

Do we Dare to Let the Family be there all the Time?

Janet Mattsson

The Swedish Red Cross University College
Sweden

COLUMN ARTICLE

Relatives to patients that has been undergoing resuscitation attempts, where no family members have been allowed to stay in the room, describe their greatest fear as being separated from the patient if he or she did not survive [1].

From the child's perspective when hospitalized in a Pediatric Intensive Care Unit (PICU), collaboration between healthcare professionals, parents and the child, if possible, is a prerequisite for good nursing care. The child is also entitled to have a parent or other relative with them 24 hours a day [2]. From the parent's perspective many situations in the PICU feels chaotic and unreal, the worst situations are when they are not given the opportunity to be close to their child and being involved in the care [3,4]. Observing the healthcare staff working intensively is perceived as very stressful and the parents are filled with much fear [4].

In the PICU nursing care comprises both the care of the patient and the care of the family, as well as integrating them into the care of their child. How this can be done in a high technological environment is one of my research interests, and our research has shown the importance of establishing a trusting relationship with both patient and family, which is a prerequisite for good nursing care, even in critical situations

[3,5]. There is no reason to hinder parents from being close to their child, not even in resuscitation situations [1,6,7], as it is a part of a good care.

Whit this in mind it is troublesome that both nurses and physicians, when asked about the family's involvement in resuscitation, only 43.9% states that the family should be offered to participate. Nurses are more likely to offer family members attendance, compared to physicians. Both nurses and physicians describe that individual family relationships determine whether the families are offered to stay or not [6]. The main reason why family members are asked to leave is said to be staffing shortage. Despite this, family involvement is described as predominantly positive. However, one might suspect that the main reason why parents are asked to leave in such a vulnerable situation is that there is too little experience among staff to carry out resuscitation attempts, and that the presence of family members then frightens the staff. Although the forecast looks bad, parents appreciates honest information [4]. We as professionals has to bear in mind that, from the relative's perspective it is the fear of losing a loved one that results in a strong will of being involved in the resuscitation situation. It might be the last time they can hold or kiss their living child. Trying to retain parenthood and comfort their child in a most vulnerable situation. Loving the child and

being there for their child when they are needed the most. We as professionals are not entitled to hinder families to be together the last shivering seconds of their life together as they know it. Instead we have to support parents to be there with their children, giving them the strength to be parents to the last breath. When asked, family members believe that their presence will increase the chances of their loved one surviving as well as reducing their fear and anxiety if the family member were to wake up [1]. If we as professionals fear to have parents attending such a situation, we should have the decency to ask a more senior colleague to step in and taking the lead, while we attend to the parents needs in this situation. Family members who have been offered to participate in resuscitation attempts tend to have less anxiety and depression than relatives who have not been offered to participate. It also seems to help relatives in their mourning process to have been involved in resuscitation attempts [7]. In contradiction, when relatives themselves were not allowed in the room, and the information was scant, the family in many cases imagined that the situation was even worse than it was [1]. In conclusion, it is the child's right to always have a parent close by and it is the parent's decision to stay or to leave as the situation unfolds itself in the PICU. It is the employer's responsibility to make it possible for children and parents to be together at all times. And if we as professionals are scared to offer the parents to stay in the most vulnerable situations when their child needs them the most and they need to be with their child the most. We urge to put pressure on the organization to make it possible to train such situations so we can be there with confidence and without fear. That is what good nursing care ought to be in the vulnerable situations that can arise in the PICU.

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