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FAMILY PRESENCE DURING RESUSCITATION: REQUIRED EVIDENCE-BASED GUIDELINE DEVELOPMENT

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Background and aims: Family Presence during Resuscitation is considered an important issue, however remains controversial

among clinicians implementation to practice. The aim of this study was to explore the lived experiences of resuscitation team members with the presence of patient's family during resuscitation in the cultural context of Iran.

Methods: An Interpretative phenomenology was used to discover the lived experiences of the nurses and physicians of six Tabriz hospitals, Iran, with the FPDR. A total of twelve nurses and nine physicians were interviewed over a 6 month period. The interviews were audio recorded, semi-structured and were transcribed verbatim. Van Mannen's technique was used for data analysis.

Results: Two main and ten sub-themes emerged including; Destructive presence (cessation of resuscitation, interference in resuscitation, disruption to resuscitation team's focus, argument with resuscitation team, and adverse mental image in family) and Supportive presence (trust in the resuscitation team, collaboration with resuscitation team, alleviating family's concern and settling their nerve, increasing family's satisfaction, and reducing conflict with resuscitation team members). The results also revealed that well trained and expert team members, don't have any stress in the presence of family during resuscitation.

Conclusion: Participants stated that FPDR may work as a double-edged sword to family and resuscitation team, hurting, or, saving quality. It is thus recommended that guidelines be made in order to protect patients and family right's, while considering the positive, saving, edge of the phenomenon for hospitals.