

# Family Presence During Resuscitation: Survey of Critical Care Nurses In Canada

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## Background

Family Presence During Resuscitation (FPDR)

- Controversial topic
- Paradigm shift among healthcare professionals
- Traditionally family members (FM) excluded from witnessing critical events
- Reasons cited are many ...

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## Recent Research/ Position Statements

- Research in US and UK suggests health care providers' concerns unwarranted
- FPDR endorsed by:
  - European Critical Care Councils/Federations (2007)
  - Canadian Association of Critical Care Nurses (2005)
  - American Heart Association (2005)
  - American Academy of Critical Care Nurses (2004)
  - American Academy of Pediatrics (2004)
  - NENA (2002)

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## Current Problem

- Survey of American Critical Care and ER nurses completed identifying their policies, practices, and preferences (McLean et al., 2003)
- Little is known about practices, preferences, and perspectives of Canadian critical care nurses

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## Objectives

For Canadian Critical Care Nurses:

- Explore preferences regarding written policies for FPDR
- Examine extent of written FPDR policies currently in place in Cdn hospitals of respondents
- Explore level of awareness of CACCN position statement re FPDR among Cdn Critical Care nurses
- Compare American results (McLean et al., 2003) re FPDR with 2007 Cdn results

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## Methods

- On-line survey approved by U of M REB and CACCN
- Convenience sampling of CACCN nurses with email addresses (944/1134 = 83.2%)
- SurveyMonkey® used to collect and analyze data
- Initial email with URL address followed by 2 reminder emails
- McLean et al's (2003) survey with established content validity modified slightly to reflect Cdn context and focus (i.e. only CC nurses)

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## On-Line Survey

(adapted from McLean et al., 2003)

- 18 items
- Demographic questions (13)
- CACCN Position statement question (1)
- Preferences for FPDR, and practices and policies currently in place at respondent's facility (4)
- Open ended question (1)

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## Questions Related to Policies, Practices, and Preferences for FPDR

- Does your unit/hospital currently have written guidelines in place
- In the past year, have you ever taken a FM to the patient's bedside during CPR?  
Options:  
1) Yes  
2) No, but would do so if opportunity arose
- In past year, have you ever been asked by FMs if they could be present during CPR?
- In your unit, how would you prefer that FPDR be managed?  
Options: I would prefer:  
1) written policy allowing FPDR  
2) written policy prohibiting option of FPDR  
3) no written policy but allow FPDR  
4) no written policy and prohibit option of FPDR

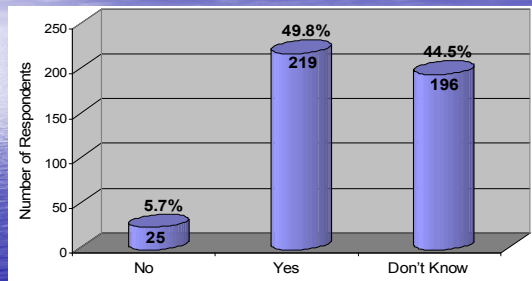
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## Results

- Survey completed by 450/944 CACCN members with email addresses (Response rate 48%)
- Majority were:
  - Female (93%)
  - 40-49 yrs of age (41%)
  - Worked with adult patients (85%)
  - In a teaching hospital (68%)
  - Worked full time (77%)
  - Staff nurse (63%)
  - Critical care nurse for >15years (48%)
  - All provinces except 3 represented (PEI, Yukon, Nunavit)

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## Awareness of CACCN Position Statement on FPDR



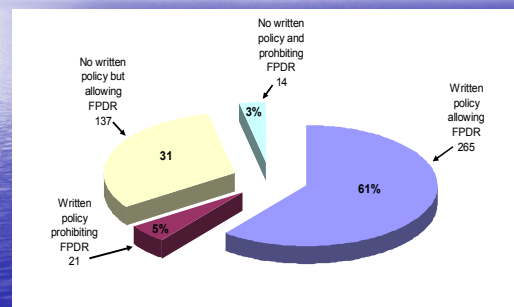
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## Written Guideline/Policy Available in Your Hospital for FPDR (n = 440)

- Does your Hospital policy allow Family Presence During Resuscitation
  - Yes (8%)
  - No (68%)
  - Don't know (24%)

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## Respondents' Preference for Written/Unwritten Policy Allowing/Prohibiting FPDR



### Comparison of Nurses Wishing to Prohibit (35; 8%) c/w Nurses Supporting FPDR (415, 92%)

- Non significant factors:
  - Age,
  - Education level,
  - Experience as a RN or Critical Care nurse
- Significant factors:
  - Knowledge of CACCN position statement (p = .002)
  - Previous experience having taken a FM to bedside during CPR (p = .015)

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### Comparison of DATA

US (McLean et al., 2003); CDN (Fallis et al., 2008)

- Response rate  
US 33% (984); CDN 47% (450)  
48% CC nurses
- Similar in age, gender, work experience, EFT, position field
- Worked in hospital with FPDR policy  
US 5%; CDN 8%
- Most would do it/have done it  
US 57%; CDN 65%
- Most prefer FPDR to be offered  
US 76%; CDN 92%

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### Limitations

- 52% of survey recipients did not respond
- Not known is practice and preferences of CACCN members without email addresses
- Only CACCN members were offered opportunity for input; in Canada 18,000 nurses work in critical care units (CIHI, 2006)
- Some nurses may have responded more than once to the survey

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### Discussion

- Important to note that CACCN members who are aware of CACCN position statement are more likely to endorse FPDR in their facility
- Half of respondents did not know of CACCN's position statement or reported CACCN did not have one.
- Thus, although published widely and through various mediums, CACCN needs to continue to communicate its 2005 FPDR position statement to its members
- Multiple literature has surfaced related to FPDR over the past 2-3 years indicative of the importance of this topic

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