

Physicians confident they could manage resuscitations with families present

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Today's physicians are confident they could manage family members who would be present when their loved one is being resuscitated, says a Ball State University researcher.

"Family Presence During Resuscitation—Physicians' Perceptions of Risk, Benefit, and Self-Confidence," a survey of 181 physicians, found that respondents in this study perceived that [family](#) presence was a right of patients and should be offered to families. However, less than one-half intended to invite family presence during [resuscitation](#).

"The most strongly perceived risks were emotional trauma to families and potential disruption of the resuscitation efforts by distraught [family members](#)," said Renee Twibell, a Ball State nursing professor who led a research team examining the issue. "However, physicians were confident that they could manage resuscitations with families present.

"Previous research has found that nurses favored family presence during resuscitation, and the issue is supported by many professional health care organizations," she said.

Dr. Twibell and the research team believe a key strategy that critical care nurses could offer to address physicians' perceived risks is the designation of a family facilitator. Facilitators are usually nurses who take responsibility for supporting and communicating with families as they witness the resuscitation and who build the family's trust in the health care team.

A facilitator narrates and interprets the resuscitation activities and guards against potential family disruptions. Family facilitators are widely recommended by experts and professional organizations.

Dr. Twibell also notes that families often desire proximity to loved ones during life-threatening resuscitations and perceive clear benefits to being present.

However, critical care nurses and physicians perceive risks and benefits. Whereas research is accumulating on nurses' perceptions of family

presence, physicians' perspectives have not been clearly explicated, she said.

The study also found that more than two-thirds of the physicians surveyed agreed or strongly agreed that they felt anxious during resuscitations with families present. Because three-fourths of the sample has not participated in a resuscitation with family presence, perceived anxiety could have been related to imagining what it would be like. Younger physicians, family practice physicians and physicians who previously had invited family presence expressed more positive perceptions.

Another strategy to address physicians' perceived risks is to develop interprofessional educational sessions that highlight research evidence and disband myths about family presence. Contrary to perceptions of physicians in this study and others, there is little evidence that families become overtly panicky and disruptive during resuscitations, researchers found.

Dr. Twibell said the results may stimulate interprofessional dialog and the design of innovative approaches to enhance critical care nurses', physicians' and families' crisis experiences.

More information: Renee Samples Twibell et al. Family Presence During Resuscitation, *Dimensions of Critical Care Nursing* (2018). [DOI: 10.1097/DCC.0000000000000297](https://doi.org/10.1097/DCC.0000000000000297)

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