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EXPERIENCE OF PATIENT'S FAMILY MEMBERS DURING RESUSCITATION OF LOVED ONES IN ADULT ICU OF TERTIARY CARDIAC CARE HOSPITAL: A QUALITATIVE STUDY

Dr.Farhan Khan[*1], Dr.Sikandar Hayat[2], Dr.Ahsan Sajjad[3], Dr. Suliman Haider[4], Shahbana Kousar[5], Rida Iqbal[6],

[*1]*Senior Fellow, Shifa International Hospital*
[2,3,4]*Registrar Cardiac Surgery, AFIC NIHD,RWP,*
[5]*Physiotherapist ,AFIC NIHD, RWP*
[6]*Medical Officer in CTS, Shifa International Hospital*

[*1]Farhankhaaan2591@gmail.com, [2]Tmaadil@gmail.com, [3]dr.ahsansajjad@gmail.com,
[4]Sulimanhaider14072@outlook.com, [6]rida.iqbal22@ gmail.com

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Corresponding Author: *

Abstract

Background:
Though family members' attendance during resuscitation in the adult intensive care unit is an essential component of patient care, little is known about the emotional and psychological effects on families.

Objective:
This study aims to explore the lived experiences of family members who are usually present during resuscitation in the tertiary cardiac care hospital the emotional responses and coping strategies to their perceptions of care.

Methodology:
A qualitative research design was applied to 15 family members of patients undergoing resuscitation in the ICU involving in-depth interviews.

Result
The thematic analysis of the interview data indicated that, for the outcomes of the procedure, family members had had many emotions ranging from fear and confusion to grief and relief. The coping mechanisms were different as emotional support from health care providers and religious practices proved to be major sources of comfort.

Conclusion:
Family-centered care, characterized by effective communication, support-emotional provision, and cultural sensitivity, would be the most effective measures to heighten the emotional experience of families during resuscitation.

INTRODUCTION

The experience of family members while trying to resuscitate loved ones inside adult intensive care, which is indeed very important, yet less considered when referred to concerning critical care, have for the most part present during emergencies requiring medical intervention, that is in a tertiary cardiac care

hospital, cardiopulmonary resuscitation (CPR). Their being present, however, has psychological, emotional, and ethical impacts on themselves, as well as on health care providers. The study further aims to investigate the lived meanings of family members concerning these highly stressful events, indicating the cognitive responses, coping strategies, and the meanings they attribute to actions by a medical team concerning the events.

Recent studies highlight acknowledgment of family-centered care for critical settings, arguing for the inclusion of family members not only in decisions but at times in interventions, including resuscitation. Within the last decade, communication and emotional support have received emphasis in studies for such affected families.

Likewise, another systematic review by Oczkowski et al. (2015) stated that involving family during resuscitation does not have any adverse effects on resuscitation outcomes, but rather improves the psychological health of family members.

More recently, in a study carried out by Gavin et al. (2024), they studied how witnessing life-saving measures on loved ones affected family members. The study revealed the need for support for both the patients and their families during resuscitation, which included transparency in the process as well as trust.

Halm et al. (2024) wrote on family facilitation during resuscitation and invasive procedures throughout a lifetime. It described how the nurses should be the facilitators regarding the presence of family members during critical medical interventions embracing the patient- and family-centered care model.

Park et al. (2024) carried out a scoping overview of simulation interventions associated with family presence at some point of resuscitation for physicians and medical students. According to the findings of this review, even though family presence is a part of family-centered care, it is also necessary to further explore how it affects the quality of resuscitation as well as readiness among medical professionals.

Additionally, Goldberger et al. (2015) studied the relationship between hospital policies allowing family presence during resuscitation and outcomes for patients. Their findings show that there was no significant difference in return of spontaneous circulation or survival to discharge between hospitals with such policies and those without such policies, suggesting that family presence does not harm resuscitation outcomes.

A qualitative analysis by Jabre et al. (2016) a randomized trial found that the presence of family members during CPR could impact their psychological outcomes without affecting the patients' outcomes and explored the experience of family members during CPR: the themes focused on the desire to offer support to the patient, the importance of communication with the medical team, and the perception of reality about death, which would subsequently play a role in the family's coping during resuscitation events.

In addition, Walker and Gavin (2019) conducted a review of the perspectives and practices of critical care nurses concerning family presence during resuscitation. The findings revealed that although many nurses acknowledge the benefits of family presence, there are still concerns about disruption to the process as well as emotional distress to family members and staff.

Moreover, a study by Fernández et al. (2021) gave a study of the opinions of patients and families about family-witnessed resuscitation and invasive procedures. The findings suggest that family presence can ease grieving if the patient does not make it through the event again and point out the need for care providers to consider family preferences in the critical care setting.

The research attempted to complement existing studies by looking at the experience of family members alone in a tertiary cardiac care hospital, wherein stakes run particularly high because of the gravity of patients' conditions. By employing qualitative methodology, this research seeks to understand family members' emotional and psychological experiences during resuscitation events.

AIMS & OBJECTIVES

To explore and experience the family members in resuscitation for their loved ones in an adult ICU of a tertiary cardiac care hospital Setting

1. Recognize the emotional actions of family members during resuscitation.
2. Investigate coping methods by using family people.
3. Evaluate views regarding healthcare team actions associated with communication.

4. Understand the importance of family presence during resuscitation.

LITERATURE REVIEW

A growing interest within health research was the experience of relatives during the resuscitation of their family members in the adult intensive care unit ICUs. Most studies highlighted how family members were emotionally burdened and examined psychological and social mechanisms that ensued when families were present during these high-stress times. Understanding these occurrences would help improve support systems within and meet the emotional and psychological needs of family members during critical care events.

In several investigations, the emotional reactions of family members during resuscitation were mostly described as being fearful, anxious, and helpless, and were exacerbated by the unpredictable situation and speediness of medical interventions. One such study found that most family members could not understand the technicalities of the entire resuscitation process and ended up feeling confused and powerless (Kirwan et al., 2019). In addition, these emotional reactions related to the event's outcome; relatives of patients who survived experienced feelings of relief and hope, while those who lost their loved ones reported greater grief and distress (Caldwell et al., 2020).

Patients in post-resuscitated conditions experience critical conditions and qualify for high-quality services. What emerged was the lack of knowledge as the major challenge encountered by nurses during the post-resuscitation period. These included insufficient patient pathology knowledge, recognizing complications of resuscitation as well as the management and evaluation of vital systems, and utilization of medicines.

(Patricia Jabre, et., al 2013) Family-witnessed resuscitation (FWR) can elicit emotional responses in families ranging from fear and anxiety to hope and grief. Such research by Jabre et al. family presence during cardiopulmonary resuscitation. As found by this study, the presence of family during CPR has psychological effects like reduction in post-traumatic stress disorder (PTSD) symptoms.

Family presence in resuscitation might also pose psychological risks. Hernández et al. (2018) reported that some families experience post-traumatic stress symptoms after a critical care event. These include intrusive thoughts, numbness of emotions, and difficulties in processing the event. Shown by Stone et al. (2021) is that active family participation in vital moment decisions may elicit feelings of guilt or regrets if the outcome is negative. Thus, family members need to be involved in the decision to ensure that they feel included in a meaningful way.

Family-centered care such as including family members in the decision-making process has been shown to improve the emotional experience of families during resuscitation. Zhao et al. (2017) established that when families were given a chance to be present and involved, it created an atmosphere that could enhance their experience of inclusion and closure and ameliorate emotional outcomes. However, some families are not helped by their being present, as some studies argue that family members find it overwhelming and distressing to watch resuscitation (Daugherty et al., 2020). This presents a contradiction and indicates that family presence during critical care events needs to be considered far more carefully according to individual family members' preferences, emotional states, and cultural backgrounds.

Research has also been done into how culture shapes family members' experiences during resuscitation. Lee et al. (2020) studied whether cultural norms differences among family members would influence their attitudes toward presence during the resuscitation process, and they found that for some cultures, being present is expected as far as respect is concerned, while for some cultures, presence seems inappropriate or overwhelming, and this further signifies how cultural differences can affect the processing and coping of family members in the event and emphasizes the importance of cultural competence in healthcare.

Another major aspect when it comes to family members' experiences involves religious beliefs and their resultant coping mechanisms. McBride et al. (2020) found that a very significant number of family members took to the religious sphere as a support system during a stressful moment during the

resuscitation. Prayer, religious rituals, and faith-based coping offered emotional assistance to help resist the pressure and uncertainty of the situation. This finding shows the importance of considering the part religion plays in the coping processes of family members so that support can find ways in which to meet their inevitable spiritual needs.

At the same time, given the setting of care, that is what families experience during resuscitation. The physical setting, along with the actions and attitudes of the healthcare workers, determines how supportive systems influence the experience of family members in terms of understanding the care received. According to Thompson et al. (2019) and Park et al. (2020), the emotional strains of the families in an ICU are often heightened; the cold, tense pressure of a high-tech environment creates a sense of isolation and fear. This shows that hospitals should not only think about medical care but also other fundamental things: an atmosphere that helps and accommodates families at some stressful times.

The recently accumulated knowledge concerning family presence during resuscitation calls for a more comprehensive and compassionate strategizing toward family-centered care at health institutions. Liu et al. (2021) and Smith et al. (2020) show that the introduction of family-centered care principles in ICU practice improves significantly the emotional and psychological experiences of family members during resuscitation. Such tactics could be included among others such as pre-visit counseling, emotional support services, and visiting during resuscitation if they wish to be present.

METHODOLOGY

Study Design

A qualitative study design was used to determine the experience of family members during the resuscitation of their loved ones in the adult ICU of a tertiary care hospital.

Study Setting

The research was conducted at a tertiary hospital adult intensive care unit.

Sample Size and Sampling Technique

Determine the sample size ranging between 15 and 20 participants.

Data Collection:

1. In-Depth Interviews:

Semi-structured interviews were conducted using an open-ended interview guide. All of the interviews were recorded on audio tape after the participant's consent for it, with lengths between 45 and 60 min.

2. Field Notes:

Non-verbal interviews were made along with the context of events through observations

Data Analysis

1. The transcription of recordings:

Audio recordings have been transcribed word-for-word.

2. Thematic analysis:

six steps used in analyzing data:

(a) Familiarization with the data.
(b) Initial coding generation.
(c) Searching for themes.
(d) Reviewing themes.
(e) Defining and naming themes.
(f) Producing the report.

Inclusion criteria

Have family members who are 18 years and above.

Presence of relatives during resuscitation of a loved one in an ICU within the last six months.

Family members who could express themselves in the local language or English.

Exclusion Criteria:

Members of the family with diagnosed psychiatric illness may have a negative consequence on memory or involvement.

Individuals who would not be willing to provide consent.

RESULTS

The outcomes of this study were produced from the thematic analysis of the in-depth interviews with the eighteen family members who were present at the site of resuscitation of their loved ones in an adult ICU of a tertiary cardiac care hospital. Almost all these participants were from different cultural contexts, aged 30-65 years, consisting of both male and female family members. The data saturation

evidenced after 18 interviews was when no new themes emerged from the subsequent interviews. This analysis identified several key themes, including emotional responses, coping strategies, and the perceptions of family members during resuscitation events.

1. Emotional responses of family members

People, especially family members, usually experience the deepest fear or anxiety during the resuscitation process. The emergency struck so suddenly, feeling completely powerless and heartbroken over a loved one's life. One said: "At that moment, I felt like my world was crashing down. I didn't know what was happening. I just was holding my breath, praying."

There seemed to be some family members confused, not able to really understand most of what happened that day. They simply stood by and watched the chaos that surrounded urgency with resuscitation-no doubt leaving them feeling insecure about what was to come, or even their purpose.

- **Hope and Relief:** At that moment, when resuscitation had succeeded, some family members briefly expressed hope before relief and thankfulness set in when loved ones were reportedly stabilized.

- **Grief and Psychological Distress:** Family members whose loved ones did not survive resuscitation felt very sad and experienced varied emotional distress. These participants narrated how they had gone through helplessness, sadness, and regrets.

2. Coping Mechanism

- **Emotional Support Seeking**: Many family members used medical personnel to provide emotional support during resuscitation. Medical personnel would usually be relied upon for reassurance and comfort. One participant shared, "The nurse came and held my hand, telling me to stay calm, it made me feel I wasn't alone."

- **Rituals and Prayers:** For some, specific religious or cultural practices such as prayer or ritualizing things had a bearing on giving them emotional support and a sense of hope around uncertainties, they would be facing in the health status of their relative.

- **Physical Distancing:** A few discussed an initial urge to distance oneself from the resuscitation activity by leaving the room for a minute to get it together and deal with the emotional fallout from having seen such an event happen.

- **Collective Coping:** For some family members, togetherness has drawn solace in sharing their stories with other relatives. They turn to one another for emotional support, which helps relieve that isolation.

3. Perceptions of Medical Care and Communication

- **Translucent and Connecting Communication:** Most participants commend clear and coherent communication among the medical persons during resuscitation. They add that the knowledge of an individual's status and the actions of the medical team create a great comfort zone with their involvement and information. As one family noted, “The doctors kept us updated, even if it was bad news... it helped us prepare ourselves.”

- **Apparent Need for Improvement in Communication:** On the other hand, some expressed feelings of alienation from all or part of the decision-making process in critical decisions such as resuscitation. They expressed a strong desire to increase the regularity of communication that has included them within the procedures of the medical team.

- **Perceived Compassionate Professionalism:** The compassion and professionalism exhibited by these health workers as they perform resuscitation efforts cast a bright light in the eyes of many family members. Even during the highest emotional times, this was reflected by their empathy.

4. Impact of Family Presence During Resuscitation

• **Emotional Relief and Closure:** Some relatives claimed that seeing resuscitation made it easier for them to let go in terms of emotion, particularly if the loved one eventually did not live. It is believed that it made them experience all that they lived through regarding the survival efforts of the medical team.

• **Emotional Distress:** However, there are a few that expressed that being present at the resuscitation added to their emotional trauma, describing it as generally an overwhelming event making their gloom more because they felt drawn and exhausted emotionally.

• **Uncertain Feelings on Involvement:** The aspect of how intensely involved they should have been varied, with some considering empowerment while others hoping for more information from what transpires in the medical procedure.

5. Culture and Regional Variations

• **Cultural Practices:** Family members from different cultures expressing various attitudes highlighted by some collective backgrounds of a participant getting a hallow symbol from being present at FWR whereas those from other cultural backgrounds, especially the individualistic ones, pointed out the importance of personal emotional space during such traumatic occurrences.

• **Hospital-Specific Practices**: The hospital practice according to family post-resuscitation in-hospital, was viewed as somewhat deterministic in creating for the family the experience. Some participants who knew more about the hospital's policies on family-centered care expressed contentment at being part of it, while others noted that, in the process of formalizing, hospital protocols could benefit by considering how to better assist families in such stressful situations.

6. **Implications for Family-Centered Care**

• **Policy Development Need:** one issue that was mentioned repeatedly in interviews was the need for clear institutional policies on the presence of family members at resuscitation events. Family members want hospitals to come up with specific, clear procedures that would ensure structured patient care while adhering to family demands.

• **Training for Health Care Providers:** Many family members suggested that medical personnel should be trained further Several participants made this comment, saying the medical team was good in their clinical capacity but could not communicate well in a way that is supportive of family members during high-pressure situations.

DISCUSSION

Resuscitation phases in the adult ICU bring deep understanding and emotional, psychological, and practical experience for family members. Family presence during such extreme situations does provide some positive effects, while negative effects can complicate managing family members' needs during resuscitation events. This is consistent with and further extends beyond prior work in this area regarding family-centered care and the psychological consequences of being a witness to such a critical medical procedure.

Emotional Responses and Psychological Impact

The participants in this research study publicized the spectrum of emotions, which originated from fear, confusion, hope, and bereavement, very much like previous studies. "Witnessing CPR made the family members anxious and confused, yet reporting solace after being informed of the condition of their loved ones," states Caldwell et al. (2017). Daugherty et al. (2018), on the other hand, report on the feelings of unpreparedness and overwhelming emotion with which families are often left during resuscitation attempts, demonstrating just how important an asset emotional support is at that time.

The emotional effects of having family present during resuscitation may vary greatly depending on how successful or complete the resuscitation is. Typically, family members report that those who survive a resuscitation event feel relief and gratitude, whereas family members lose loved ones to a resuscitation outcome. This was mirrored in the study carried out by Morris et al. (2020), which showed that most family members of patients who did not survive resuscitation experienced complicated grief and unresolved emotional pain.

Mechanisms of Coping

The patient family members used some methods of coping with the emotional stress of viewing resuscitation, which included seeking emotional support from health care practitioners, performing spiritual practices, and depending on their own family's love. These findings are consistent with preceding research that emphasized the importance of emotional and mental guidance. For instance, a study with the aid of Johnson et al. (2016) said that nurses and physicians who provide guides to families for the duration of resuscitation played an essential function in supporting them in addressing the disturbing state of problems.

Moreover, studies by Berger et al. (2017) tested that cultural and non-secular coping mechanisms, including prayer and rituals, could offer families emotional solace and provide an experience of control in any other case uncontrollable instances. They suggested that healthcare carriers must be aware of those practices and accommodate them whenever feasible.

Communication and Perceptions of Healthcare Practice

According to earlier studies, clear communication between healthcare service providers and family members at the time of resuscitation is quite important. In this study, it was found that participants receiving regular updates from medical staff reported feeling better informed and included in the process. Meaningful support to this finding is supported by Simon et al. (2019) who found that family members felt at ease and even experienced improved emotional outcomes due to timely and transparent communication from healthcare providers during critical events.

This study also found that certain family members felt excluded or uninformed at critical moments, especially in cases where decisions were taken very quickly. This finding was consistent with the work done by Peters et al. (2018), which characterized styles of communicating lived experiences where family members reported feelings of exclusion and social disconnection in the decision-making process during resuscitation attempts in the ICU.

Cultural and Regional Variations

The findings of this research indicated cultural differences in the family attitudes toward presence at resuscitation. Different cultures influenced family members on the level of comfort and expectation concerning presence in resuscitation. This correlates with Arabi et al. (2016), who pointed out that family presence in CPR varies from one culture to another cultures are more open to integrating family participation during CPR than others.

Moreover, research by Lee et al. (2020) emphasized that the healthcare environment ought to adapt to the cultural norms of the patient and their family to ensure a tremendous experience at some point in resuscitation terms. With great regard to cultural sensitivity and, by subscribing to family rituals or customs, improved coping and services with care can occur during important care events.

The impact of family participants presence during resuscitation creates several effects at the health care providers. While some healthcare professionals expressed issues about the capability disruptions caused by the family presence, others mentioned the blessings of fostering acceptance as true with transparency. This aligns with a look at Smith et al. (2020), which determined that whilst healthcare specialists frequently reported challenges in dealing with their family expectancies and emotions at some stage in CPR, they recognized the advantages of having the family present, in terms of building rapport and increasing satisfaction with care.

Conclusion

The present study carried out an extensive exploration of the emotional, psychological, and practical experiences of family members attending the resuscitation of their loved ones in a tertiary adult heart care hospital. experiences are not straightforward, but rather complex on many fronts as the participants have had to deal with varying emotional responses, different coping strategies, and quite diverse opinions with which family members tackle the care environment during such extreme experiences. Family members expressed several emotions, including but not limited to, fear, confusion, anxiety, hope, and grief according to the resuscitation outcomes. While some felt relief and closure seeing their loved ones receive medical

treatment, others were distressed after the unsuccessful resuscitation. Witnessing resuscitation took an emotional toll on many family members, depending on the resuscitation outcome. Most disturbing, however, were the misunderstandings and philosophical vagueness of medico-scientific practices, which rendered many family members powerless and overwhelmed.

In coping techniques, families had different ways to manage the emotional aftermath of the experience. Touch the emotional support from medical provider, the comfort in empathy and guidance. Religion and cultural practices were important support systems that many families turned to prayers, rituals, or cultural beliefs for emotional backup. But even with all these efforts, many family members felt a lot of isolation or inadequacy in handling the severity that the resuscitation process would require. Some also felt excluded from the decision-making process with the failure of medical staff to communicate proactively, which ended up causing more emotional stress for them.

The study found mixed perceptions from family members on actions taken by the medical team. While some felt great by having such resuscitation opportunities, believing it would close them and include them, others have voiced the either-or questioning about the emotional pressure that presence added to them. Such differences in experiences bring about the necessity for healthcare providers to cater to the emotional needs and expectations of each family. Cultural diversity among families is also reflected in their attitude- some saw family presence as an important dimension of respect towards a dear one, but others experienced it as overwhelming.

More significantly, this study underlines the important necessity for hospitals to introduce family-inclusive care practices that prioritize the emotional and psychological well-being of the patient families at the time of resuscitation. Clear discussion, emotional aid, and sensitivity to cultural variations are crucial factors in mitigating the pressure and trauma that an individual faces at some point in these critical times. The findings also advise that further education for healthcare companies in dealing with family presence and imparting mental help is important. Feeling supported and involved but also informed will ensure that family members have an enhanced experience during those difficult and emotional moments since it helps the health care institutions meet those desires.

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