Family in the resuscitation room

Polish and Finnish nurses’ experiences and attitudes towards family-witnessed cardiopulmonary resuscitation in a hospital setting

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FINNISH SEASONS
in a nutshell

WINTER-WINTER

WINTER

SPRING

WINTER

DEC JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV
University of Eastern Finland
Objectives

1. To inform about family-witnessed resuscitation phenomenon
2. To demonstrate different experiences and attitudes towards this practice
3. To continue professional debate on this topic
4. To inspire listeners to seek for more knowledge regarding family-centered care in a critical setting
5. To contribute to enhancing clinical outcomes of family-centered care
Family-Witnessed Resuscitation (FWR)

Family Presence During Resuscitation (FPDR), Family Presence (FP)

- offering the choice to a patient’s family to be present in a location that affords visual and/or physical contact with the patient during cardiopulmonary resuscitation (CPR)

- 1982 - Foote Hospital (Jackson, MI)

- Pediatric vs. Adult patients

Family-Witnessed Resuscitation

- FWR beneficial for family, patients and staff

- Family-Centered Care (FCC) Theory

FPDR has a lot of benefits for the family

Cultural variations should be taken into consideration

Such option should be given to the families

FPDR accepted practice in many hospitals

Family doesn’t regret the decision

 Relatives want to be present

2010 ERC Guidelines

Why not widely implemented?

• Controversial and complex phenomenon
• Requires solid preparation and individual approach
• Staff attitudes vary across the world
• Factors related to more different attitudes towards FWR:
  • Country
  • Educational background
  • Years of working experience
  • Complementary Education and Training
  • Previous FWR experience $^{1,2,3}$


Purpose of the study

1. Describe Finnish and Polish ER and ICU nurses’ experiences and attitudes regarding adult FWR

2. Determine whether there are differences in experiences and attitudes towards this practice

- Bring this topic into public limelight
- Set a direction for understanding barriers towards FWR
- Understand why it is not implemented
- Contribute to policy and guidelines development
Methods and data collection

- 270 ER and ICU nurses
- 6 university hospitals: 3 in Poland and 3 in Finland
- July – December 2013
- Structured questionnaire¹
  - Part I – sociodemographic characteristics
  - Part II – experiences in FWR
  - Part III – attitudes towards FWR
    » Decision-making
    » Process
    » Outcomes

## Questionnaire items - examples

<table>
<thead>
<tr>
<th>Decision-making</th>
<th>Process</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FWR should be a standard practice</td>
<td>Family members are very likely to interfere with the CPR</td>
<td>FWR helps family to understand that everything possible has been done</td>
</tr>
<tr>
<td>Staff wants relatives to be present during CPR</td>
<td>Staff finds it difficult to concentrate when family is watching</td>
<td>FWR helps family with the grieving process</td>
</tr>
<tr>
<td>If present, family is more likely to accept decision to withdraw treatment</td>
<td>Staff might say things which would upset family members</td>
<td>Family will suffer long-term negative emotional effects after FWR</td>
</tr>
<tr>
<td>Family should be involved in decisions</td>
<td>Most bed areas are too small to have a family member present during CPR</td>
<td>FWR will increase legal actions against staff</td>
</tr>
</tbody>
</table>
## Results

<table>
<thead>
<tr>
<th>Country</th>
<th>Finland</th>
<th>Poland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female ♀</td>
<td>80 %</td>
<td>88 %</td>
</tr>
<tr>
<td>Male ♂</td>
<td>20 %</td>
<td>12 %</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>39 (±10)</td>
<td>40 (±9)</td>
</tr>
<tr>
<td>Highest Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSN</td>
<td>2 %</td>
<td>24 %</td>
</tr>
<tr>
<td>RN</td>
<td>98 %</td>
<td>76 %</td>
</tr>
<tr>
<td>Specialty Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER</td>
<td>37 %</td>
<td>27 %</td>
</tr>
<tr>
<td>ICU</td>
<td>63 %</td>
<td>73 %</td>
</tr>
<tr>
<td>Working Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>13 (±9)</td>
<td>18 (±10)</td>
</tr>
<tr>
<td>Main Practice Role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Practice</td>
<td>93 %</td>
<td>95 %</td>
</tr>
<tr>
<td>Education</td>
<td>1 %</td>
<td>1 %</td>
</tr>
<tr>
<td>Management</td>
<td>4 %</td>
<td>4 %</td>
</tr>
<tr>
<td>Research</td>
<td>2 %</td>
<td>-</td>
</tr>
</tbody>
</table>
### Have you ever experienced FWR?

<table>
<thead>
<tr>
<th></th>
<th>Country</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poland</td>
<td>Finland</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>44</td>
<td>32</td>
<td>76</td>
</tr>
<tr>
<td>NO</td>
<td>73</td>
<td>121</td>
<td>194</td>
</tr>
<tr>
<td>Total</td>
<td>117</td>
<td>153</td>
<td>270</td>
</tr>
</tbody>
</table>

- Majority of nurses (72%) have never experienced FWR
- Polish nurses have significantly ($p=0.003$) more experience in FWR than Finnish nurses
### Should FWR be a standard practice?

<table>
<thead>
<tr>
<th></th>
<th>Country</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poland</td>
<td>Finland</td>
</tr>
<tr>
<td>YES</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>NO</td>
<td>90</td>
<td>115</td>
</tr>
<tr>
<td>Not sure</td>
<td>16</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>117</strong></td>
<td><strong>153</strong></td>
</tr>
</tbody>
</table>

- Majority of nurses (76%) disagrees that FWR should be a standard practice
- No significant difference between countries \((p=0.375)\)
Decision-making process

Who should decide?

- Nurse: 66% (YES), 39% (NOT SURE), 164% (NO)
- Physician: 110% (YES), 30% (NOT SURE), 130% (NO)
- Team decision: 181% (YES), 31% (NOT SURE), 57% (NO)

Who is responsible for CPR decisions? Physician - 74%

Should family be involved in decision making process? No - 78%
Attitudes towards FWR

• Family will interfere CPR process → 74%
• FWR too distressing for the family → 80%
• Family will distract staff → 70%
• FWR will positively influence performance of the staff → 7%
• FWR is beneficial for the patient → 5%
Attitudes towards FWR

- There is not enough staff → 86%
- There is not enough space around the bedside → 90%
- FWR might cause problem of confidentiality → 20%
- FWR might cause conflicts between staff and family → 12%
- Staff will prolong CPR because of the family → 18%
- FWR only if somebody takes care of the family → 77%
Attitudes Towards FWR

<table>
<thead>
<tr>
<th>Poland vs. Finland</th>
<th>Decision-making</th>
<th>Process</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mann-Whitney U test</td>
<td>$p=0.133$</td>
<td>$p=0.031$</td>
<td>$p=0.111$</td>
</tr>
</tbody>
</table>

• Polish nurses agree more with the negative process-related consequences of FWR than Finnish nurses
Summary

• FWR is not a common practice in Poland and Finland
• There are some differences between Polish and Finnish nurses regarding FWR
• Attitudes towards FWR are rather negative
• Nurses think that FWR will negatively affect work flow and the family
• Nurses are not sure about the positive effects of FWR on the family
• There are no conditions to perform FWR
Conclusions

• Limitations
• Between-country differences in health care systems and work organization vs. experience and attitudes
• Need for organizational changes
• Complementary FCC training and education
• More in-depth research to increase understanding of current situation (cross-sectional, intervention, qualitative, simulation)
• Evidence-based guidelines development
Thank you!
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