

# Family presence during resuscitation attempts essay sample



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Its five AM and an unresponsive patient is wheeled into an emergency suite. The scene is like that from a movie including nurses, doctors, chest compressions, IV drips, and alarms. But what is missing? The family. They've been strategically placed in the cold impersonal waiting room. Wondering, with great anticipation, what is happening on the other side of that door. It is at this moment that you must leave your nursing background behind and find yourself inside the minds of those loved ones. Can you imagine the helpless feeling? The intense anxiety?

The ultimate loss of control? This leads us to the loaded question, should family members be allowed in the room during resuscitation attempts? A review of history indicates that only a mere thirty years ago families weren't even encouraged to be in the delivery room, which today is now common practice. As a new nurse I enter this profession expecting families to witness life begin, but find myself in shock when I think of them watching life end. The question of family presence exists due to the high number of fatalities related to CPR efforts.

Family presence at the deathbed has both its supporters and its opposers. Those against it claim that family members will be in the way or that they can't handle the sight of their loved one's chest being pounded on or high voltage energy being forced through the body. These individuals also seek to protect family members from the sights, sounds, and even smell associated with a code blue situation. Claiming that the last memories of the loved one should not include a tube in throat. Those from the pro school of thought claim that the family will have closure and acceptance.

Noting that family members feel like they have taken an important part in the dying process. Also this allows the family a chance to utilize the last moments of life with the loved one. They state that the family will be less likely to sue and more understanding of the healthcare teams efforts.

(Haddad, A. 2002). It appears that research overall has proven beneficial. In 1993 the Emergency Nurses Association released a recommendation stating that family members should be allowed in the room for potentially life altering procedures, including CPR. (Family presence during CPR. 2002).

According to this same source, research has found that “ being present during CPR reduced family members’ fear of the unknown about procedures and patient status” as well as “ assisted family members through the grieving process. ” The grieving process is expedited by reducing the amount of time spent in denial. Studies actually indicate that family members feel that they had an easier recovery from witnessing the resuscitation attempts on the loved one. One source stated, “ As the family’s perceived severity of the patient’s condition increased, the family’s need to see the patient also increased. (Family presence during CPR. 2002).

A study of patient opinions found that when in pain the client actually felt relieved to have family in the room. They also felt as though they had an advocate present that would help insure that all of their wishes would be carried out. Many clients believed that family members would cause the client to be seen as more human than if no family were present. (Meyers, T. 2001). Of those family members who were present during codes and later polled, nearly 100% reported that they would present again if they had to do it over.

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Interestingly enough research regarding staff indicated that many felt that family presence caused an increase in the intensity of stress as well as an obstruction to functional work. Many staff members felt that the family wouldn't fully understand the treatments and may see them as abusive. A few felt that their individual performance would be rated. (Family presence during CPR. 2002). Although research indicates a somewhat negative staff approach to family presence, it also indicates that most staff that has been polled agreed to family presence.

Not surprisingly more nurses are open to the idea than doctors. (Family presence during CPR. 2002). On research article found that the younger the physician the more likely he or she was to be against the idea of family presence. Perhaps this is related to the perceived skill level of the practitioner. (Family presence during CPR. 2002). In most every study that I reviewed it was concluded that communication and therapeutic relationships between staff and family were reinforced by the family presence, regardless of the outcome.

Some researchers even speculate that there will be fewer lawsuits because family feels as though the relationship with the staff is a positive one. (Family presence during CPR. 2002). Perhaps one way to combat the belief that family will see CPR as violent is to leave a staff member with the family, this would be someone who is prepared to educate the family on what is happening. It has been stated that this person should also assess the families coping strategies and mental stability. Which brings up the point that a "cultural bias" may appear if a framework is not developed to assist staff members through this assessment. Study, 2002).

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A study reported in the May/June 1999 issue of the Journal for Nurses in Staff Development describes education as a major factor in how nurses feel about family presence during code situations. In this study nurses were educated on several issues regarding legal issues, institution policies etc. Opinions about family presence change in the direction of approval, indicating that perhaps education is all we lack in this issue. Research based on surveys of critical care nurses and emergency room nurses found that 95% of facilities have no written policy on this issue.

This signifies a major need for facility's to address this issue. On a more positive note the research also indicated that most were allowing families in the room even without the written policy. (MacLean, S. L. , 2003). Other issues that arise in consideration of family presence include the patient's wishes. Some research indicates that staff is concerned over how the client would have felt and also patient confidentiality. According to one source allowing family in the room is a violation of privacy since not all patient conditions may be known throughout the family. (Family presence during CPR. 002).

One article pointed out that advance directives should include family presence so that the client's wishes are known. It also made a very nice point, stating " in light of the positive responses of patients to having family members present, why not err on the side of providing what most patients and their families consider a right? " (Mason, D. J. , 2003). Based on all of the research nurses have a duty to change the way society feels about death. If American ever plans to see hospitals openly allowing family in the resuscitation room, it will be because of the efforts nurses have made.  
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As nurses we must first become educated ourselves on the topic of death and family presence. Once we fully understand what we are dealing with we must set out to educate the public on these issues. Encourage these people to make mention of such situations in their living wills. We need to facilitate institutional discussion about written policies. We need to consider methods for changing within our own facility, noting that culture doesn't give way easily to change but also maintain persistence.

We are patient advocates, which means that we are indirectly family advocates. Nurses should take an active position on policy development boards. Nurses also need to encourage physicians to allow family in the room, and bring the family back as soon as possible. (Family support, 2002). It is important to remember that family should never be completely restricted from the room if death is immanent. (Wary of family presence? , 2002). If we don't help these people be with their loved ones at the time of death, no one will.