

SHOULD FAMILY BE PRESENT DURING CLINICAL DETERIORATION?

Judy Currey,^{1,4} Megan Youngson,^{1,2,3} Julie Considine,^{1,4,5}

¹ School of Nursing and Midwifery, Deakin University, Victoria, Australia

² Northern Health, Victoria, Australia

³ Ballarat Health Service, Victoria, Australia

⁴ Centre for Quality and Patient Safety Research, Deakin University, Victoria, Australia

⁵ Eastern Health, Victoria, Australia



BACKGROUND

- Family presence during resuscitation is well researched.^{1,2,3,4,5,6}
- Epidemiology of acute clinical deterioration has changed over past 3 decades.^{7,8,9,10,11}
- NSQHSS recognise the importance of family involvement.¹²
- No research pertaining to family presence during acute clinical deterioration.



AIM

- To explore clinician attitudes, beliefs, perceptions and practices related to family presence during episodes of clinical deterioration in adult Emergency Department patients.



METHODS

- Descriptive exploratory design
- Validated survey tool
 - 17-item survey tool – modified Emergency Department Family Presence (EDFP) survey¹³
- Non-participatory observations- Rollan's fieldwork
- 50-bed urban ED in Victoria – 76 RRT activations/ month
- RRT : Clinical Instability Criteria (CIC)
 - Similar to MET activation on the wards but utilises a local ED team
- Analysis: descriptives, thematic analysis

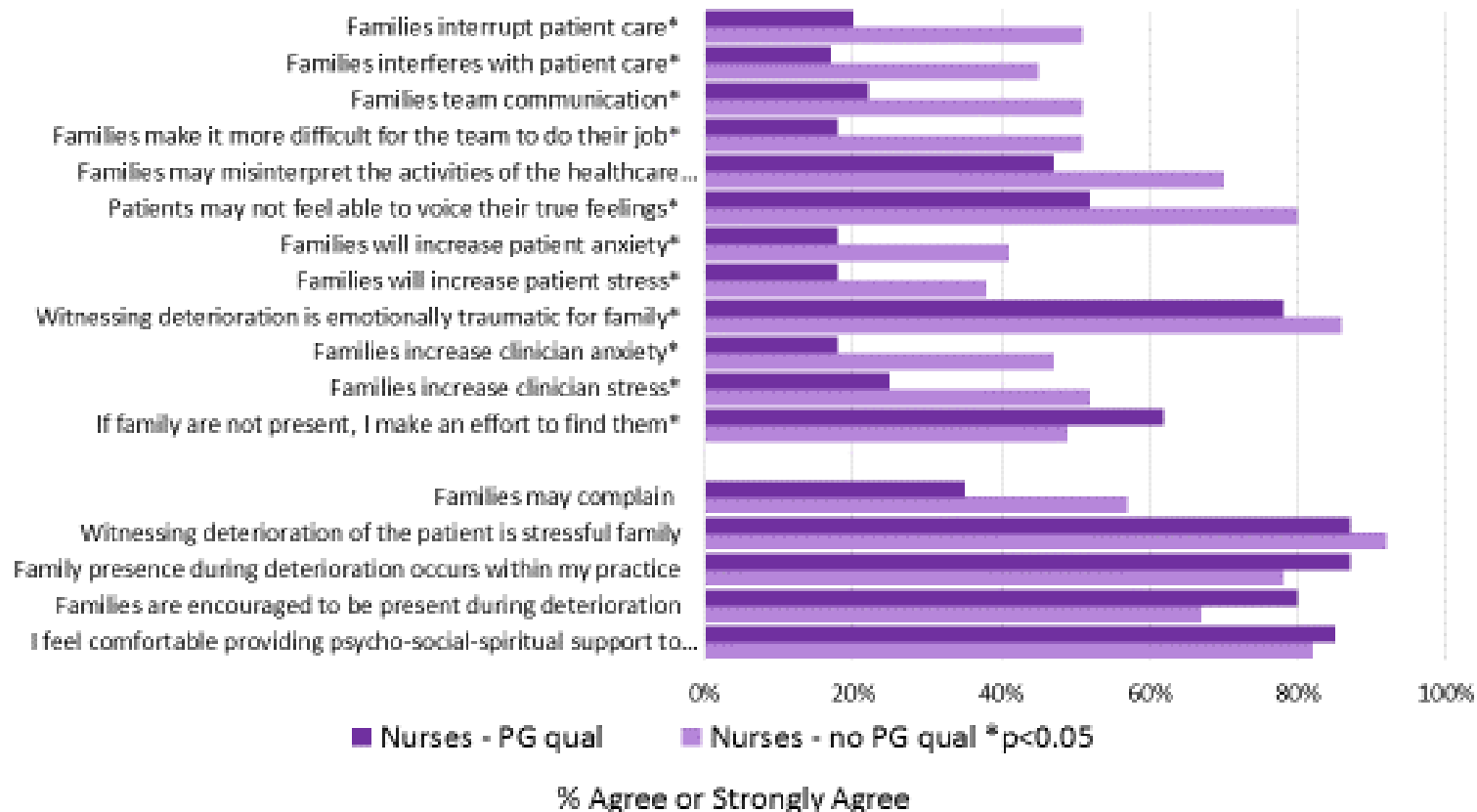
RESULTS

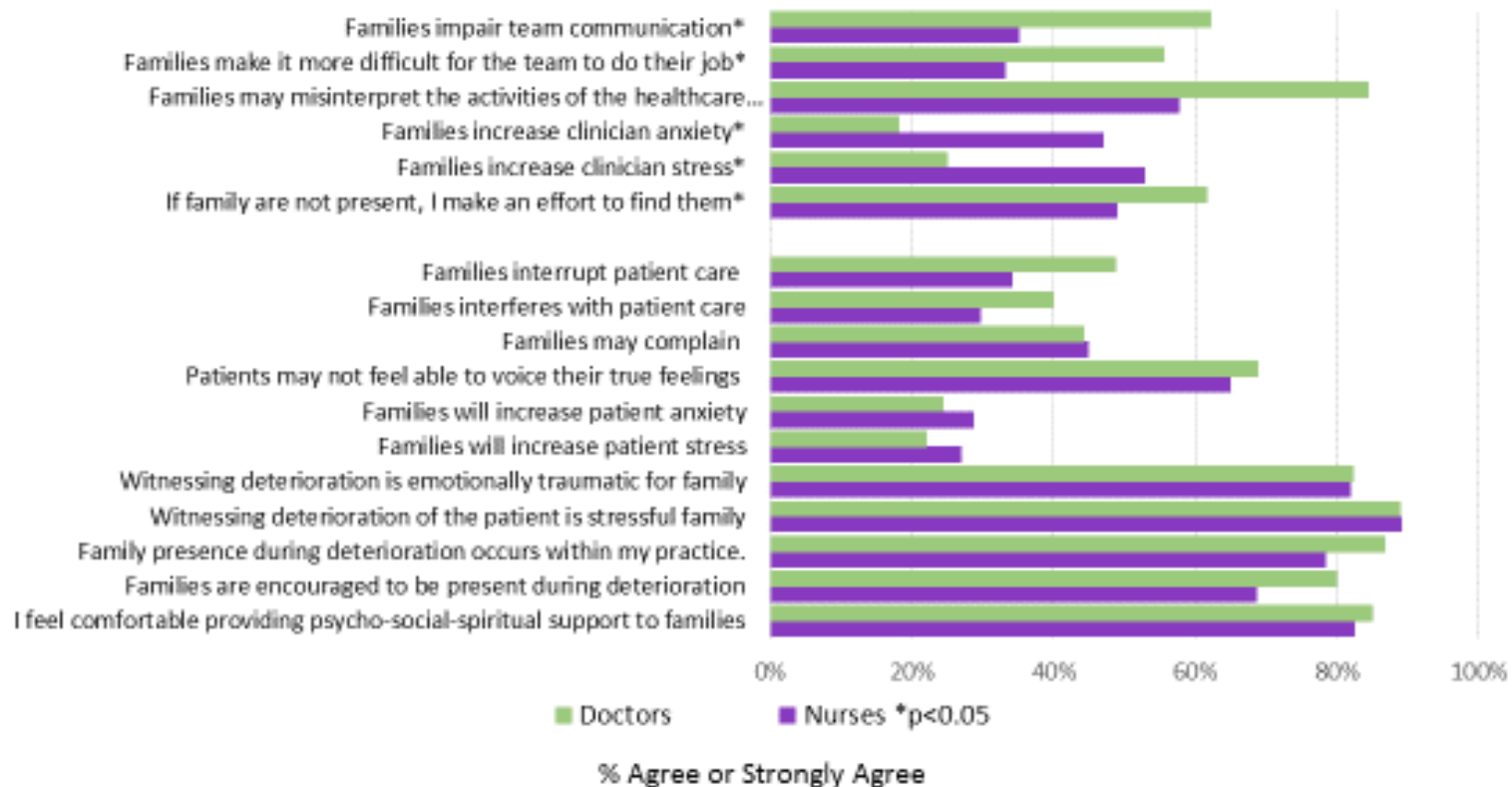
- Tool Validation
- Survey Participants - 165 surveys of ED clinicians
 - 156 surveys returned : 94.5% response rate
 - 111 Nurses and 45 Doctors
 - 11 levels of professional appointment
 - 27 ethnicities
 - Experience (Mdn): General 7 yrs; Emergency 4 yrs
- Clinical Observations (n=5)
 - ED clinicians
 - Family members
 - Patients



RESULTS - SURVEY

- Females had a more positive attitude towards family presence when compared to males.
- Nurses had a more positive attitude towards family presence compared to doctors
- Australian and New Zealanders had a more positive view towards family presence than other ethnicities
- Those nurses with postgraduate qualifications had a more positive attitude towards family presence than those without postgraduate qualifications
- Those with more years of experience (general and/or emergency) had a more positive attitude towards family presence





RESULTS - OBSERVATION

Presence

- *No Presence*
- *Physical Presence*
- *Therapeutic Presence*

Engagement

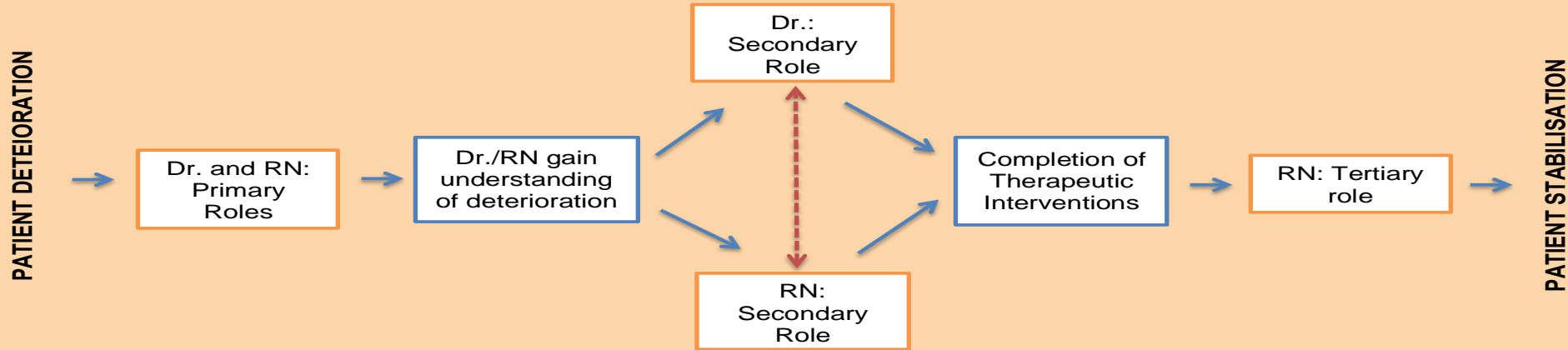
- *Superficial Engagement*
- *Deep Engagement*

Roles

- *Primary*
- *Secondary*
- *Tertiary*



MODEL OF FAMILY PRESENCE DURING MANAGEMENT OF THE ACUTELY DETERIORATING ADULT ED PATIENT



No Presence OR Physical Presence

Therapeutic Presence

Superficial Engagement

Deep Engagement

RESULTS - OBSERVATIONS

- No presence, physical presence, the clinician primary role and superficial engagement created an environment that increased patient and family anxiety and distress, and decreased communication between the family members, patient and clinicians.
- Therapeutic presence, the clinician role of engager, the family member role of comforter and supporter, and deep engagement created a warm and empathetic environment that decreased family member, patient and clinician anxiety and distress, and increased communication between the family members, patient and clinicians.
- Clinicians practice family presence as novice, transitioning, pursuer and expert.
- Each level of family presence practice is characterised by the clinician's emotional response to having family present during a patient's episode of deterioration, the clinician's acceptance of including family during a patient's episode of deterioration, the clinician's relationship with the family, and the clinician's ability to prioritise management of the deterioration and engagement with the family.

LIMITATIONS

- Tool validated: needs to be validated in other settings
- Single site
- Selection bias – survey and observations
- Short duration in field, small number of observations
- Context specific
- Test model in other settings – particularly ward



CONCLUSIONS

- Overall positive view towards family presence
- Gender, discipline, ethnicity, educational preparation and years of experience affect clinician attitudes, beliefs and perceptions
- Concern for the emotional wellbeing of family
- Perceived to be a common day-to-day practice
- Comfortable providing family with appropriate support



ACKNOWLEDGEMENTS

- This study was generously funded by a Northern Health Small Research Grant

- Youngson, MJ, Considine, J & Currey J (2015) Development, reliability and validity of a tool, to measure emergency department clinicians' attitudes towards family presence (FP) during acute deterioration in adult patients. *Australasian Emergency Nursing Journal* 18(2),106-114.

