

## ABSTRACT

Title: A Survey of Physicians' and Registered Nurses' Opinions of Family Presence During Cardiopulmonary Resuscitation Efforts in an Acute Healthcare Setting

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Historically, when a patient went into cardiopulmonary arrest in an acute healthcare setting, family members were immediately removed from the resuscitation area. This exclusion was due to concerns from healthcare providers (HCPs) that family members might interfere with resuscitation efforts. Some immediate family members would have preferred to stay with their loved one if given these opportunities by HCPs. Excluding family members from witnessing resuscitation efforts on an adult loved one continues to be routine practice in most healthcare settings today. Therefore, this study was aimed at examining the opinions of healthcare providers toward family witnessed resuscitation.

A 12-item questionnaire, designed by the researcher, was distributed to physicians and registered nurses to determine their professional perspectives on family presence during resuscitation efforts on an adult patient.

The sample size was 474 HCPs from one tertiary healthcare setting in Northwestern Pennsylvania, 145 physicians and 329 registered nurses. Response rate for physicians was 17% (n=25) and 34.7% (n=114) for registered nurses.

Most HCPs said that they had never been approached by families wishing to be present although 66.4% of HCPs stated that they have been involved in situations where family members have been present during resuscitation efforts on an adult loved one.

Less than half (41%) of all HCPs would consider inviting families into FWR, however, the majority (58.7%) of HCPs would prefer to be present if their loved one was undergoing resuscitation efforts. HCPs cited many benefits to witnessed resuscitation, including; family witnessed resuscitation allows families to see that everything was done for their loved one and FWR facilitated the grief process for family members. Disadvantages cited by HCPs were that families might interfere with resuscitation efforts or they may not be emotionally equipped to deal with the events, that HCP stress may be increased, or that disturbing memories and situations might affect the families.

The aim of this study was to assess opinions of HCPs regarding FWR. These opinions can guide leaders in health

care to change prevailing practices and develop a policy that is more considerate of family members' wishes to be present during CPR on a loved one.

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