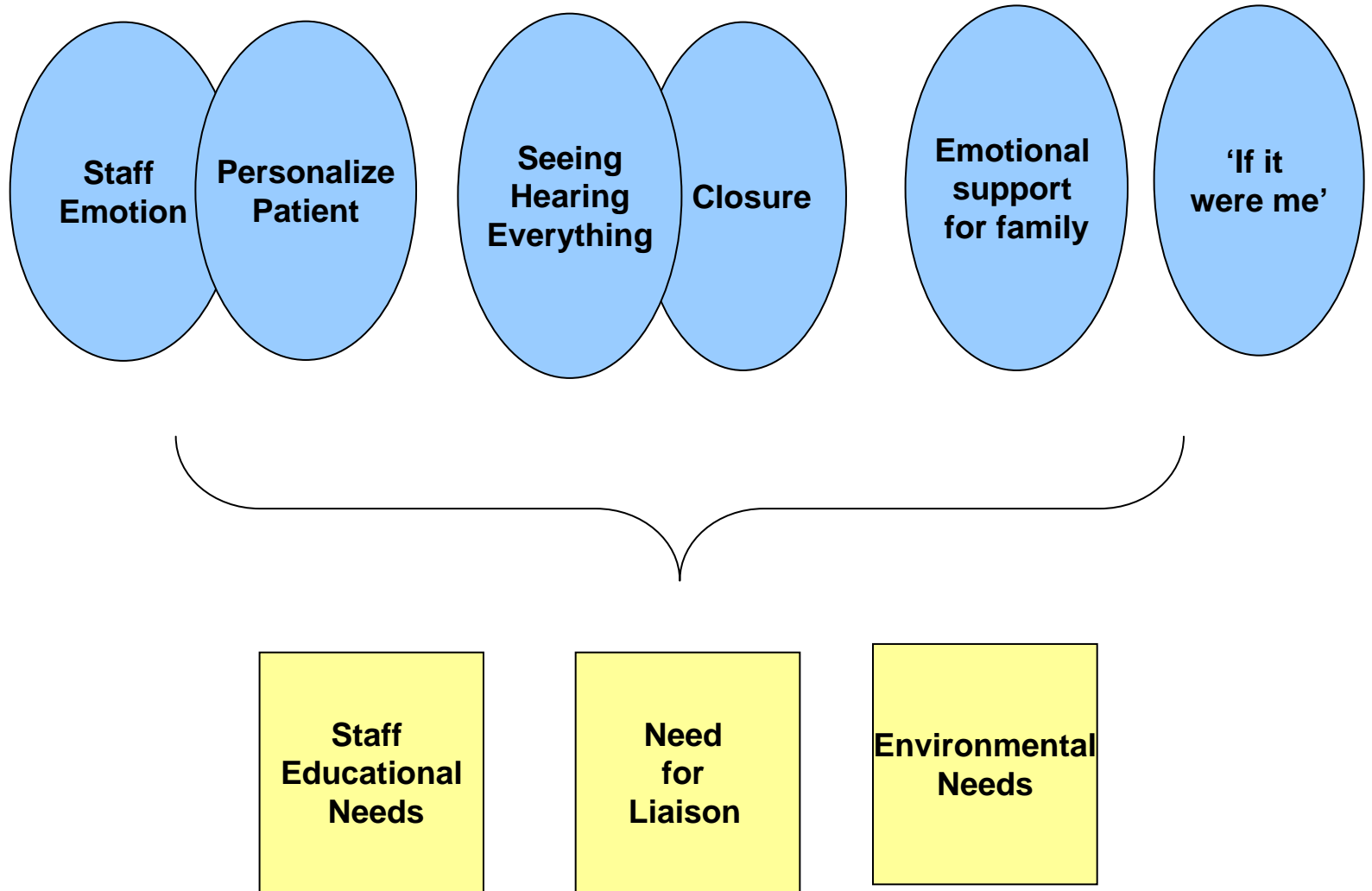
Quotes were allocated to themes and a paper trail was maintained

Visual model was drafted with consensus
and validation with member checking





Results



Theme #1

Staff Emotions

I bet I'm not different than anybody else. I bet that most of us would have a little more shake in our hand when they're staring at us.





Theme #2

Personalize Patient

“...when you are overwhelmed with so many sick people, and you’re just doing your best to get through the motions, you forget they’re people. That’s the honest truth. I mean that happens all the time. So, what we could do better is just remember that what we are doing is taking care of human beings”





Personalize Patient

“They have a right to have a reaction to whatever type of crisis they need to have.. And sometimes we want to shield ourselves. We don’t want to feel the pain, we don’t want to get close to this person, or we just sort of build this wall, like I’m not going to let it affect me. And so people don’t want them back there because they don’t want to see the family bear a crisis because they can see themselves”

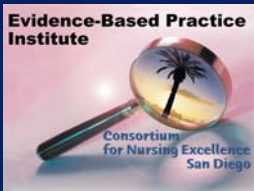




Personalize Patient

“I think it’s much harder on the staff. And then when you have association with a family member sitting there crying, and they’re begging you, which I’ve had them do before “Please God, just save her, help her.” You know, that’s a lot of emotional stress to put on somebody.”

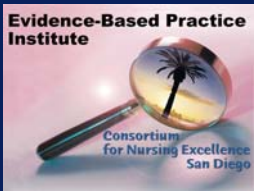




Personalize Patient

“But I think we are a little better when we put a little distance between ourselves and our patient, in terms of, you know, it’s easier for us to sort of go through the motions and I think for procedures, I think it makes things harder.”





Theme #3

Seeing/Hearing Everything

- “I think a lot of times when they don’t survive, there’s not anyone there to witness it except for us. It’s hard to interpret for them. We did everything we could, well, how do they know?”



- “They got to see how hard we worked on the patient to try and revive them, and that we were trying everything that we possibly could, and I think that they got a bit of closure because of that.”





Seeing/Hearing Everything

- “Seeing somebody having their chest pushed on over and over again and central lines being put in and those are bloody and messy. A lot of times the patient soils themselves and it’s gonna be a umm negative way to see somebody that they care about because their gonna replace the very last memory of that person.”
- “... it could look like a massacre instead of, you know, instead of resuscitation”





Theme #4

Closure

- “.. instead of having to go tell someone that someone is dead, they are able to be a part of it, and they kind of know. It makes breaking the news and that initial uncomfortable period a little easier as well.”
- “I think if we’re not winning the battle, just seeing if they could go up and talk to them, we’re working on them; or go up and say something to them before we decide, you know to call it a day. I think it makes everybody a better nurse, a better doctor, or a better person by allowing that to happen.”





Theme #5

Emotional Support of the Family

“Now that we have a team, we need to realize that the most important part of that team is the patient and the family and include them.”





Theme #6

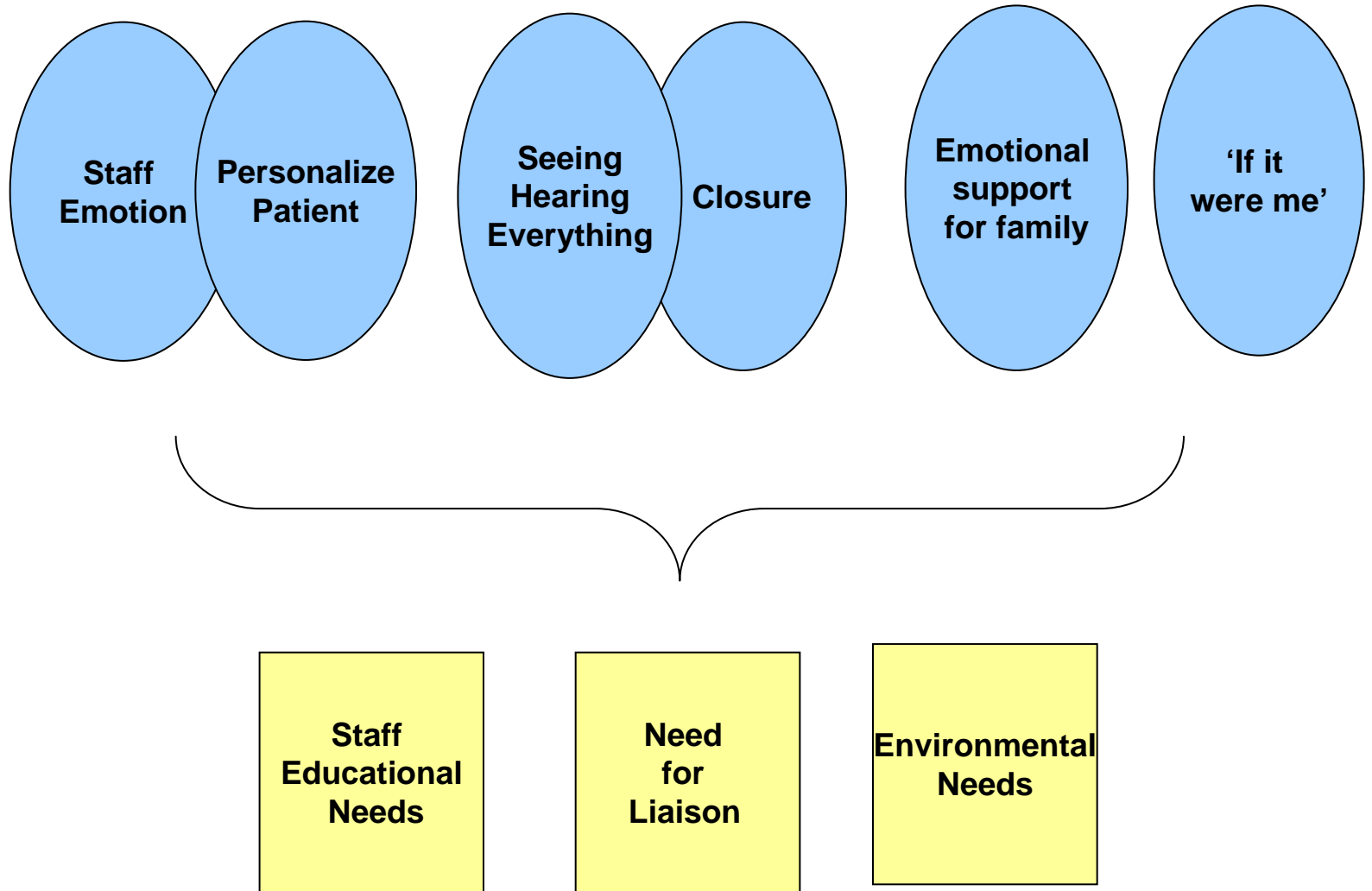
“If it were me?”

“So the part of me that, if you can ask yourself, if it were me? Then I know the answer, so I want to do that for them. So, if you can say that “If it were me?” and you really give that family that option. And some will say no, and that’s okay. But just letting them have the option of being there, you’ve kind of given them one inch of control of the situation, and sometimes that means a lot to them.”





Results





Suggestions for Improvement

- “I’ll do the IV’s. I’ll do the compressions, but nobody, I never hear anybody say, “where’s the family? So, I think it’s more of educating the nurses.”
- “Well, I think in the ER we lose our social worker and chaplain usually around 11 at night and they are only on call after that time..... A lot of people die between 11pm and 7am. ..So, if we had someone from the get to instead of having to page a chaplain or social worker to come in and do that for us.”





Significance

Themes emerged which will help to guide the policy revision to facilitate family presence at the bedside, such as the need for a family liaison, environmental changes, and staff education.





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