

OCCASIONAL COMMUNICATIONS

ATTITUDES OF DOCTORS AND NURSES TO RELATIVES WITNESSING CARDIOPULMONARY RESUSCITATION

A Blundell, SHO; A Rich, SHO; AR Watson, Consultant Paediatric Nephrologist; and L Dale, Resuscitation Officer all Nottingham City Hospital, Hucknall Road, Nottingham

SUMMARY

There is increasing discussion about relatives being allowed to witness cardiopulmonary resuscitation (CPR) attempts. Most reports have emanated from Accident and Emergency (A&E) departments. We undertook a survey of junior doctors and nurses in a university teaching hospital to ascertain their current attitudes to witnessed resuscitation. There was general agreement that if relatives witness resuscitation it may be beneficial to their grieving process. However, only a small majority of nurses and a minority of doctors agreed that relatives should be offered the opportunity to witness CPR. Doctors and nurses strongly agreed that emotional stress can be increased by the presence of relatives who may be traumatised by the procedures involved. Doctors felt more strongly that the presence of relatives may interfere with treatment ($p = 0.006$) and that allowing relatives to witness resuscitation may inhibit staff performance ($p = 0.02$). There was universal agreement that if relatives were to witness CPR they should be supported by a member of staff. The survey has provided useful information about current attitudes to witnessed CPR, which should be included for discussion in advanced life support training sessions.

INTRODUCTION

The advent of a national mandate that each UK hospital has a CPR policy and documents from the Resuscitation Council have stimulated discussion about involving patients and relatives in CPR decisions.¹ Support for relatives being allowed to witness CPR attempts has gained some momentum over the past decade.²⁻⁵ However, the debate involves the patient, the relatives and the clinical team. From the patient's perspective, there should be safeguards on confidentiality and dignity as obviously their prior consent cannot be obtained. Relatives witnessing CPR need to be supported by someone independent of the resuscitation team. Junior doctors are in the frontline

for CPR, and a recent report stated that 73% found CPR stressful and 46% found it difficult to discuss CPR with relatives.⁶

Since most reports on witnessed CPR have emanated from A&E departments, this survey undertook to assess the current attitudes of non-consultant medical and nursing staff to the presence of relatives during resuscitation attempts in a teaching hospital setting.

METHODS

A questionnaire was sent to 104 members of staff who were regular members of a cardiac arrest team in a busy teaching hospital with an active Admissions Unit but no A&E department; 39 were pre-registration house officers or senior house officers, 14 junior anaesthetists and 51 senior nurses. The questionnaire was anonymous and distributed in the spring so that pre-registration house officers would be at the end of their first six months of experience.

RESULTS

The response to the questionnaire was 72% overall, with 81% of junior doctors and 63% of nurses responding. The experience of the respondents is shown in Table 1. Eighty-nine percent of doctors were less than 30 years of age (range 21–40) compared with 30% of nurses (range 21–60). Forty-eight percent of respondents had had previous experience of relatives being present during CPR. The majority reported mixed feelings about the experience, with 14% having strongly negative feelings and 8% positive feelings. Of those with mixed feelings, 52% felt the location of the arrest influenced their opinion, with a more positive experience being associated with arrests in high-dependency areas.

The questionnaire revealed general agreement that allowing relatives to witness resuscitation may be beneficial to their grieving process (see Table 2). There

TABLE 1
Experience of respondents.

Doctors' experience (months post graduation)	Per cent	Nurses' experience (years qualified)	Per cent
0–6	36.4	0–2	9.1
7–12	4.6	3–5	39.4
13–18	13.6	6–10	33.3
19–24	11.4	>10	18.2
>24	34.0		

OCCASIONAL COMMUNICATIONS

TABLE 2
Responses to questionnaire on witnessed cardiopulmonary resuscitation (percentages).

QUESTION	AGREE		DISAGREE	
	Doctors	Nurses	Doctors	Nurses
Relatives should be offered the opportunity to witness cardiopulmonary resuscitation	42	56	58	44
Permission should be obtained, if possible, from the patient prior to allowing relatives to witness resuscitation	35	56	65	44
Emotional stress for medical staff will be increased by the presence of relatives	95	88	5	12
Emotional stress for nursing staff will be increased by the presence of relatives	98	88	2	12
The presence of relatives may interfere with treatment	95	69	5	31
Relatives may be traumatised by the procedures involved	100	91	0	9
Witnessing resuscitation may be beneficial to the relatives' grieving process	72	66	28	34
Allowing relatives to witness resuscitation may increase litigation	56	66	44	34
Relatives witnessing resuscitation should be supported by a member of staff	100	100	0	0
Allowing relatives to witness resuscitation may inhibit staff performance	79	50	21	50
The presence of relatives will prolong the resuscitation, making the decision to stop more difficult	81	78	19	22

was more agreement from the nurses that relatives should be offered the opportunity to witness CPR but, where possible, permission should be obtained from the patient.

Both doctors and nurses strongly agreed that emotional stress could be increased by the presence of relatives, who may be traumatised by the procedures involved. It was felt more strongly by doctors that the presence of relatives may interfere with treatment (chi-squared = 10; $p = 0.006$) and that allowing relatives to witness resuscitation may inhibit staff performance (chi-squared = 7.5; $p = 0.02$). The presence of relatives tends to prolong resuscitation attempts, making the decision to stop more difficult and also increasing the possibility of litigation. Relatives witnessing CPR should be supported by a member of staff, with no significant differences in responses between those medical staff who had experienced witnessed CPR and those who had not.

DISCUSSION

Junior doctors, more than nurses, are not in favour of offering relatives the opportunity to witness CPR. A more favourable response from nursing staff (A&E-based) has been noted previously, although the overall positive response for relatives' inclusion was only 37%⁷ compared with 49% in the current survey. It is noticeable that the nurses were older and potentially more experienced than the doctors. Both doctors and nurses in our survey recognised that witnessing resuscitation may be beneficial to the grieving process.^{4,8} Unlike previous reports, junior doctors in this survey were more positive than nurses on this latter point.⁹

The results of the present study of junior doctors and nurses in a teaching hospital is different from those published previously in the A&E context, where in one study the team became so convinced of the positive benefits of relatives witnessing CPR that they abandoned a randomised trial.⁴ Although such studies support a

OCCASIONAL COMMUNICATIONS

trend to a beneficial process in witnessing resuscitation, definitive evidence is still lacking and such north European studies may not apply to all cultures.¹

The doctors and nurses in our study were unanimous in agreeing that if relatives are witnesses to resuscitation, they should be supported thereafter by a member of staff. This has certainly been the practice in previous reports,^{2,3} but may be more difficult to arrange in cramped conditions on general wards with a general shortage of nursing staff.

It is natural that junior staff may be concerned that the presence of relatives may inhibit personal performance and make stopping resuscitation more difficult. Such concerns have been expressed previously,⁹ but it is also recognised that provision of resuscitation itself is a stressful event.¹⁰

The concerns that witnessing resuscitation may increase litigation were not high in this UK survey and do not appear yet to have surfaced in the US, where an initial paper suggested that a relative's attendance could be sound risk management.¹¹

The increasing familiarity of the public with resuscitation attempts depicted on television and in the media is not yet matched by greater understanding of the overall poor outcome.¹² Although evidence still needs to be obtained about benefits for relatives, it is important that the Resuscitation Council recommendations about increased training for staff in the handling of relatives during both witnessed CPR and bereavement are implemented.^{1,13}

REFERENCES

- 1 Boyd R. Witnessed resuscitation by relatives. *Resuscitation* 2000; **43**:171–6.
- 2 Hansen C, Strawser D. Family presence during cardiopulmonary resuscitation: Foote Hospital Emergency Department's nine year perspective. *J Emerg Nurs* 1992; **18**:104–06
- 3 Adams S, Whitlock M, Higg R et al. Should relatives be allowed to watch resuscitation. *BMJ* 1994; **308**:1687–9.
- 4 Robinson SM, Mackenzie-Ross S, Campbell Hewson GL et al. Psychological effect of witnessed resuscitation on bereaved relatives. *Lancet* 1998; **352**:614–17
- 5 Rattine E. Witnessed resuscitation: good practice or not. *Nursing Standard* 2000; **14(24)**:32–5.
- 6 Morgan R, Westmoreland C. Survey of junior hospital doctors' attitudes to cardiopulmonary resuscitation. *Postgrad Med J* 2002; **78**:413–15
- 7 Mitchel MH, Lynch MB. Should relatives be allowed in the resuscitation room? *J Accid Emerg Med* 1997; **14**:366–9.
- 8 Doyle CJ, Post H, Burney RE et al. Family participation during resuscitation – an option. *Ann Emerg Med* 1987; **16**:673–5.
- 9 Chalk A. Should relatives be present in the resuscitation room? *Accid Emerg Nurs* 1995; **3(2)**:58–61.
- 10 Genest M, Levine J, Ramsden V et al. The impact of providing help. *J Trauma Stress* 1990; **3(2)**:305–15.
- 11 Brown JR. Legally it makes sense. *Nursing* 1989; **3**:46.
- 12 Dingwall R, Shuttleworth A. CPR: Is it cruel or is it kind? *Nursing Times* 2002; **98(25)**:36–8.
- 13 *Should relatives witness resuscitation? A report from a project team of the Resuscitation Council*. London: Resuscitation Council UK; 1996.