

# **SUMMARY**

## **The family presence during cardiopulmonary resuscitation in the assessment of medical staff, the patient and their family**

### **Introduction**

Every day a series of life-saving procedures are performed in the emergency departments worldwide. Their intensity and invasiveness may cause stress, pain or anxiety not only in the patient, but also in his family. Until recently, in the hospital environment the rule was that the patient's family was not present during the implementation of these procedures. Perhaps one of the reasons for this behavior was the paternalistic attitude of the medical staff, which assumed that the presence of loved ones would complicate and impede the correct implementation of the procedure, while at the same time increasing anxiety among the family and the patient. The low awareness and lack of systematized knowledge about the patient's rights could also have an impact on such attitudes. In connection with the above, for the last few years, the issue of simultaneous care for the patient and his family has become more and more important. The role of relatives began to be treated and recognized in hospitals as an element of additional good care and psychological support for the patient. The medical staff has gradually begun to honor and respect this particular manifestation of patient's rights and to see the benefits of it. Nowadays, cooperation with the family is more and more often supported with full respect for their beliefs and experiences while respecting their culture, tradition and religion. All of these elements favour the family presence during resuscitation (FPDR), in particular when the patient dies, because it allows to humanize the dehumanized aspect of death in the hospital. Undoubtedly, one of the main ideas of FPDR is the desire to satisfy the emotional needs of patients and his relatives. It should be remembered, however, that the empathy of the medical staff towards the patient and his family cannot be the only and decisive factor influencing the decision on the consent of relatives presence during resuscitation. Whether the members of the patient's family should be present during resuscitation is still a subject of controversy in many countries. It should be emphasized that

the nature of the work of medical personnel and the emphasis which is currently placed on the holistic dimension of patient care determines also the place and role of the members of the resuscitation team. International rescue guidelines and the European Resuscitation Council (ERC) recommend that health care professionals allow family members to be present during resuscitation. In order to verify whether health care professionals carry out these recommendations, many studies have been carried out around the world on the opinions of healthcare professionals regarding the FPDR.

## **Aim**

**The primary aim** the dissertation was to analyze the experiences and opinions of medical staff, the patient and his family about the presence of relatives during cardiopulmonary resuscitation and to determine which factors influence the formation of these opinions and attitudes.

## **Material and method**

1646 people were enrolled and qualified in the study. From this group, 500 patients, 500 members of the patients' families, 646 people representing medical staff (doctors, nurses, paramedics) were selected. The tests were carried out in the hospitals listed below:

- St. Hedvig Provincial Clinical Hospital No. 2 in Rzeszów;
- the Independent Public Health Care Center of the Ministry of Internal Affairs and Administration in Rzeszów;
- Fryderyk Chopin Provincial Clinical Hospital No. 1 in Rzeszów;
- John Paul II City Hospital in Rzeszów.

The study was carried out from March 2017 to July 2017. The selection of the test sample was purposive. Inclusion of the patient and his family for the study took place successively during admission to one of the abovementioned hospitals.

The consent for scientific research was obtained from the Directors of the above-mentioned hospitals. The Bioethics Committee of the University of Rzeszów (Resolution No. 5/1/2017 and Resolution No. 13/4/2017) granted permission to perform the study. It did not pose a threat to human life and health. Participation in the study was voluntary, a respondent was

guaranteed a sense of confidentiality of the conducted research and was assured that the collected results will be used only for scientific purposes.

Three diagnostic tools were used. The Polish version of the Family Presence During Cardiopulmonary Resuscitation (CRP) questionnaire, developed by John Albarran, Paul Fulbrook and Jos Latour in 2005, was used for the medical staff. The next research tools were two original questionnaires entitled "Presence of the patient's family members during cardiopulmonary resuscitation in hospital". One of them was addressed to the patient and the other to his family members.

## **Results**

The results of our research indicate that the majority of the surveyed medical staff has a negative attitude towards FPDR (54.02%). Having experience is one of the factors influencing the formation of opinions and attitudes of staff regarding the presence of relatives during CPR. The respondents who experienced the presence of the loved ones during resuscitation had both positive (79 people) and negative experiences in this regard (202 people).

The most frequent concerns expressed by medical staff in our research are the statement that relatives do not understand the need for specific interventions, which creates a conflict situation and may lead to a dispute with the resuscitation team - 92.41% of the respondents, and 80.03% of them claimed the patient's family will most likely interfere with the resuscitation process. The vast majority – 81.89% of the surveyed personnel were of the opinion that resuscitation and related images are too stressful for them. At the same time, 88.70% of the respondents claimed that family members present during CPR will experience long-lasting detrimental emotional effects of this event.

A very important problem that the patient's relatives have to face is whether they want to be present during CPR. Another issue requiring a decision is also the indication of the person deciding about the FPDR. In our research, the results are interesting because only 12.85% of medical personnel claimed that the decision should be made by the patient's family, while the vast majority were of the opinion that this should be the decision of the entire resuscitation team (77.09%). 55.73% of the respondents stated that doctors should decide on the presence of family members during the CPR.

According to our research, only 23.84% of the respondents believed that the presence of the family during unsuccessful CPR is important because it allows relatives to spend the last moments together. The medical staff slightly pointed to the benefits of relatives during CPR.

Only 12.9% of the respondents claimed that FPDR is helpful for the family if the patient does not survive. Importantly, it also turned out that only 6.35% of the respondents maintain that participation of the family in CPR is beneficial to the patient. The results of our research on inviting families to be present during resuscitation of a loved one could have been influenced by organizational factors as well. For example, a large proportion of the surveyed medical staff indicated too few people in the resuscitation team (71.2%). Most of the respondents in our research (88.24%) believe that FPDR should not be a routine practice.

Attitudes of both the patient and his family towards FPDR in our results are particularly interesting. Only 29.0% of the surveyed patients and 27.6% of their families expressed their willingness to be present during the CPR of a loved one. However, acceptance for the presence of a family member during their own resuscitation was even lower: patients (21.2%), the patient's family (20.2%). The sources of such attitudes should be sought both in ignorance of patient's rights, the lack of specialized medical knowledge as well as in cultural canons of behavior.

## **Conclusion**

On the basis of the research and verification of the research questions posed in the aim of the study, the following conclusions were presented:

1. Most of the surveyed medical staff have a negative attitude towards FPDR and cannot see any benefits from it.
2. The experience of the presence of the family during CPR has a significant impact on the medical staff's opinions about the benefits and negative effects of the FPDR.
3. Having negative experiences related to the presence of the family during CPR significantly affects the general view of medical personnel about FPDR.
4. The majority of medical staff believe that FPDR has a negative impact on the work of the team performing resuscitation.
5. The most frequent concerns of medical staff related to the presence of relatives during resuscitation are: lack of understanding of CPR procedures, disputes with the resuscitation team, exerting pressure on the staff, stress of the family and long-lasting and negative emotional effects of the incident, claims and lawsuits.
6. Both patients and their family members have a negative attitude towards FPDR during resuscitation.

7. The respondents (patients and their relatives) show a low level of awareness that their potential presence during CPR results from their rights.
8. Medical personnel believe that the presence of family members during CPR should be the decision of the entire resuscitation team.
9. Medical personnel have a negative attitude towards the implementation of FPDR as a routine procedure.
10. Medical personnel believe that the presence of the family during CPR is unfavorable to the patient.

### **Practical implications**

Resuscitation in the presence of family members raises a number of controversies and fears. The arguments for both the presence of the family and the opposite are raised. Therefore, there is a need to introduce a multi-level educational strategy for FPDR. It would be reasonable to develop a single procedure for FPDR in order to introduce it as a clinical practice. Further research should also be carried out to identify educational methods and techniques to overcome barriers and to facilitate the implementation of policies on the presence of families during CPR. It is also expedient to introduce changes to the generally applicable law in such a way that the decision on FPDR is included in the patient's rights catalog.

**Key words:** cardiopulmonary resuscitation, family presence, medical staff, patient.