



# Family Presence During Resuscitation

**A Comparative Qualitative Analysis  
of Physicians' and Nurses' Perceptions**

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## Purpose of Research Study

The purposes of this original research study were to:

- explore physicians' perceptions of family presence during resuscitation (FPDR)
- explore nurses' perceptions of FPDR
- compare physicians' and nurses' perceptions.



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## Introduction

While families often request FPDR, physicians and nurses perceive both risks and benefits. Similarities and differences between nurses' and physicians' perceptions have not been fully examined. Interprofessional collaboration during resuscitations could be enhanced by clarifying shared and divergent perceptions.




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## Methods: Design & Sample

### Design:

Descriptive with qualitative methods

### Setting:

One Midwestern teaching hospital with no policy regarding FPDR

### Sample:

Practicing Physicians (n = 193)

Registered Nurses (n = 325)




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## Physician and Nurse Demographics

Descriptor	Physicians (n = 193, 310 responses)	Nurses (n=325, 328 responses)
Age	73% = 25-39 yrs	46% = 40-55 yrs 38% = 25-39 yrs
Gender	65% male	96% female
Clinical area	<ul style="list-style-type: none"> <li>• 33% Family Practice</li> <li>• 28% Internal Medicine</li> <li>• 15% Surgery</li> </ul>	<ul style="list-style-type: none"> <li>44% Medical-surgical</li> <li>36% Critical Care, non-ED</li> </ul>
Ethnicity	74% Caucasian 13% Asia-Pacific	94% Caucasian




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## Methods: Data Collection/Analysis

### Data Collection:

- All participants responded to the same three questions:
  - The main reason I would not invite a family member into a code is?
  - The main reason I would invite a family member into a code is?
  - Please write any other opinions, stories, or perspectives about family-witnessed resuscitation.



### Data Analysis:

- Thematic analysis by each research team member followed by team analysis until consensus emerged.



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## Key Themes from Physicians

1. Family May Disrupt
2. Family Lack Understanding
3. Traumatizing Nature of Resuscitation
4. Making Decisions about Families Presence
5. Family Benefits



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## Key Themes from Nurses

1. Traumatizing Nature of the Resuscitation
2. Positive and Negative Long-Term Effects on Family
3. Family May Disrupt
4. Negative Immediate Emotional Response of Family
5. Making FPDR Decisions



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## Discussion

- Physicians and nurses perceived both risks and benefits of FPDR.
- Nurses perceived more potential benefits than physicians
- Both physicians and nurses feared family disruption
- Physicians were confident of their abilities during FPDR, but also described performance anxiety that could lead to poor patient outcomes and litigation.
- Nurses reported fewer perceptions about litigation and more about family's immediate emotional responses.
- Both groups expressed concern about long-term negative memories.
- The patient was only minimally mentioned by either group. >

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## Conclusions and Implications

- Family presence during resuscitation is a family-centered and interprofessional initiative.
- Physicians and nurses perceive both risks and benefits of FPDR.
- Nurses can design education as well as interventions including the family facilitator role
- Clinical Nurse Specialists can implement FPDR best practices by working in the system to create policies or bundles of care for FPDR including a family facilitator role.
- Future research is needed to help develop innovative improvements for family presence during resuscitation. >




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