

## Perception of Health Care Providers, Patient's Families and Patients Towards Family Presence During Invasive Procedures in Emergency Care Units

Afaf A. Basal, Om Ebrahim A. Al Sai, Hend M. Elazazy

Medical Surgical Nursing Department, Faculty of Nursing, Tanta University, Egypt  
[afaf\\_bassal@yahoo.com](mailto:afaf_bassal@yahoo.com)

**Abstract:** Family presence is constant with nursing's holistic view of patient and the basic tents of comprehensive needs of patients and their families across the care continuum. Family presence is most commonly defined as "the presence of family in the patient care, in a location that affords visual or physical contact with the patient during invasive procedures. Because family member often bring patients to the emergency department, the family member are becoming a part of the treatment process. **Aim:** to describe the perception of physicians, nurses, patients' family members and patients toward presence of patient's family members during invasive procedure in emergency care units. **Method:** the study was carried out on different emergency care units of Tanta University Emergency Hospital. The sample consisted of 100 of both nurses and physicians, and 200 from both patients and patient's families' members. Three tools were developed and used to collect data, tool one was used to assess health care providers opinion regarding the presence of the patient's family members during invasive procedures, tool two was developed to gather information from patient regarding their perception of the presence of their family members during invasive procedures and tool three was developed to collect information from patient's family members regarding their presence with their patients during invasive procedures. Data were collected from June to November 2010. **The results** revealed that nearly less than half about 43% of physician and 48% of nurses in our study allowed or preferred the presence of patient's family during invasive procedures while majority of patients 77.5% and patients' family 87% preferred their presence during the procedures and most of them preferred written policies allowing their presents during the procedures. **Conclusions and recommendations** Patient, and patient's family members had a positive attitude toward family presence during invasive procedures. Nurse had a more favorable attitude toward family presence than physician do. The study recommended that health care providers should offer patient's family member the option to remain with their patient during invasive procedures if it is possible.

[Afaf A. Basal, Om Ebrahim A. Al Sai, Hend M. Elazazy. **Perception of Health Care Providers, Patient's Families and Patients Towards Family Presence During Invasive Procedures in Emergency Care Units.** *J Am Sci* 2012;8(11):152-161]. (ISSN: 1545-1003). <http://www.jofamericanscience.org>. 22

**Key words:** Family presence, Invasive procedure, Health care providers.

### 1. Introduction

Over the past decade, the controversy of family presence during cardiopulmonary resuscitation and or invasive procedures has increased. Many professional organizations have supported the concept of family presence and have developed position statements concerning this topic. Yet the controversy continues, mainly due to lack of policy changes and adaptation of written policies into practice<sup>(1)</sup>. Healthcare teams worldwide are deliberating the risks and benefits of having family present in the room during invasive procedures<sup>(2)</sup>.

Family presence during invasive procedures and or resuscitation has been ongoing issues in many hospitals across the nation and around the world, an increasing number of emergency departments allow the option of family members at the patient's bedside during invasive procedures and cardiopulmonary resuscitation. Because family member often bring patients to the emergency department, the family member are becoming a part of the treatment process<sup>(3)</sup>.

Healthcare changes are not always guided by physicians or nurses, but rather by the consumers and patient populations that are served by the health care agencies. Patients and their families are increasing in their knowledge on all subjects regarding healthcare, which has contributed to a shift in healthcare from a patient-centered approach to a family-centered approach, family presence can be viewed as a natural outgrowth of family-centered care which regards the family as the patient's primary source of strength and support<sup>(4)</sup>.

The underlying premise is that each patient is an extension of a larger unit: his or her family. The goal of family-centered care is to meet the needs of patients' families, including their needs for information and support and the opportunity to be near their loved ones<sup>(5,6)</sup>.

Research has repeatedly shown that patients' family members have certain needs during a health-related crisis, including having honest, consistent, and thorough communication with healthcare providers, being physically and emotionally close to the patient,

feeling that healthcare providers care about the patient, seeing the patient frequently, and knowing exactly what has been done to the patient<sup>(5-8)</sup>. Family presence during resuscitation and/or invasive procedures may meet these needs and is one way patient and family-centered care can be operationalized. In addition, family presence fulfills a patient's need for support from a loved one<sup>(4)</sup>.

Family presence is constant with nursing's holistic view of patient and the basic tenets of comprehensive needs of patients and their families across the care continuum<sup>(9)</sup>. Family presence is most commonly defined as "the presence of family in the patient care, in a location that affords visual or physical contact with the patient during invasive procedures<sup>(10)</sup>. The literature on family presence with adult patients includes many accounts of both the positive and the negative effects of family presence<sup>(11-13)</sup>.

Many researchers have reported the multiple benefits of family presence during invasive procedures to patients, families, and health care providers, family presence can help sustain connectedness and bonding in the patient-family relationship, provide an opportunity to educate the patient's family about the patient's condition, facilitate the patient's family in expressing their caring for the patient, allow patient's family to support the patient and the staff, and reduce fear and anxiety among patient's family members<sup>(4,14-16)</sup>.

In addition, the presence of family at the patient's bedside during invasive procedures may provide patient with comfort, increase feelings of safety, and lessen fear during such procedures. Also patients believed that their loved ones act as advocates for them<sup>(17-19)</sup>.

On the other hand, some healthcare providers still hesitate to adopt family presence and may not support family presence due to concerns that family members may become emotionally upset during medical procedure and interfere with care<sup>(4,10)</sup>. Also, a commonly expressed concern among providers is the fear that family presence may increase the risk of litigation<sup>(10,19)</sup>. In addition, there are also many risks of family presence such as insufficient space at the bedside and the challenge of finding sufficient staff to care for the patient and the family<sup>(20)</sup>. There can be an increase in stress and performance anxiety for the staff, confidentiality and the patient's privacy can also be violated. Healthcare professionals fear that some events might be too traumatic for family members. Families may lose emotional control and interfere with the patient's care<sup>(21)</sup>.

An important step in formulating any policy on family presence is assessing the attitudes, perceptions and concerns of the emergent department staff, as

well as representatives of other participating departments such as social services, and risk management<sup>(4,21)</sup>. Multidisciplinary agreement will help in identifying when and how to offer the option of family presence and will assist in establishing emergency department policy<sup>(22)</sup>.

Many hospitals do not have policies in place to guide nurses' decision-making regarding family presence during resuscitation and or invasive procedures. Research suggests that nurses' attitudes on the subject are varied, and reports of nurses' perceptions are conflicting<sup>(23)</sup>. Nurses play a pivotal role in negotiating and supporting family presence during invasive procedures, they are often the healthcare professionals who facilitate family presence during invasive procedures, communicate with all stakeholders, and negotiate the specifics of inviting, supporting, and debriefing families. Emergency nurses can play an important role in making the option of family presence available to all families who request it by becoming involved in education that increase awareness about the potentials advantages and risk of family presence. In addition, emergency nurses can advocate for the development of written policies that will provide consent, safe and caring practices for patients, families and providers<sup>(24-26)</sup>.

#### **Aim of the study**

To determine the perception of health care providers (physicians, nurses), patients' family members and patients toward presence of family members during invasive procedure in emergency care units.

#### **Research questions:**

- 1-What are the perceptions of nurses and physicians who provide care to all ages of patients regarding family presence at the bedside during invasive procedures?
- 2- Who will have a more favorable attitude toward family presence ; nurses or physicians?
- 3- Are patients and family members will prefer to stay bed-side during invasive procedures?

#### **2. Materials and Method:**

##### **Design:**

The study was a descriptive correlative survey design.

##### **Setting of the study:**

The study was carried out in different Units (Emergency surgery, neurosurgery, burn, orthopedic, medical emergency) in Tanta Emergency University Hospital. Data were collected from May to November 2010.

##### **Subjects:**

A total of 600 subjects were included in the study. Sample consisted of 100 of both nurses and

physicians, and 200 of both patient's family members and patients from different units in Emergency Hospital. The main diagnosis of patients were: burn, fracture and traction, head and spinal cord injury, road traffic accidents (RTA), intestinal obstruction, appendicitis, acute abdomen, renal colic, diabetic and hepatic coma, esophageal varices, and different types of accidental wounds. Family members and patients were excluded from the study if they were younger than 18 years, confused or emotionally distraught. In addition, patients with unstable hemodynamic status are excluded. Inclusion in this study did not depend on having had prior experience with family presence.

#### **Tools of the study:**

Three tools were used in the study:

##### **Tool I:**

Healthcare providers' perception regarding presence of family members during invasive procedures questionnaire:

To obtain nurses and physicians perception, a questionnaire was constructed by researchers with the help of references related to the title<sup>(2,3,4)</sup>. It consisted of two parts: part one related to socio demographic data (age, level of education, marital status, years of experience and years of experience in ER), and part two include questions related to information about hospital policy regarding family presence, attitudes toward and beliefs about their presence, acceptance or refusal of the presence during invasive procedure and the cause for permission or refusal, types of patients (child, critically ill, scared, crying, old age, critical diagnosis,....) which the nurses or physicians may permit their family to be present during the procedures, types of invasive procedures which they will allow their presence during it, and the benefit or risk factors related to their presence.

Open-ended, multiple choices, and yes or no questions were used in the questionnaire.

##### **Tool II:**

Patients' family members' perception regarding their presence during invasive procedures interview questionnaire:

To collect data from patient's family members using Arabic language. Open-ended, multiple choices, and yes or no questions were used in the questionnaire. It consisted of two parts: part one related to socio demographic data (age, level of education, and marital status) and part two include questions related to their preference and causes related to their presence at bed-side during invasive procedures, preference of attendance according to hospital policies, is it their right to be bedside during the procedures?, benefits or risk factors of their presence, previous experience of attending during invasive procedure, and types of invasive procedures

which they may prefer to attend with their patients during its performance.

**Tool III:** patients perception regarding presence of family members at bedside during invasive procedures interview questionnaire: To collect data from patients using Arabic language. Open-ended, multiple choices, and yes or no questions were used in the interview questionnaire. It consisted of two parts: part one related to socio demographic data (age, level of education, and marital status) and part two include questions related to their acceptance or refusal and the cause of presence of family member bedside during invasive procedure.

#### **Method:**

- 1- An official permission to carry out the study was obtained from the responsible authorities.
- 2- Permission to conduct the study was implied by the participant's response to questions and return of the survey.
- 3- Subject's confidentiality was ascertained.
- 4- The tools of the study were developed after review of literature.
- 5- Content validity was established through experts review by some of nursing faculty staff.
- 6- A pilot study was conducted on ten healthcare providers, patient and patient's family members to test the clarity and applicability of the tools and identify obstacles.
- 7- An oral consent was obtained from all persons included in the study
- 8- The researchers distributed the above mentioned questionnaire (Tool I) to nurses and physicians in the different Emergency Care Units in Tanta Emergency University Hospital.
- 9- Interview questionnaire with family members who need assistant or who are illiterate was done using tool II and the same questionnaire was distributed for the others.
- 10- Interview questionnaire with patients who need assistant or who are illiterate was done using tool III and the same questionnaire was distributed for others.

#### **Data analysis**

Data were coded and entered into SPSS. Means, standard deviation, medians, number and percentage. Chi square was used as a test of significance. Significance was adopted at  $p < 0.05$  for interpretation of results of tests of significance.

#### **3. Results**

In relation to characteristic of the study population the mean age of the study population were  $36.45 \pm 14.21$  years for patients,  $33.9 \pm 11.27$  years for patients' families,  $36.04 \pm 7.86$  years for physician

and  $33.49 \pm 8.71$  years for nurses. In relation to level of education the highest percentage of education of the studied population were 30.5% university education for patients, 47% secondary education for patient's family, 55 % of nurses had diploma and nearly half of physician had Bachelor and post graduate degree. In relation to years of experience 34 % of nurse had more than 15 years of experience while 42 % of physicians had from 1-5 years of experience .(Table 1& 2)

In relation to physician and nurses perception toward presence of patient family during invasive procedures. This table revealed that; 57% of physician and 52 % of nurses did not allow the presence of patient's family during the procedures, and 30 % of physician and 38 % of nurses permit their presence only with upset and child patients respectively, also more than half 55% of physician mentioned that presence of patients' family can make problems or troubles as obstacles and disturbance in the work field 57%, and family members can be anxious and irritable 47%, and more than half 63% of nurses mentioned that presence of patients' families can make problems or troubles as family members can be anxious and irritable 38%, and their presence can be violation of administration rules 33% while only 30% and 17% of physician and nurses respectively said that presence of family at bedside during invasive procedures didn't cause problem with them because they had self-confidence with their experience, and family members can support scared and or child patients. Table (3)

In relation to patients perception toward presence of their family members during invasive procedures. Majority of patients 77.5% preferred the presence of their family members to feel safety and comfort, to support them during the procedures, and to decrease their fears, while 22.5 % didn't like their presence to avoid their felling of sadness, to prevent them from making troubles and problems with health team, and to avoid seeing them during pain. Table (4)

In relation to patient's family members perception toward their presence during invasive procedures. Majority of patient's family members 87% prefer their presence during the procedure to increase awareness of the patients situation 34.4 % and 14.9 % of them prefer their presence to feel comfort, decrease patients tension and anxiety 21.8%, and help in patient transfer 18.9 %. While 13% didn't prefer their present because they couldn't tolerate seeing the blood or tolerate the scene, and because hospital policies didn't allow their presence. Majority of the patient's family (95.5%) felt that their presence with their patient during invasive procedures is their rights and 69% of them preferred hospital written policies to allow their presents during the procedures.

Moreover, 78% of patients' family had past experience of attending bedside during invasive procedures and 87% of them found benefits for them as well as for their patients from their present. Table (5)

In relation to physicians and nurses permission of presence of family members in different types of invasive procedures. It was found that majority of physician and nurses permitted presence of family members only during specific types of invasive procedures such as I.M and I.V injection or infusion by 74% and 48% respectively but for the other invasive procedure; they didn't permit by high percent. Table (6)

Regarding relationship between physicians' opinions about presence of patient's family during invasive procedure and their socio-demographic characteristics, it was found that more than half of physicians with post graduate education( 63.2%) did not allow their presence while 58.2 % from whom who allow their presence had experience from 1-5 years. There was statistically significance difference was found between physicians' opinions about family presence in relation to level of education  $p= 0.001$  and years of experience with  $P= 0.014$ . Table (7)

In relation to demographic characteristics of nurses and their opinions about presence of patient's family during invasive procedure there was not statistical significance differences in relation to age , level of education and years of experience. Table(8)

**Table (1) Distribution of patients and patient's family according to their sociodemographic characteristics**

Socio-demographic characteristics of patients	Study Group(200)	
	No	%
<b>Age</b>		
- Less than 20	21	10.5
- From 20-50	143	71.5
- More than 50	36	18.0
<b>Mean <math>\pm</math> SD</b>	<b>36.45<math>\pm</math>14.21</b>	
<b>Median</b>	<b>35.50</b>	
<b>Level of education</b>		
- Illiterate	29	14.5
- Primary school	52	26.0
- Secondary school	58	29.0
- University	61	30.5
Socio-demographic characteristics of patient's family	Study Group(200)	
	No	%
<b>Age</b>		
- Less than 20	23	11.5
- From 20-50	162	81.0
- More than 50	15	7.5
<b>Mean <math>\pm</math> SD</b>	<b>33.90<math>\pm</math>11.27</b>	
<b>Median</b>	<b>31.00</b>	
<b>Level of education</b>		
- Illiterate	64	32.0
- Primary education	30	15.0
- Secondary education	94	47.0
- University education	9	4.5
- Postgraduate education	3	1.5

**Table (2) Distribution of nurses and physicians according to their socio-demographic characteristics**

Socio-demographic characteristics of nurses	Study Group(100)	
	No	%
<b>Age</b>		
- Less than 20	3	3.0
- From 21- 40	74	74.0
- From 41-50	22	22.0
- More than 50	1	1.0
<b>Mean ± SD</b>	<b>33.78±8.82</b>	
<b>Median</b>	<b>33.00</b>	
<b>Level of education</b>		
- Diploma	55	55.0
- Technician institute education	12	12.0
- University education	30	30.0
- Post graduate education	3	3.0
<b>Years of experience</b>		
- 1-5	23	23.0
- 6-10	28	28.0
- 11-15	15	15.0
- More than 15	34	34.0
<b>Socio-demographic characteristics of physicians</b>	Study Group(100)	
	No	%
<b>Age</b>		
- From 24-34	64	64.0
- From 35-45	32	32.0
- More than 45	4	4.0
<b>Mean ± SD</b>	<b>37.69±8.15</b>	
<b>Median</b>	<b>37.00</b>	
<b>Level of education</b>		
- University education	46	46.0
- Post graduate education	54	54.0
<b>Years of experience</b>		
- 1-5	40	40.0
- 6-10	35	35.0
- 11-15	16	16.0
- More than 15	9	9.0

**Table (3) Distribution of physician and nurses according to their perception related to presence of patient family during invasive procedures**

Items	physicians(100)		Nurses(100)	
	No	%	No	%
<b>Do you allow the presence of patient's family members during invasive procedures?</b>				
Yes	43	43.0	48	48.0
No	57	57.0	52	52.0
<b>Do you prefer the presence of hospital policy that supports the presence of family members during invasive procedures?</b>				
Yes	43	43.0	53.0	53.0
No	57	57.0	47.0	47.0
<b>Type of patients that you may allow the presence of their family during invasive procedures*</b>				
upset	30	30.0	5.0	5.0
Child	25	25.0	38.0	38.0
Old age	9	9.0	8.0	8.0
Critical diagnosis	9	9.0	12.0	12.0
According to the procedures	15	15.0	4.0	4.0
All of the previous	12	12.0	33.0	33.0
<b>Do you think that presence of patients' family can cause any problems or troubles during invasive procedures?</b>				
Yes	55	55.0	63.0	63.0
No	30	30.0	17.0	17.0
Sometimes	15	15.0	20.0	20.0
<b>In case of yes, what are the types of these troubles or problems*</b>				
Make obstacle & disturbance of	57	57.0	50.0	50.0
	47	47.0	38.0	38.0
	22	22.0	33.0	33.0

work	9	9.0	10.0	10.0
Cause anxiety and irritability to family members	4	4.0	10.0	10.0
Violation of administration rules				
Legal aspect				
Spread of infection				
<b>In case of no, why*</b>				
I have self confidence in my practices	27	27.0	10.0	10.0
Supports cared or child patients	27	27.0	13.0	13.0
Patient's family may be helpful	21	21.0	6.0	6.0
Increase family awareness about patient's condition	9	9.0	3.0	3.0
Decrease patient anxiety	7	7.0	3.0	3.0
Increase patient cooperation	5	5.0	2.0	2.0

\*More than one answer

**Table (4) Distribution of patients according to their perception related to presence of their family members during invasive procedures**

Patients' perception	Study Group (200)	
	No	%
<b>Do you prefer the presence of your family members during invasive procedures?</b>		
Yes	155	77.5
No	45	22.5
<b>In case of yes, why*</b>		
To feel safety and comfort	115	57.5
To support me during the procedures	99	49.5
To decrease my fear	63	31.5
To decrease my feeling of risk	17	8.5
They will be aware about my situation	2	1.0
<b>In case of no, why*</b>		
To avoid their sadness	28	14.0
To avoid troubles and problems with health team.	26	13.0
To prevent them seeing me during pain	22	11.0

\*More than one answer

**Table (5) Distribution of patient's family members according to their perception of their presence during invasive procedures**

Patient's family perception	Study Group (200)	
	No	%
<b>Do you prefer to be present during invasive procedures to your patients?</b>		
Yes	174	87.0
No	26	13.0
<b>In case of yes, why</b>		
I will be more comfortable	26	14.9
To increase my awareness about patient situation	60	34.4
To decrease the patient tensions and anxiety	38	21.8
To help in patient transfer	33	18.9
All of the above*	13	7.4
<b>In case of No, (26) why*</b>		
I can't see the blood or tolerate the scene	24	92.0
Hospital policy doesn't allow me	22	84.0
Doctors refuse	7	26.9
I can be obstacle	4	15.3
<b>Do you like to be called during invasive procedures according to hospital policy?</b>	138	69.0
Yes	62	31.0
No		
<b>Do you feel that your presence during invasive procedures is your right?</b>		
Yes	191	95.5
No	9	4.5
<b>Do you have past experience of presence during invasive procedures?</b>		
Yes	156	78.0
No	44	22.0
<b>If yes, do you found any benefits from your presence?</b>		
Yes	136	87
No	20	13

\* All of them or more than one answer

**Table (6) Distribution of physicians and nurses according to their allowance of presence of family members in relation to different types of invasive procedures**

Procedure	physician(100)		Nurses (100)		X <sup>2</sup>	P
	No	%	No	%		
<b>I.M injection, I.V infusion or I.V injection</b>	148	74.0	96	48.0		
Allow	44	22.0	94	47.0		
Don't allow	8	4.0	10	5.0		
Sometimes						
<b>Insertion of Foley catheter</b>	85	42.5	96	48.0		
Allow	104	52.0	99	49.5		
Don't allow	11	5.5	5	2.5		
Sometimes						
<b>Insertion of suction catheter</b>	58	29.0	21	10.5		
Allow	130	65.0	168	84.0		
Don't allow	12	6.0	11	5.5		
Sometimes						
<b>Naso-gastric intubation</b>	42	21.6	14	7.0		
Allow	147	73.5	180	90.0		
Don't allow	11	5.5	6	3.0		
Sometimes						
<b>Insertion of central line catheter</b>	27	13.5	4	2.0		
Allow	170	85.0	190	95.0		
Don't allow	3	1.5	6	3.0		
Sometimes						
<b>Measuring of blood gases</b>	54	27.0	29	14.5		
Allow	138	69.0	158	79.0		
Don't allow	8	4.0	13	6.5		
Sometimes						
<b>Insertion of rectal tube</b>	32	16.0	14	7.0		
Allow	158	79.0	183	91.5		
Don't allow	10	5.0	3	1.5		
Sometimes						
<b>Endoscopy</b>	25	12.5	8	4.0		
Allow	170	85.0	188	94.0		
Don't allow	5	2.5	4	2.0		
Sometimes						
<b>Suture of wound or removal of foreign body</b>	43	21.5	15	7.5		
Allow	141	70.5	181	90.5		
Don't allow	16	8.0	4	2.0		
Sometimes						

**Table (7): Relationship between physicians' opinions regarding presence of patient's family during invasive procedures and their demographic characteristics.**

Demographic Characteristics	physicians' opinions				X <sup>2</sup>	P
	Allow (n=43)		Not allow (n=57)			
	N	%	N	%		
<b>Age:</b>						
-From 24-50	40	93.0	53	93.0	1.00	0.99
-More than 50	3	7.0	4	7.0		
<b>Level of education</b>					7.82	0.001*
- University education	25	58.1	21	36.8		
- Post graduate education	18	41.9	36	63.2		
<b>Years of experience</b>					10.60	0.014*
- 1-5	25	58.2	15	26.3		
- 5-10	11	25.6	24	42.1		
- 10-15	5	11.6	11	19.3		
- More	2	4.6	7	12.3		

\*significant P&lt;0.05

**Table (8): Relationship between nurse's opinions of presence of patient family during invasive procedures and their demographic characteristics.**

Demographic Characteristics	Nurse's opinions				X <sup>2</sup>	P
	Allow (n=48)		Not allow (n=52)			
	N	%	N	%		
<b>Age:</b>					1.342	0.511
-Less than 20	1	2.1	2	3.8		
-From 20-50	46	95.8	50	96.2		
-More than 50	1	2.1	0	0.0		
<b>Level of education</b>					5.413	0.144
- Diploma	32	66.7	30	57.7		
- Technician education	8	16.7	14	26.9		
- University education	7	14.6	7	13.5		
- Post graduate education	1	2.1	1	1.9		
<b>Years of experience</b>					2.897	0.408
- 1-5	8	16.7	13	25.0		
- 5-10	17	35.4	12	23.0		
- 10-15	6	12.5	10	19.3		
- More	17	35.4	17	32.7		

#### 4. Discussion

Family presence during invasive procedures has posed an ethical dilemma for health care professionals for more than 20 years. The debate over whether the benefits of family presence outweigh the risks is likely to continue. Family presence clearly is becoming a more acceptable practice. It may benefit both patients and patients' families<sup>(27)</sup>.

This study revealed that majority of patient's family and patients had a positive attitude toward family presence while nurse and physician had a negative attitude toward their presence during invasive procedure, nearly less than half of physician 43% and nurses 48% prefer patients' family presence. This may be due to lack of written policy and to avoid responsibility, also high percentage of physician 40% had experience less than 5 years. Also the study showed that both of nurses and physicians allow the presence of family members according to the situation and the diagnosis of the patients. This result was in accordance with **York(2004)**<sup>(16)</sup>, and **Clark et al., (2005)**<sup>(17)</sup>, who stated that some health care providers may not support family presence due to concern that family members may become emotionally upset during medical procedures and interfere with care. Also, this result was supported by **Aldridge et al.(2005)**<sup>(21)</sup>, who mentioned that a commonly expressed concern among providers is the fear that family presence may increase the risk of litigation. In addition, this result was similar to **Vanderbeek(2000)**<sup>(11)</sup>, who stated that healthcare providers expressed feelings of performance anxiety and said they did not like being watched and became stressed if they were not successful during the procedures. Moreover, **MacLean et al (2003)**<sup>(26)</sup>, found that there were many risks perceived by nurses on family presence such as insufficient space at the bedside and the challenge of finding sufficient staff to care for the patient and the family. Also, **Byrd (2001)**<sup>(12)</sup>, stated that nurses reported an increase in

anxiety and noted that having family members present maintained professionalism among staff. On the other hand, our results were in constant with the results of **Duran et al(2007)**<sup>(4)</sup> who stated that health care providers, patients' families, and patients have a positive attitude toward family presence and nurse had a more favorable attitude toward family presence than physician do. Also, the finding was in agreement with **Mangurten et al.,(2005)**<sup>(22)</sup>, **Eppichet al. (2003)**<sup>(28)</sup> and **Fein et al.(2004)**<sup>(29)</sup> who found that nurses generally viewed family presence more favorably than physicians.

A lack of formal guideline can place emergency nurses in a difficult position when a crisis occurs and family members confront nurses with requests to be permitted at the bedside<sup>(9)</sup>. Written policies delineate the responsibilities of nurses and other staff eliminates confusion and inconsistent practice when crisis occurs. Written policy also could help formalize the process and solidify an organization's commitment to family presence<sup>(30, 31)</sup>. In the present study, there was no hospital policies that support or regulate family presence bed-side during the invasive procedures and the findings revealed that, about half of the health care providers who responded preferred a written policy to be established in the hospital allowing the option of family presence during invasive procedures. This result was similar to the result of **MacLean et al. (2003)**<sup>(26)</sup>, who reported that results of the survey concerning family presence policies showed that only 5% of the respondents worked on units that had written policies allowing the option of family presence during CPR and invasive procedures.

The results also were in constant with **Mangurten et al., (2005)**<sup>(22)</sup> who illustrated that, most health care providers thought that a policy should be in place to ensure that guidelines are consistently followed during a family presence episode. In addition, this result also supported by **Miller al(2009)**<sup>(27)</sup>, who reported that few hospitals have written policies on family-witnessed cardiopulmonary resuscitation and or invasive procedures. Moreover, **Aldridge et al.(2005)**<sup>(21)</sup>, stated that although perceived and real barriers remain, creating a hospital policy for family presence that addresses healthcare providers' concerns and offers support for the practice is important.

In the present study, the common cause of patients' preferences of family presence during invasive procedure was to feel comfort and reassurance. This result was constant with **Eichhorn(1996)**<sup>(13)</sup> and **Yourk(2004)**<sup>(16)</sup> who stated that, the presence of family may provide comfort, increase feelings of safety, and lessen fear. Patients indicated beliefs that their loved ones acted as

advocates for them. Clinicians indicated some concerns about safety, the emotional response of the family, and performance anxiety. Some health care providers fear that family members may be disruptive or lose control emotionally. In the present study, the cause of health care providers to refuse the presence of family member during invasive procedure was that their presence can be an obstacle and can cause disturbance in work area, they may become irritable and can be scared of and can't tolerate the procedures. This result was in the agreement with **Yourk (2004)**<sup>(16)</sup> who stated that some health care providers may not support family presence due to concerns that family members may become emotionally upset during medical procedures and interfere with care. Also, this finding was supported by **Yourk(2004)**<sup>(16)</sup> who pointed that health care facilities consider instituting family presence options. While **Sacchetti, et al, (2005)**<sup>(30)</sup> and **Meyers et al (2000)**<sup>(31)</sup> was in contrast with the previous finding and mentioned that family presence doesn't interrupt care, or increase technical complications and doesn't negatively affect providers' performance. On the other hand, the finding of the present study revealed that health care providers can allow family members to be present exceptionally with upset or child patients only. This result was similar to the result of **Yourk (2004)**<sup>(16)</sup> who found that stressful medical procedures indicate that almost all children preferred to have their parents present.

Although healthcare providers are divided in their opinions about family presence, patients and patients' families feel differently. The presence of family members at bed-side during invasive procedures are beneficial to them and to their loved one because they will be helpful to their loved one; it makes the family members realize the seriousness of their patients condition; it comforts the family because they will be able to witness the care being provided to their patients; it decreases worry and lessens helplessness; and it causes healthcare providers to be more diligent in the care of the patients<sup>(32)</sup>. In this study most of patient's family members preferred to be present during invasive procedure with their patients because they will be more comfortable, they will be aware of patients' situation and they can help to reduce patient fear, other causes of refusal of the attendance were the fear from surgical or medical equipment and blood, refusal of the health care providers of their presence, they can't tolerate pain of their loved ones and to avoid interruption in the work area. This result is in consistent to the result of **Yourk (2004)**<sup>(16)</sup>, **Eichhorn et al., (2001)**<sup>(19)</sup>, **MacLean et al. (2003)**<sup>(26)</sup>, **Meyers et al (2000)**<sup>(31)</sup> and **Moreland (2005)**<sup>(32)</sup> they illustrated that multiple benefits of the presence of patients

family members and found that being present at the bed-side helped family members understand the seriousness of a patient's condition, reduce anxiety and fear, it engenders feelings of being helpful to healthcare staff ,it engenders feeling of supporting and helping patient and showed the family that healthcare providers did everything possible to help the patient. In addition **Moreset al. (2002)**<sup>(33)</sup> mentioned that family member did not interfere with care and some family members actually moved away from patient' bedside if they became too emotionally distraught. Family members also recognized the need to act appropriately and not interfere with the care provided. In this study Majority of the patient's family felt that their presence during the procedures is their rights. This consistent with **Duran (2007)**<sup>(4)</sup> who stated that family members felt it was their right to witness their loved one in invasive procedures and would like the option to participate and added that nurses have responded more favorably than physicians and tended to agree with families who have claimed that family presence was a right of both the patient and family. Also the result was in agreement with **Helmer(2000)**<sup>(34)</sup> who mentioned that family members believed that it was their right to be present, and they wished to have the option of family presence extended to them. In addition, **Mianet al. (2007)**<sup>(35)</sup> stated that more than half of the study sample agreed that family presence was a right of patients and families, which was related to perceptions of fewer risks and more benefits

In this study most of family member had prior experience with family presence during invasive procedure and they had benefit from their present that might have influenced their positive attitude toward family presence. This consistent with **Yourk (2004)**<sup>(16)</sup> and **Hennemanet al (2002)**<sup>(18)</sup>, who stated that many of families and patients had previous experience with family presence that have influenced their positive attitude and thought that family presence was their right and would like to have the option to have family presence during invasive procedure.

The findings of the present study showed that majority of physician and nurses accepted the presence of family member during specific types of invasive procedure like I.M or I.V injection or infusion and blood transfusion while majority of them refused their presence in other procedures such as endoscopy, insertion of central line catheter and insertion of rectal tube. Also majority of patients' family members preferred to be attended during specific types of procedures and wanted option to be present during the other procedures, this was in consistent with **Berns and Colvin (1998)**<sup>(8)</sup>,who

recommended that heath care facilities consider instituting family presence as an options.

In our study, more experienced and the higher education level of physician, didn't allow family presence. This may be due to that a lot of them had exposed to bad experience with family presence ,increased responsibility and the load of work that keep them too busy all the time. This finding is constant with **Baumhoveret.al (2009)**<sup>(36)</sup>who stated thatthe older health care professional, more experience and the high education level of physician and nurse, the less likely he or she was to allow family presence. <sup>(36)</sup> but this finding is in contrast to results reported by **Meyers,et al(200)**.<sup>(31)</sup>who found that younger, more inexperienced physicians do not favor family presence. Regarding nurses, opinion about family presence, the present study revealed that there was no statistically significant correlation was found between nurses sociodemographic characteristics and their opinion which disagreed with **Ellison (2000)**<sup>(37)</sup> who found that nurses with higher educational degrees and who work in the emergency department were more likely to support family presence.

#### 4. Conclusion

Based on the finding of the present study, it can be concluded that:

Family presence may benefit both patients and patients' families. Patient, and patient's family members had a positive attitudes toward family presence during invasive procedures, and nurses had more positive attitudes than did physicians. Family presence should be an option because patient's situations and types of the procedures are so variable. Therefore, a judgment call depends on the actual circumstances and should be left to the health care providers' team.

#### Recommendations

Based on the finding of this study, it can be recommended that:

- (1) For patient:
  - All patients and patients' family members have the right to option the presence of family members during invasive procedures.
- (2) For administration:
  - Development of written formal policies related to family presence that will provide consistent, safe, and caring practices for patients, families and health care providers.
- (3) For health care providers:
  - Offer patient's family members the option to remain with their patients during medical procedures if it is possible.
- (4) For further research:



- Perception of health care providers, towards family presence during invasive should be studied in nonacademic hospitals and in other medical-surgical units and specialty areas to allow for more generalizability of the findings.
- Family presence policy development and implementation outcomes.

#### Corresponding author

##### Afaf A. Basal

Medical Surgical Nursing Department, Faculty of Nursing, Tanta University, Egypt  
[afaf\\_bassal@yahoo.com](mailto:afaf_bassal@yahoo.com)

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10/5/2012