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An Evaluation Of Family-Witnessed Resuscitation

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I. Family-Witnessed Resuscitation

The purpose of this paper is to present a review of literature on the following PICO question. In family members of patients in cardiac arrest, how does inclusion compared to exclusion during resuscitation affect the incidence of post-traumatic stress disorder (PTSD) and depression? Resuscitation can be a very traumatizing experience for a lay person, but others have argued that the experience is beneficial in ways of gaining closure and decreasing negative psychological symptoms of grief.

II. Scope and Significance of Problem

Family-witnessed resuscitation (FWR) has been a widely disputed topic for many years; there seems to be a theory-practice gap of thinking it is appropriate until it comes time to actually bring the family in to watch resuscitation efforts. Research to date has also shown to favor results from all view-points. According to O'Connell et al. (2017) and Jabre et al. (2013), compelling benefits to psychological health were shown when families were present during resuscitation while in contrast, Compton et al. (2011) found that the degree at which these symptoms are experienced is independent of whether or not cardiopulmonary resuscitation (CPR) was witnessed. Though the majority of studies show a link between FWR and positive outcomes when looking at psychological health of the family members, healthcare personnel still seem reluctant to adopt new policies into their practice due to fear of interference with medical efforts, increased stress, and medicolegal implications (Jabre et al., 2013).

III. Significance to Nursing

Determining the effects of FWR on the incidence of depression and PTSD in family members are significant to the nursing practice in several ways. "Resuscitation can be visually disturbing and stressful, even to the most experienced of clinical staff" (Beer & Moleki, 2012, p. 105). Whether it is an emergency room (ER) nurse who has just met the patient or a nurse on the floor who has been taking care of the patient for a while, it is important to both that they take care of not only their patient but their family. In this case, it is important to determine the effects of FWR on the psychological health of the family members. As nurses it is expected of us to use the latest evidence-based practice to ensure our patients and their families are being treated in the ways best for their health. I believe Beer and Mokeki (2012) explained it best, that relatives shouldn't be seen as an inconvenience, but more so as an extension of the patient.

IV. Personal Connection

The personal connection I have to this topic stems from me currently working in an ER. I have cared for several patients needing resuscitation and it doesn't seem to get easier no matter how many I take care of. It is an extremely critical and nerve-racking time; emotions are running high for staff and family as well as the tension so think it could nearly be cut with a knife. Every time the resuscitation has ceased I like to reflect both on my own and with coworkers as to what went well and what we could have done better. When reflecting on my own and how intense the situation was for me I then start to think how the family must feel, whether they were present or receiving the terrible news in the chapel. I can't even begin to imagine how the families must feel at such a time and I just want to be able to help them in the way most beneficial to them; in this case, that being whether or not it is most beneficial for them to witness resuscitation.

V. PICO Question

(P- In family members of patients in cardiac arrest,) how does (I- inclusion) compared to (C- exclusion during resuscitation) affect (O- the incidence of post-traumatic stress disorder (PTSD) and depression)?

VI. Search History

For this literature review, articles and studies were retrieved from the online library database CINAHL Plus with Full Text and Ovid. To answer the PICO question, primary, peer-reviewed articles within the past seven years from a variety of geographical areas were used. The following keywords were used in the advanced search option: Family-witnessed resuscitation, family, cardiopulmonary resuscitation, CPR, emergency room, ER, resuscitation, depression, PTSD, psychological symptoms, cardiac arrest. The search of literature took place between 6/7/18 and 7/29/18. Upon search completion, 336 articles were located. For the literature review, ten articles were selected for an in-dept evaluation.

VII. Integration/Synthesis of the Evidence

During the review of literature, there were three themes noticed among family-witnessed resuscitation and its effects on development of symptoms of depression and PTSD. The three themes include the following: a majority of family members expressed wanting to be present during resuscitation, witnessing resuscitation had favorable outcomes including decreased symptoms of depression and PTSD, and favorable outcomes were also noted when a representative was available exclusively to family members during the resuscitation efforts.

Within the research it was noted several times that family members expressed wanting to be present during the resuscitation efforts. According to Leske, McAndrew, Brasel, & Feetham, (2017) family members interviewed wanted to be present while results yielded from Chew and Ghani (2014) showed that family felt it was even more so their right. According to Twibell, Siela, Neal, Riwitis, & Beane (2018) one of the reasons providers tend to avoid asking family to be present is due to the sometimes-graphic nature of resuscitation but according to DeStefano (2016) just offering the chance to be present demonstrated emotionally protective properties even during the graphic event. One perspective not usually considered during this time is that of the patient, Bradley, Keithline, Petrocelli, Scanlon, & Parkosewich (2017) interviewed several patients who were full code status and found that they too felt FWR is appropriate but that they should get to decide who should be allowed since they are the patient.

Throughout the research it was noted that witnessing resuscitation had favorable outcomes including decreased symptoms of depression and PTSD. Though this specific area is still relatively new to research there is still plenty of data to show the positive benefits of FWR in the right circumstances. Jabre et al., (2013) found that in the intervention group of their study PTSD symptoms were significantly lower than that of the control group. Lowered anxiety, stress, and increased well-being were all found in family members who witnessed resuscitation according to Leske et al., (2017). Furthermore, Jabre et al., (2014) found that FWR exhibited less symptoms of PTSD, anxiety, depression, were prescribed less psychotropic drugs, and also experienced less major depressive episodes than the individuals who did not witness resuscitation.

Favorable outcomes were noted when a representative was available exclusively to family members during the resuscitation efforts. In many studies, the benefits of having social support from family was integral. Leske et al., found that having family present significantly helped to moderate stress. More so than family, when institutions implement FWR they usually also provide a direct representative to accompany family during the resuscitation to explain procedures and help in any other way. Jabre et al., (2014) found that having a facilitator present decreased anxiety of family and moderated stress. Also, Soulimanpour (2017) found that having support from trained professionals is key for decreasing incidence of psychological symptoms after such events.

VIII. Critique of the evidence

Though this is still a fairly new area of research, there is still significant evidence to show the benefits of FWR. Though only one of the studies provided was a randomized trial, considering the circumstances surrounding resuscitation, it is quite difficult to not screen family members at all prior to letting them witness resuscitation. Nearly all of the studies were strengthened by their large sample sizes and saturation of data. The studies were well-structured using valid and reliable tools to help answer their research questions. Studies were also carried out ethically and presented their findings in a comprehensive yet easily understood way.

IX. Gaps in the evidence

Of the presented articles, all showed favor, in at least one way, of the benefits of FWR. Due to the sensitive nature surrounding resuscitation, family members are usually needed to be screened to rule-out that they will be disruptive, thus eliminating the possibility of a randomized trial. This gap should be focused on in further research to further develop ways to incorporate randomization of family members while maintaining a safe resuscitation environment for staff and the patient. Another implication of the sensitive nature of resuscitation was that it seemed to hinder many individuals from following through until the end of the studies. If researchers could determine a way to retain participants even in a time of great grief it would allow for even further saturation of data, especially for long-term effects.

X. Comparison to Your Own Practice

In my current practice as an ER nurse I am on the forefront of emergency care which can entail resuscitation of critically-ill patients. Since resuscitation efforts can be very graphic and tense many practitioners will tend to not let family members be present during the efforts. Though, as research shows, family members are wanting to be present during this time as well as it having a positive effect on their psychological health; with direct evidence showing a decreased incidence of depression and PTSD symptoms in family members who witnessed resuscitation. As long as family can be deemed not a potential treat to resuscitation efforts, I feel it is most beneficial to have them present if they so wish.

XI. Conclusion

In conclusion, considering my experience as an ER nurse, I have noticed the persistent debate of whether or not to let family witness resuscitation and its perceived benefits and disadvantages. Though some providers still seem to not want family present, evidence shows it has several benefits. Not only do family members largely want to be present, but it shows that being present, especially when there is a dedicated representative available, has decreased incidence of psychological symptoms such as depression and PTSD. Considering this evidence, I think it is appropriate to allow family to be present during resuscitation with a representative as long as they are deemed non-disruptive and wish to be present.

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