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PERCEPTIONS AND OPINIONS OF CRITICAL CARE NURSES REGARDING FAMILY PRESENCE DURING RESUSCITATION

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Research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree of Master of Science in Nursing.

Johannesburg, 2011

DECLARATION

I, Chanel Le Goff declare that this research report is my own work. It is been submitted in partial fulfilment for the degree of Master of Science in Nursing at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination at this or any other university.

_____

____day of _____2011

This research is dedicated to all of the families and the patients of the ICU

ABSTRACT

The concept of family witnessed resuscitation in South African critical care areas is one that is rarely practiced. In the majority of cases family members are ushered away from the resuscitation area, and this task is usually one that is performed by the critical care nurse. Consequently, the critical care nurse in the South African public health sector is relatively inexperienced in family witnessed resuscitation. In addition to this, few institutions have written policies with regards to family presence. Hence, the importance of uncovering critical care nurses opinions and perceptions of family presence during resuscitation. Therefore, the aim of this study was to explore and describe a select group of critical care nurses perceptions and opinions regarding family presence during resuscitation.

A qualitative study was undertaken in which one-on-one semi structured interviews were conducted as a means of data collection. The following question was asked of the participants, '*As a critical care nurse, if your patient was been resuscitated, and the family members requested to be present, how would you feel?'.* In addition to this the following question was asked of the participants with regards to written policy within the institution used in this study, *'Is there a policy in place in this institution regarding family presence?'***.**

A total of 11 interviews were conducted including participants of various cultures and previous experiences of family witnessed resuscitation. The data collection and analysis processes were integrated as each interview was directly transcribed following the interview. The data analysis process was guided by Tesch's method for qualitative data analysis.

Four nurses interviewed in this study felt that family witnessed resuscitation is unacceptable, and two were unsure. However, these nurses did waver with regards to this. Nine participants expressed reservations regarding family witnessed resuscitation including the potential traumatic effects that it could have on the family. In addition to this, four participants had concerns that family members might interfere with resuscitation efforts came to light. Six participants also feared that their own shortcomings might be exposed to family members should they observe resuscitation attempts. Three nurses in this study believe that family members may misinterpret issues pertaining to resuscitative efforts, and that the physical space at the bedside would be inadequate. Six participants pointed out that it is norm to ask family members to leave the resuscitation area, in part due to habit, and thus could be preventing family members being invited to the bedside. In addition to this, lack of policy guidelines may be acting as a barrier to allowing and facilitating nurses to invite family members to witness resuscitation.

In contrast, five nurses in this study had accepting views on family witnessed resuscitation. This, despite the lack of previous experience these nurses had with regards to family witnessed resuscitation. And as mentioned, nurses did waver with regards to this. Psychological pre-preparation of the family emerged as a concern for three participants. Three of the eleven nurses interviewed would extend an offer to family members to be at the bedside during resuscitation. Four participants felt that a benefit to family witnessed resuscitation is the opportunity it may offer for closure for the family should the resuscitation attempt be unsuccessful.

In concluding, the participants in this study are inexperienced in the field of family witnessed resuscitation, and most participants wavered with regards to their perceptions with regards to family witnessed resuscitation.

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