Benefits of Family-Witnessed Resuscitation in Acute Care Settings

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Abstract

Family-witnessed resuscitation (FWR) can be defined as the physical presence of a family member or friend of the patient during interventions such as cardiopulmonary resuscitation. Family-witnessed resuscitation is a practice not universally adopted in healthcare facilities. The practice of FWR was once thought to have negative psychological effects on family members. However, more recent research has shown that the practice of FWR can be beneficial to patients and their families. The aim of this paper is to outline the perspectives and benefits of FWR on patients, their families, and healthcare providers. Common barriers to implementation, and recommendations for practice are also included.

Benefits of Family-Witnessed Resuscitation in Acute Care Settings

I have had the unique opportunity to complete my final nursing capstone internship in a rural emergency department in Wyoming. Working in the emergency department, a person witnesses some of the worst days for patients and their families. A particular incident stuck with me during this time. My first code blue was on a woman in her late eighties. Her fragile ribs were very concerning as I was giving chest compressions. It was her second code within the last five hours. I remember her daughter being in the back corner of the room, watching as we all worked to bring back her mother's heartbeat. The daughter was obviously emotional, though not distraught to the point of interfering with our efforts. Once we got a cardiac rhythm back, the daughter, who was also the power of attorney, made the decision to call in the rest of the family and sign a do not resuscitate order. It was my opinion that the daughter was saving her mother from enduring additional pain and suffering from further resuscitation attempts. At that stage in this patient's life, we were doing more harm than good. It was on this day that I observed some of the benefits of family-witnessed resuscitation.

Critical care settings such as emergency departments and intensive care units frequently perform resuscitation interventions. Family-witnessed resuscitation (FWR) can be defined as the arrival of a patient's family members at the location of the resuscitation attempt, where they are able to observe or have physical contact with their loved one (Drewe, 2017). Previously, it was thought that witnessing cardiopulmonary resuscitation (CPR) lead to trauma, anxiety, and post-traumatic stress for family members (Krochmal et al., 2017). In the 1980s, healthcare providers began questioning the act of excluding family members from resuscitation attempts (Drewe, 2017). Since its introduction over thirty years ago, family-witnessed resuscitation has been a controversial topic among healthcare providers. The aim of this study is to identify the benefits

of FWR for patients, family members, and healthcare providers. Additionally, strategies to help implement FWR are also explored. Knowing the benefits of FWR, and methods that can be used to implement this evidenced-based practice can lead to better outcomes for patients and their families.

Methods

In this review, databases such as PubMed, Cochrane, Wiley Online Library, MEDLINE and the University of Wyoming libraries database were used to find research articles related to the benefits of FWR. Keywords such as *family-witnessed resuscitation, family presence, cardiopulmonary resuscitation, cardiac arrest, CPR, emergency care, lived experience, benefits and barriers, and friends and family* were included to find articles related to the research question. After using these keywords to find research articles related to the topic, further criteria were implemented to narrow search results. Only studies published within the last five to seven years were included. These articles had to be published in a peer-reviewed journal related to nursing or medicine. For example, some articles were published in the *Journal of Emergency Nursing, Nursing Standard, and the Journal of Clinical Nursing.* Articles also had to meet this criteria in order to meet standards of credibility and validity.

Specific journal articles were then appraised to evaluate relevance to the research question. Articles had to include findings of either the benefits or barriers of FWR related to patients, their families, or members of the healthcare team. Through the appraisal process, articles were evaluated for reliability and whether or not they were conducted using scientific methods. The process of appraisal ensured that the information included was current and appropriate. The use of keywords and research criteria led to articles with results and conclusions related to the benefits of implementation of FWR for each party involved in the resuscitation.

Synthesis

Common Barriers

Since FWR is not a universally adopted practice in healthcare, it is important to outline some of the common barriers to implementing this practice. Given the potentially traumatic nature of CPR, healthcare professionals have traditionally been more reluctant to offer family members the opportunity to witness the procedure (Breach, 2018). Cardiopulmonary resuscitation can be a difficult process to watch as compressions and defibrillation can look rather gruesome, particularly on a loved one. Additionally, healthcare professionals have voiced concerns regarding potential interference with the resuscitation attempt by family members (Drewe, 2017). Given the distressing nature of resuscitation, staff worry that family members could prevent them from performing interventions all together (Drewe, 2017). Additionally, healthcare workers worry that family members may get too close to the patient physically, thus leading to lack of space to perform said interventions (Drewe, 2017). Another common concern is family members becoming too distressed during this procedure, risking members of the healthcare team becoming distracted, thus taking away from patient care (Drewe, 2017). Many healthcare professionals resist inviting family members to witness due to fear of distraction, delayed initiation of resuscitation, impedance on patient care, and increased stress related to the pressure from family members to perform well.

Family-witnessed resuscitation also brings up concerns regarding confidentiality and dignity. Since a patient's medical history and personal information is often shared during resuscitation, FWR risks breaching their confidentiality (Drewe, 2017). Although, the need to identify the wishes of the patient early can help mitigate this issue. Preservation of dignity can also be a challenge during resuscitation. It is difficult to limit physical exposure while

performing specific interventions. Once again, some family members might find it distressing to watch their loved one undergo this process while lacking privacy (Drewe, 2017). Furthermore, language used by healthcare professionals during the resuscitation could be misinterpreted by family members as uncaring and disconnected (Drewe, 2017). While professionalism is important as a healthcare professional, the use of some coping strategies to deal with a stressful situation could be interpreted as disrespectful. It is critical to address the barriers related to the use of FWR in order to design strategies to better implement this practice while alleviating some concerns.

Patient Perspective and Benefits

A common practice in modern medicine is the use of patient-centered care. With this in mind, it was important to research the benefits of FWR on the patients themselves. The Emergency Nurses Association (ENA, 2017) has a published clinical practice guideline regarding family presence during invasive procedures and resuscitations . The ENA (2017) found little evidence that indicates that family presence has a negative impact on patient outcomes. However, their literature review found that many patients do have a preference regarding FWR (ENA, 2017). Of the six studies the ENA (2017) investigated, all found that patients were in support of FWR. Their research shows that a majority of patients treated in emergency departments actually prefer to have family in the room for their resuscitation (ENA, 2017). The ENA (2017) found that some patients even requested to specify which family members were allowed to be present. Having patients document their preference of family presence, and any additional specifications they require upon admission, could eliminate barriers regarding breeching confidentially. It is important to note that many patients are concerned about their family members, acknowledging that witnessing their own resuscitation could be a

traumatic experience for them (ENA, 2017). Many of the patients in favor of FWR, also voiced wanting their family members to be protected and supported during this time (ENA, 2017).

The practice of FWR can often be associated with the concept of family-centered care. The family-centered care approach incorporates participation and support of family members in holistic care for the patient (Meghani, 2021). This approach recognizes that family members play an integral part in the care and decision-making process of the patient (Meghani, 2021). A core concept of family-centered care is the involvement of the family throughout the life continuum, from the beginning to the end of life (Meghani, 2021). Family-witnessed resuscitation is a way to better incorporate family-centered care in acute care settings. During emergent and life-threatening situations, patients often require additional needs and struggle to make decisions regarding their care (Meghani, 2021). While acute care setting such as emergency departments do not specialize in end of life care, death is an unfortunate outcome in these settings. During this time, many patients require additional support, assistance, and guidance. In situations where the patient is unable to make their own decisions, having family members in the room to advocate for the wishes of the patient can have a huge impact on their quality of life. An example of this is described in the patient care scenario previously discussed. The patient benefits when family members are offered the opportunity to perform an advocacy role during FWR, giving patients a voice in a room full of unknown healthcare professionals and medical interventions (Breach, 2018). Furthermore, patients have a right to make decisions, be involved in their own care, and to die with dignity and autonomy (Meghani, 2021). It is thought that the same autonomy should be given in death as it is in life. Many patients believe it is part of their rights to have a family member present for any resuscitation attempts (Meghani, 2021). While resuscitation attempts work against this fate, death of the patient is a possible outcome. Family-

witnessed resuscitation enables patients to pass surround by the people they love. The evidence shows that FWR has no negative influence on the patient and has been shown to improve their outcome psychologically (Meghani, 2021). Overall, the research indicates that family presence does not impact the outcome of the resuscitation attempt and in turn can actually be beneficial to the patient.

Family Perspective and Benefits

A major barrier of FWR implementation is the concern that witnessing a resuscitation attempt on a relative could have a negative impact on the family member. However, research shows that issues such as post-traumatic stress disorder, anxiety, and complicated grief are actually less common among family members who witness resuscitation attempts compared to those who do not (Drewe, 2017). The death of a loved one can trigger grief responses and strong emotions for family members that may lead to depression and anxiety; this is not uncommon during the grieving process. However, this grief can be compounded when family members do not understand what happened to their relative. Often, family members imagine situations worse than what actually occurred in reality (Drewe, 2017). When the family is excluded from the resuscitation attempt, they may develop continued feelings of guilt as they were not present for their relative when they were most vulnerable (Drewe, 2017). With this being said, FWR actually has a positive impact on family members. Research has shown that physical contact between family and the patient increases family comfort, accelerates the healing process, and increases the family's ability to adapt to the death of their loved one should that be the outcome (Vardanjani et al., 2021).

A qualitative study by Sak-Dankosky et al. (2018) interviewed family members of patients in intensive care units in Poland and Finland providing a unique family perspective

regarding FWR. Participants stated feeling a desire and need to be close to their loved one during a critical moment such as active CPR (Sak-Dankosky et al., 2018). Many participants preferred to have the option of witnessing CPR offered to them but stated that they wanted the opportunity to decide for themselves whether or not to participate (Sak-Dankosky et al., 2018). Most family members in this study described wanting to be in physical proximity to their relative to show support and to simply be there for them (Sak-Dankosky et al., 2018). Many family members also felt that their presence would have a positive impact on the patient, assuming the patient would be able to sense their presence thus putting them at ease (Sak-Dankosky et al., 2018). Additionally, participants felt that being able to observe the attempt would enable them to see everything with their own eyes, giving them the confirmation that everything possible had been done for their loved one (Sak-Dankosky et al., 2018). In the case of a negative patient outcome, participants felt that FWR gave them an opportunity to say goodbye, aiding in their own personal closure (Sak-Dankosky et al., 2018). The practice of FWR gives family members the opportunity to support and comfort their relative during such a traumatic event. Additionally, FWR facilitates the grieving process by giving them a chance to say their goodbyes and know that the healthcare providers did everything in their power for the patient.

A common perspective of many families is that healthcare professionals tend of have a paternalistic approach (Sak-Dankosky et al., 2018). When a patient begins to deteriorate, family members are often asked to leave the room, keeping them uninvolved. This leads to a common misconception of authority among healthcare providers. Many families prefer the interaction between themselves and staff members to be viewed as a partnership rather than a burden (Sak-Dankosky et al., 2018). Family members desire staff to be more cooperative and open with them regarding the care of their relative (Sak-Dankosky et al., 2018). Being in the room gives the

support system of the patient a feeling of influence and control (Sak-Dankosky et al., 2018). Otherwise, it is like their relative is whisked away by complete strangers who control the fate of their loved one. The practice of FWR allows for family members to be seen as someone important to the patient. In a way, this practice gives more humanity to the patient in life-threatening situations.

Healthcare Professional Perspective and Benefits

Utilization of FWR practices has been largely linked to the perceptions of healthcare professionals. Many healthcare professionals have voiced concerns regarding having family in the room. Some of these concerns include hindering the resuscitation attempt, family becoming distracting, and the possibility of traumatizing relatives which could lead to legal ramifications. Despite the benefits of FWR, the practice can pose some risks for healthcare professionals. Having family members in the room can increase levels of stress and anxiety for providers in an already stressful event. Nonetheless, adequate education regarding FWR can help alleviate some of these concerns and stressors. Additionally, facility support and solutions regarding the concerns of staff members aides in FWR implementation. Healthcare professionals who are aware of the benefits of FWR, and have the support and security of their administrators, are more likely to incorporate this practice into their care.

Despite having support from professional organizations such as the National Academy of Medicine and the American Association of Critical-Care Nurses, only about a third of American nurses have implemented FWR (Gomes et al., 2019). Research shows that many nurses support the idea of FWR, but do not support such a practice being offered to all families (Gomes et al., 2019). For healthcare staff, the main priority is the wellbeing of the patient. A common fear among providers is the possibility for family to interrupt or take away from the resuscitation

attempt (Grimes, 2020). However, cross-sectional studies have revealed that the presence of family members do not result in disruption of the resuscitation process, or worsen the mortality rate (Vardanjari et al., 2021). Another study found that despite family presence, the average duration of resuscitation was nine minutes, a similar duration to attempts without family presence (Krochmal et al., 2017). Research has shown that family members are typically so focused on their loved ones, the details of the ongoing medical procedure are not their main priority (Vardanjari et al., 2021). Accordingly, the event of family presence having a negative impact on a resuscitation attempt is rare.

Another concerns is that many staff members fear their performance could be misinterpreted or scrutinized (Grimes, 2020). However, randomized control trials have found that FWR does not increase the incidence of litigation (Grimes, 2020). In fact, according to Grimes (2020), there had not been any reported lawsuits filed for negligence related to family presence during resuscitation in the United Kingdom. The literature suggests that there are actually fewer legal cases from FWR than in private resuscitation attempts (Drewe, 2017). Research suggests that family members excluded from inpatient resuscitation are often left alone by healthcare professionals further increasing their anxiety and stress, often resulting in anger and frustration towards staff (Drewe, 2017). One study found that 70% of nurses indicated that from their experiences, FWR did not cause an increase in litigation regarding families misunderstanding resuscitation efforts (Gomes et al., 2019). The same study found that 90% of nurses felt that FWR is beneficial to families as it better includes them in the decision-making process (Gomes et al, 2019). In actuality, having family present for the resuscitation can provide more clarity and knowledge as to what the emergency team is doing and why certain procedures are necessary for the patient. Having family in the room helps to aid the relationship between

healthcare professionals and families, promoting an environment that supports family-centered care.

Despite concerns from healthcare professionals, FWR does prove to have some benefits for staff. Having family members present during resuscitation provides the opportunity for important information to be relayed to the medical team (Drewe, 2017). Sharing pertinent information can affect the success of the resuscitation, particularly in departments/facilities where patients' health information may be limited (Drewe, 2017). Information sharing also enables family members to feel that they are assisting in some way (Drewe, 2017). There is evidence suggesting that FWR can increase demonstrated levels of professionalism among healthcare providers (Drewe, 2017). Being observed during resuscitation attempts may influence professionals to speak and act in ways that preserve the humanity of the patient (Drewe, 2017). The act of interventions such as CPR can seem rather inhumane and mechanical to outsiders. Rather than solely focusing on the technical aspect of resuscitation, the practice of FWR can help professionals utilize empathy (Sak-Dankosky et al., 2018). Family presence can also encourage providers to act in a way that pays particular attention to the dignity and importance of the patient as an individual. In the same way that family members benefit from knowing that everything was done to help the patient, it is reasonable to assume that the healthcare team experiences a similar peace of mind. Additionally, healthcare professionals are able to provide greater comfort and ease to families after a negative outcome. Family-witnessed resuscitation gives healthcare professionals an opportunity to further support family members through the bereavement process. The healthcare provider's presence during an individual's final moments should be viewed as a privilege. The loss of a patient is an experience that should be shared with the patient's loved ones, rather than being viewed as a complication or burden to staff members

(Breach, 2018). Family presence can help enable professionals to become emotionally aware, focusing on saving a human life rather than simply performing a clinical procedure.

Research Gaps

Studies focused on the benefits of FWR on patients and healthcare providers is rather limited. Research regarding the patient experience specifically with FWR are all together limited. This can be attributed to the difficulty discussing this topic among survivors. Much of the research on FWR is based in theory from patients. The evidence implies that when asked, a majority of patients are in favor of having their family present during their own resuscitation attempt. Specific studies regarding the direct benefits of FWR on healthcare providers is also limited. Many studies tend to focus on the perspectives of healthcare providers on the general topic of FWR. Overall, the literature suggests that FWR is beneficial for all those involved when implemented correctly. More research should be conducted to determine the positive impacts FWR can have on patients and healthcare providers.

Clinical Practice Recommendations

As the literature continues to outline the benefits of FWR for patients, families, and healthcare professionals, policies and procedures should be introduced in order to implement a successful practice into the clinical setting. Many varying opinions of FWR could be disseminated with proper education and policy making. The first step to implementing a successful FWR program is to define guidelines and policies at specific facilities (Vardanjani et al., 2021). These guidelines should outline criteria necessary to assess for family coping mechanisms, ensure that resuscitation efforts will be uninterrupted, and include specific contraindications that would prevent family members from being in the room (Vardanjani et al., 2021). It is possible for certain situations such as suspected abusers, violent behaviors,

emotionally distraught individuals, or those under the influence of drugs or alcohol to arise which could interfere with the resuscitation attempt (Vardanjani et al., 2021). Having guidelines in place that ensure an environment for safe and uninterrupted patient care will also help to alleviate concerns expressed by staff related to having family in the room. It is critical that hospitals develop standards for staff involved in FWR, to ensure the safety of the patient, the family, and the healthcare professionals.

Family member invitation to the resuscitation depends heavily on the confidence and comfortability of healthcare providers. Having multidisciplinary training in FWR should be readily available, particularly in areas such as emergency departments and intensive care units where resuscitation efforts occur more frequently. Training and education are essential to reduce anxiety and fears that healthcare professionals may have associated with FWR implementation. Use of FWR simulation has been linked to increased self-confidence among healthcare professionals (Breach, 2018). Additionally, the use of standardized patients, role-play, case studies, online learning modules, and traditional lectures will aid in educating staff on the benefits of this practice, and various ways to implement it (Toronto & LaRocco, 2019). Emergency nurses are considered to be at the frontlines for providing information and guidance to families wanting to participate in FWR (Vardanjani et al., 2021). Nurses in this position should be educated on the potential advantages and disadvantages of this practice on family members. Additionally, research indicates that offering FWR should exclusively follow after a comprehensive assessment that includes the emotional stability of the family (Breach, 2018). Being as time constraints are often a factor in this process, intuitive expertise is required for such complex decision making (Breach, 2018). Healthcare professionals should have adequate training in order to develop confidence that allows them to make efficient and appropriate

judgements regarding FWR (Breach, 2018). This reasoning and intuition comes from knowledge regarding FWR policy and procedures, and previous experiences (Breach, 2018). Development of FWR polices based on evidence-based practices and family-centered care principles will help facilitate successful utilization of FWR.

In addition to education and training , the use of a designated support staff member has been beneficial in the implementing FWR. Family members often require specific attention and support during and especially following an unsuccessful resuscitation attempt (Toronto & LaRocco, 2019). A study by Toronto & LaRocco (2019) found that family members handled the situation best when they were accompanied by a support staff member, which was often an experienced nurse. Family-witnessed resuscitation facilitators can support family members by educating them on specific procedures/interventions being performed and answer any questions they may have. Support personnel would not be part of the resuscitation attempt itself, but instead would focus on the needs of family members during that time (Drewe, 2017). The person in this role would need to have extensive knowledge and experience in the resuscitation process in addition to having effective communication skills (Drewe, 2017). Having the ability to answer questions appropriately without medical jargon is essential in this role (Drewe, 2017). Use of a designated support person would benefit the family member in addition to allowing other healthcare providers to focus on the needs of the patient.

Conclusion

Through adequate policy, education, and training, implementation of FWR can improve the use of family-centered care approaches in acute care settings. Benefits of FWR for the patient include having the physical support and comfort from their loved ones during a traumatizing experience and even death. Family members are able to advocate for the patient and their desires

regarding end of life care when present for the resuscitation attempt. Arguably, family members benefit the most from this practice. Witnessing the resuscitation of a loved one helps family members feel more included and educated in the care provided. Watching healthcare providers perform the necessary interventions relieves guilt felt by the family as they know staff did everything they could. Overall, FWR provides positive psychological outcomes in families, facilitating their bereavement process. Furthermore, healthcare providers benefit by providing patient and family-centered care in what could be the last moments of a person's life. Family-witnessed resuscitation requires professionals to take a more humane and holistic approach to life saving intervention techniques. Healthcare providers also benefit by having the opportunity to support the people closest to the patient in the case of a negative outcome. Studies have shown that providers that have a positive experience with FWR are increasingly more likely to promote the practice in the future (Drewe, 2017). Use of policy making, education, training, and experience with FWR better prepares healthcare professionals to successfully implement this practice. The presence of family members during resuscitation is shown to have positive impacts on patients, families, and medical staff. In appropriate situations, the practice of FWR is one that should be provided as an option to family members in acute care settings.

References

Breach, J. (2018). Exploring the implementation of family-witnessed resuscitation. *Nursing Standard,* 33(1), 76-81. https://doi.org/10.7748/ns.2018.e11003

Drewe, C. (2017). Benefits of, and barriers to, family-witnessed resuscitation in practice. *Nursing Standard, 31(49), 47-51.* https://doi.org/10.7748/ns.2017.e10699

Emergency Nurses Association. (2017). *Clinical practice guideline: Family presence during invasive procedures and resuscitation. https://media.emscimprovement.center/documents/familypresencecpg3eaabb7cf0414584ac2291feba3be481.pdf*

Grimes, C. (2020). The effects of family-witnessed resuscitation on health professionals. *British Journal of Nursing, 29*(15), 892-896. https://doi.org/10.12968/bjon.2020.29.15.892

Gomes, B. D., Dowd, O. P., & Sethares, K. A. (2019). Attitudes of community hospital critical care nurses toward family-witnessed resuscitation. *American Journal of Critical Care,* 28(2), 142-148. https://doi.org/10.4037/ajcc2019162

Krochmal, R. L., Blenko, J. W., Afshar, M., Netzer, G., Roy, S. C., Wiegand, D. L., & Shanholtz, C. B. (2017). Family presence at first cardiopulmonary resuscitation and subsequent limitations on care in the intensive care unit. *American Journal of Critical Care.* 26(3), 221-228. https://doi.org/10.4037/ajcc2017510

Meghani, S. (2021). Witnessed resuscitation: A concept analysis. *Intensive & Critical Care Nursing, 64.* https://doi.org/10.1016/j.iccn.2020.103003

Sak-Dankosky, N., Andruszkiwicz, P., Sherwood, P. R., Kvist, T. (2018). Preferences of patients' family regarding family-witnessed cardiopulmonary resuscitation: A qualitative

perspective of intensive care patients' family members. *Intensive & Critical Care Nursing, 50, 95-102.* https://doi.org/10.1016/j.iccn.2018.04.001

Toronto, C. E., & LaRocco, S. A. (2019). Family perception of and experience with family presence during cardiopulmonary resuscitation: An integrative review. *Journal of Clinical Nursing, 28*(1-2), 32-46. https://doi.org/10.1111/jocn.14649

Vardanjani, A. E., Golitaleb, M., Abdi, K., Kia, M. K., Moayedi, S., Torres, M., & Dehghan-Nayeri, N. (2021). The effect of family presence during resuscitation and invasive procedures on patients and families: An umbrella review. *Journal of Emergency Nursing, 47*(5), 752-760. https://doi.org/10.1016/j.jen.2021.04.007