Attitudes and experiences of Family Presence During Resuscitation (FPDR) among Swedish nurses and physicians in cardiac care units

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BACKGROUND

Family Presence During Resuscitation (FPDR) has been proven to help families in their grieving process after witnessing an in-hospital cardiac arrest. International guidelines recommend that family members should be offered the opportunity to be present during CPR. However, healthcare professionals often doubt the benefit of FPDR.

AIM

To explore nurses and doctors attitudes and experiences towards FPDR in Sweden.

METHOD

In this cross-sectional study, 189 nurses and doctors at cardiology units at all seven university hospitals in Sweden answered a web-based questionnaire. Data in this sub-analysis consisted of written free-text in the end of the questionnaire from 32 participants. Data was analysed with qualitative method using inductive content analysis.

RESULTS

Three categories emerged; *Influence on the decision-making*, *Altered working conditions*, and *Dealing with family issues*.

The staff had ambivalent feelings to FPDR when they bothered the pros and cons of FPDR. FPDR was seen as something positive for the family, but a certain hesitance was raised that CPR could be difficult to watch. At the same time, the family presence was regarded important, so the family could say a last farewell and see that everything was done for their loved one. Aggravating circumstances in the working environment to allow family presence were staff shortages, small rooms, risk of harming the confidentiality and loosing routines, and that the CPR-situation could be stressful for the staff with disturbing family members, but it could also facilitate the dialogue with the family during and after CPR. Other experiences from FPDR were cultural and linguistic problems, fear for emotional reactions from the family and worries about how to relate to family filming the CPR-situation.

CONCLUSION

Staff in Sweden has both positive and negative experiences and attitudes towards FPDR, and FPDR is described as it could be a risk to affect the working environment in a negative way. Each resuscitation situation was described as unique and the ability of staff to make individual assessments seemed to be a key factor in accepting FPDR.

"I do not feel that I as a doctor act differently if family are present or not. One can have a dialogue with family while performing CPR" (doctor)

"With family is present, focus is shifted from the patient whose lives are to be saved to the family member. It will create anxiety amongst the staff... it is very stressful... many do not have the experience. Family being present will make this worse and lead to staff feeling bad" (doctor)

"It takes a lot of time and educational explanations after an CPR situation, time need to be given to relatives, but sometimes not available. unfortunately I have experienced three cardiac arrests in one hour, where was the time for speaking to family then?" (doctor)

"To see a beloved relative die is very difficult..., I am indecisive as to whether family should be present or not ... " (nurse) "There are such individual situations ..., all patients are so different and the same goes for family" (nurse)

"It could be a traumatic experience that left unpleasant traces (doctor) ... It can look distasteful and make the memory distressful for family and it could give lifelong nightmares" (nurse)

"My experiences have not been particularly good when family members have been involved. However, I often bring in the family when it is hopeless to continue, so they can be present for the last few minutes the patient has in life" (doctor)

"There must definitely be a staff member who can take care of any reactions that occur during and after the cardiac arrest regardless of the outcome" (nurse)

"Family participation can facilitate the continued processing for this person and also for the patient if survive" (nurse)

"In a CPR situation, you have the full focus on doing everything that is in one's power for the CPR to succeed. The ordinances of doctors are many. Not easy to have a family member in the room at that time. The most important thing is that the patient survives" (nurse)

"... It is so different depending on the background and wishes of family as well as how well they understand the patient's illness and background" (nurse)

"I think that it is very individual if family members is affected positive or negative by CPR. It is different from person to person. It is hard to put all relatives in a group" (nurse) "One should show consideration for the individual CPR situation" (doctor)

"From those who want to see what happens, I have received only positive feed-back, both when things go well and when the patient does not survive" (doctor)

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