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Nurses' Experiences and Perceptions of Family Members' Engagement During Cardiopulmonary Resuscitation in Critical Care Units, Mater Hospital, Nairobi City County, Kenya

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Abstract

This study examined nurses' experiences and perceptions of family engagement during cardiopulmonary resuscitation (CPR) in the Critical Care Unit of Mater Hospital. While family presence during CPR may provide emotional and therapeutic benefits, it also presents ethical, operational, and psychological challenges for healthcare providers. A qualitative descriptive design was employed. Data were collected through semi-structured interviews with nurses directly involved in resuscitation activities. Thematic analysis was conducted following the guidelines of Braun and Clarke (2022). Credibility and trustworthiness were enhanced through triangulation and other rigorous strategies. Findings revealed high levels of emotional and psychological stress among nurses, often intensified by family presence during CPR. Some nurses viewed family engagement as promoting transparency and emotional closure, while others perceived it as a source of distraction and distress. Key challenges included a lack of institutional policies, environmental limitations, and anxiety about performance. Nurses expressed the need for institutional, educational, and emotional support to facilitate effective family involvement. The study highlights the importance of clear institutional policies, structured training programs, and psychological support systems in empowering nurses and promoting compassionate, family-centered care during CPR. The findings inform policy development, clinical practice, and continuing professional education to improve family engagement and outcomes for patients, families, and healthcare providers.

Keywords: *Cardiopulmonary resuscitation, family engagement, nurses' experiences, qualitative research, policy development*

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1. Introduction

Cardiopulmonary resuscitation (CPR) is an important medical intervention for cardiac arrest. The process itself is full of urgency and intensity, which can cause anxiety in the medical staff, the patients, and their families, as it consists of quick and well-organized actions with the sole

goal of reversing the life-threatening physiological collapse (American Heart Association, 2024). Cardiac arrest is the leading cause of death in Western countries, making up almost 20% of the total mortality rate (Wong et al., 2019), and even though direct access to emergency care has improved tremendously, only about 10% of the affected patients make it (American Heart Association, 2024).

The discussion of family members' presence during CPR has been a medical controversy, with no agreement on its incorporation into clinical practice (Ali Esmaeili et al., 2021; Grimes, 2020). Recent worldwide trends are slowly but surely indicating the importance of allowing families at the bedside during resuscitation, similar to what has been observed in research conducted in Europe and North America, where 35% to 50% of hospitals currently permit family presence during CPR (Rubin et al., 2023). A national survey in the U.S. revealed that approximately 80% of EDs have written policies supporting this practice, but actual implementation varies widely across departments (Bayly, Perry et al., 2020).

Along with greater acceptance, there are still concerns about the negative impact of family presence on hospital staff performance. Approximately 25% of doctors admit that their stress levels increase due to the presence of relatives, while 20% rate care quality as having worsened (Vincent & Lederman, 2017). Nevertheless, evidence suggests that family-witnessed resuscitation can offer meaningful psychological benefits, with 60% of family members reporting that witnessing the process helped them accept the outcome and provided emotional closure (Rubin et al., 2023).

In sub-Saharan Africa, particularly Southern Africa, a study from Zambia revealed that the idea of the family being present during CPR remains a very underdeveloped concept, backed by very little evidence and lacking formal policies to support its practice. Only 15% of health care providers reported experience with family-witnessed resuscitation (Banda et al., 2024). A parallel scenario is observed in Ghana, where 62% of acute care nurses reported no CPR training, despite the steadily increasing number of cardiovascular disease cases (Martina Anto-Ocrah et al., 2020).

In Kenya, a survey found that nurses' experience and confidence more strongly influenced their readiness to engage family members during CPR; confident nurses were 4.9 times more likely to engage families during resuscitation (Angute et al., 2022). These observations revealed deficiencies in routine practice, training, and institutional guidance across the region. The outcome of the research underscores the severe lack of professional practice, training, and institutional advice across the whole area. This study, therefore, sought to explore nurses' experiences and perceptions of family engagement during CPR at Mater Hospital, Nairobi City County, Kenya, with the aim of informing future policy and clinical practice in the region.

1.1 Problem Statement

The cardiopulmonary resuscitation process is a vital and always high-stress procedure that requires the rapid mobilization of medical expertise to save a patient's life. However, during these critical moments, family members are mostly present and may request to be engaged in the care of their loved ones (Martina Anto et al., 2020). Despite the potential therapeutic benefits of engaging families in CPR, there was limited understanding of nurses' Experiences

and perceptions regarding this engagement and the factors that influence their willingness to engage family members during resuscitation efforts (Alhaidary Abdulelah et al., 2019).

Nurses are the staff members who assess the patient's status, initiate CPR, timely call for the resuscitative team, and ultimately decide to engage Family Members during Resuscitation (Sofee et al., 2023). There is a lack of evidence-based guidelines and unit protocols for CPR, and a lack of written policy concerning family engagement during resuscitation (Wendy Walker et al., 2019), which is echoed by a knowledge gap and inconsistent adherence to family-witnessed guidelines among nurses (Zachary et al., 2015). In addition, the current knowledge gap comprises a lack of research on the Experiences and perceptions of nurses, who are critical to the resuscitation process, particularly in Kenya. At Mater Hospital, the presence of family members during CPR is not routinely practiced. There is limited research on nurses' experiences and perceptions of family engagement during CPR at Mater Hospital, the challenges they encounter, and their preparedness to support or manage such situations. This research aims to bridge the gap by exploring nurses' views on family presence during CPR at the Mater Hospital in Nairobi City County.

By exploring these dynamics, the study intends to contribute to the development of continuous professional development programs that will facilitate appropriate family engagement during CPR, ultimately improving the overall experience for patients, families, and healthcare providers at Mater Hospital, Nairobi City County.

1.2 Research Objectives

i. To explore nurses' experiences with family members' engagement during cardiopulmonary resuscitation at Mater Hospital, Nairobi City County, Kenya.

ii. To explore Nurses' perception of the role of family members during cardiopulmonary resuscitation (CPR) process at Mater Hospital, Nairobi City County, Kenya.

iii. To identify the challenges Nurses face when engaging family members during CPR at Mater Hospital, Nairobi City County, Kenya.

iv. To understand the support nurses' belief that it is necessary to effectively engage family members during CPR at the Mater Hospital, Nairobi City County, Kenya.

2. Literature Review

2.1 Empirical Review

Family members' engagement during cardiopulmonary resuscitation (CPR) has mixed reactions from Nurses, which has not yet been resolved. Some studies identify positive effects of family presence in such situations, providing emotional closure and making the care process more transparent. Akman and Koyuncu (2024) reported that relatives usually feel gratitude for being allowed to witness resuscitation attempts, which gives them the opportunity to see the medical team's dedication and to better understand the patient's situation. Moreover, Alhofaian et al. (2023) found that nurses' self-confidence in controlling family presence during CPR is strongly influenced by training and institutional policies. In environments where nurses are well supported and well-educated, they are more likely to promote family engagement efficiently without losing sight of the clinical situation. On the other hand, difficulties such as

the rise in emotional suffering and the possibility of medical procedures being disrupted still shape nurses' views on this matter (Abuzeyad et al., 2020).

Nurses' perceptions of family presence during CPR play a major role in determining the impact of family members' engagement. Research studies have shown a wide range of opinions within the medical community regarding family engagement during CPR. According to some studies, nurses are willing to accept families as a source of emotional support, albeit they would still have to maintain their professionalism, that is, deal with the family's emotional reactions (Abe et al., 2021; Alhofaian et al., 2023). In the case of Frivold et al. (2021), the findings indicated that nurses in the critical care unit held divided views on family presence, reporting both positive and negative effects: emotional stress increased, but patient and family satisfaction also improved. This situation reflects that family's presence can be both a source of difficulty and a source of support in the care experience; it should be carefully managed and supported by the healthcare team.

Nurses have a tough time trying to get family members to be a part of the team during CPR, and the problems are many and varied, including emotional, procedural, and institutional barriers. Among the emotional problems is the need to deal with the family’s sadness while keeping the attention on the resuscitation. Research shows that nurses most often experience difficult moments of being compassionate while being clinically efficient, which contributes to their higher stress levels and even burnout (Abe et al., 2021; Frivold et al., 2021). Similarly, procedural difficulties stem from the need to ensure that family members are well-informed and prepared to take their roles, which is more challenging given that CPR is a very fast procedure (Alhofaian et al., 2023). All these, therefore, show light on the need for training programs that teach emotional resilience and develop procedural skills.

During CPR, family members' engagement can be challenging, and nurses would like to address it with support from the institution, training, and other resources as their first line of defense. Empirical evidence supports the fact that direct training plans considerably improve nurses' confidence levels and skill sets in handling family presence during resuscitation situations (Alhofaian et al., 2023). Communication practices, techniques for providing emotional support, and the practical aspect of incorporating the family into the resuscitation process should all be covered in such training (Abe et al., 2021). Therefore, if healthcare institutions provide these tools to nurses, it will not only improve the care provided but also patients' families' satisfaction during such critical moments.

2.2 Theoretical Review

The Family-Centered Care (FCC) Model engaged the family in the care process, identifying their role as partners in enabling patient outcomes and overall care experiences (Kogan et al., 2022). This model was crucial to the study's objectives, which included understanding nurses' experiences, their perceptions of family members' taking part in cardiopulmonary resuscitation (CPR), identifying the challenges, and the support Nurses needed for family engagement during CPR. Therefore, the FCC Model matched the study's objectives by providing a structured approach to evaluating how family engagement impacted the CPR process and the Nursing experience.

Understanding Nurses' Experiences: The FCC Model was a very important tool for identifying nurses' experiences of family engagement during CPR and its impact on their behavior and communication with family members**.** Identifying Challenges: The model identified likely difficulties in implementing improved family engagement in CPR, including communication challenges and institutional restrictions. Support Needs: The FCC Model was used to identify the support nurses required to include families in CPR scenarios, ranging from training and resources to policy changes.

3. Materials and Methods

This study employed a qualitative descriptive design to explore nurses' experiences and perceptions of family engagement during cardiopulmonary resuscitation (CPR) at Mater Hospital in Nairobi City County, Kenya. The study targeted registered nurses working in emergency and critical care units with at least 1 year of experience and direct involvement in CPR. Using purposive and convenience sampling, 17 participants were selected based on data saturation. Data were collected between June and July 2025 through a semi-structured interview guide, in-depth interviews lasting 30–45 minutes. A pre-tested interview guide was used to elicit detailed narratives about nurses' experiences, family members' perceived roles during CPR, associated challenges, and support needs.

Data were audio-recorded, transcribed verbatim, and thematically analyzed using NVivo software, following an inductive approach to allow themes to emerge naturally. Rigor was ensured through member checking, prolonged engagement, reflexivity, and detailed documentation of procedures. Confidentiality was maintained through coding and secure data storage. Ethical approval was obtained from Kenyatta University Ethics Review Committee, NACOSTI, and Mater Hospital, and informed consent was secured from all participants.

4. Results

Table 1: Summary of Study Objectives, Themes, and Sub-Themes

Theme	Sub-Theme	Illustrative Quote
1. Emotional and Psychological Strain	*1.1 Emotional Distress During Resuscitation*	*"You want to do your best, but they are crying or screaming, which makes it hard to focus on the procedure."* (Participant 3)
	1.2 Fear of Judgment and Performance Pressure	*"Having relatives in the room makes you feel like every move is being judged; it's emotionally draining."* (Participant 7)
	1.3 Post-Event Emotional Fatigue	*"After resuscitation, it takes time to calm down; you carry those emotions home."* (Participant 10)
2. Navigating the Dual Impact of Family Presence During Resuscitation	*2.1 Therapeutic Value and Transparency*	*"When families witness everything, they understand we tried our best, and it helps them accept the outcome."* (Participant 2)

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	2.2 Disruptive Reactions During CPR	*"Family members sometimes panic or interfere, which makes resuscitation more difficult."* (Participant 9)
	2.3 Balancing Compassion and Control	*"It builds trust…they can see the effort and know we cared, but it also demands extra focus from us."* (Participant 5)
3. Institutional and Environmental Barriers	*3.1 Absence of Clear Policy*	*"There's no clear policy on whether to allow family in or not, so decisions are made on the spot."* (Participant 1)
	3.2 Inadequate Physical Space	*"The resuscitation room is too small; even fitting the team is a struggle, let alone relatives."* (Participant 11)
	3.3 Staff Shortages and Workload	*"We are short-staffed…having to manage the patient and console the family at the same time is impossible."* (Participant 6)
4. Building Psychological Resilience and Institutional Capacity for Family-Witnessed Resuscitation.	*4.1 Psychological Support and Debriefing*	*"We need debriefing after difficult resuscitations; sometimes the memories stay for weeks."* (Participant 12)
	4.2 Educational and Communication Training	*"Training would help us know how to talk to families during CPR."* (Participant 8)
	4.3 Institutional and Managerial Support	*"Support from management and counsellors would make a big difference; we often feel left alone after such events."* (Participant 14)

Theme 1: Emotional and Psychological Strain.

This theme presented nurses' direct experiences of family presence during resuscitation and its impact on their emotional and professional responses.

Sub-theme 1.1 Emotional Distress During Resuscitation

Nurses, when carrying out CPR, to a great extent, have emotional and psychological battles, especially if distressed family members are present. They feel exhausted, anxious, and emotionally overwhelmed.

> *"It's a high-adrenaline situation... you have something in the eyes to help." (Participant08)*
> *"You're full of adrenaline... we are all trying to save a life." (Participant 5)*

> *"You feel so drained because you have really done your level best, and the results are not what you expected."* (*Participant 12)*

These experiences enabled an understanding that observing families during CPR could increase nurses' emotional burden and, furthermore, trigger both stress and compassion fatigue.

Subtheme 1.2 Fear of Judgment and Performance Pressure

Nurses described the psychological burden of being observed by family members during resuscitation. Whereby the majority reported feeling anxious and under stress, which affected both their focus and composure.

"If I lose a patient, it really affects me. It's not an easy thing." (Participant 6)
"I felt it was so traumatic to me, to the patients, and the relatives that were around. (Participant08)
"We have that experience where the family has been in denial, and you lose that patient, they start screaming all over. It makes you feel drained as a nurse." (Participant 14)

Such moments left nurses struggling with personal grief while trying to maintain professionalism and composure.

Subtheme 1.3 Post-Event Emotional Fatigue

This theme explores the emotional aftermath nurses experience after cardiopulmonary resuscitation (CPR). Despite resuscitation being successful or not, participants described psychological distress, feelings of guilt, moral reflection, and a need for emotional closure. Their accounts revealed how the emotional burden of CPR went beyond the immediate event and continued to affect their thinking as well as their well-being long after the procedure ended.

> *"When you lose a patient after doing your best, you feel defeated and emotionally* low." *…Participant 07.*

> *"Sometimes you carry the image of that patient the whole day, especially if the family cried uncontrollably…. Participant 11.*

> *"It's something that I need to work on, but again, I need some help because then you get traumatized a lot. A lot. If I lose a patient, it really affects me...participant 06"*

The narratives indicated that CPR often resulted in emotional burnout for nurses. The constant exposure to the death and sorrow of others becomes so vivid in their minds that it is what is referred to as secondary traumatic stress. The suffering that never stopped demands that nurses be allowed to go through a proper emotional recovery facilitated by structured and peer support in the workplace.

Theme 2: Navigating the Dual Impact of Family Presence During Resuscitation

The theme examines nurses' differing opinions regarding the family's presence during CPR, from Therapeutic Value and Transparency to Disruptive Reactions.

Subtheme 2.1 Therapeutic value and transparency

The presence of relatives during CPR gave, in the view of many of the participants, the reassurance that much had been done to try to save the patient's life. This theme outlined the

nurses' acknowledgment of the positive impact of family presence on communication, transparency, and emotional closure.

"Sometimes letting them see that we tried our best helps them accept the outcome." …Participant9

"It brings transparency; families know we did everything possible." …Participant 04

"When they see how much we are trying, it helps them understand the situation better." … Participant 10

"I feel it helps... it will clear out the doubts that they have, and they will see that for sure, as the healthcare workers, you have tried your best to help their patients...Participant5
"If we involve them, it helps in healing and acceptance." (Participant 8)
"...It helps the family accept the death..." Participant 1

Such engagement fosters trust and facilitates closure, aligning with compassionate care practices.

Sub-theme 2.2 Disruptive Reactions During CPR

Although some participants believed that the presence of relatives was a plus, others found it a negative factor, thus emotionally destabilizing and distracting with the high CPR's emotional intensity and the family members' visible distress. The concentration and calm of the resuscitation team are frequently affected by the emotional intensity of CPR. The nurses narrated about the reactions of families who were aggressive or disturbing at the time and after CPR, which was a stress factor for them.

"I could suggest we call the soldier in... one time we did a CPR on a patient... the relative tore the doctor's shirt." ...Participant 8

"Some relatives, they react physically… Sometimes someone can even slap you, especially when you are breaking the news to them." …Participant 5

"The family members felt that we could have done more to save the life of their dear one... because of that denial, they were screaming all over." …Participant14

"Some relatives scream or cry loudly…it distracts the team." ...Participant 01.

"You have to keep focusing while someone is wailing next to you…it's emotionally overwhelming." ...Participant 08

Subtheme 2.3 Balancing Compassion and Control

Nurses struggled to maintain emotional distance while feeling deep empathy for family members witnessing a loved one's crisis.

"You want to comfort them, but you can't lose control of the situation." ...Participant 07

"You feel torn because you understand their pain, but you still need to do your job." ...Participant06
"It's hard to balance compassion for the family and focus on saving the patient." ...Participant 03

This sub-theme revealed a moral dilemma inherent in CPR settings, balancing humane compassion with professional detachment. The emotional intensity of witnessing grief in real time challenged nurses' moral resilience.

Theme 3: Institutional and Environmental Barriers

These were the practical, emotional, and systemic challenges nurses underwent when engaging family members during resuscitation.

Sub-theme 3.1 Absence of Clear Policy

Due to a lack of standardized frameworks and institutional policies guiding family engagement, nurses were most of the time left to make spontaneous and situational judgments based on the team leaders' personal beliefs.

"We don't have clear guidelines; it depends on who is in charge." …Participant 11.

"One day you're told to let the family in, the next you're told to send them out..it's confusing." …Participant 07

"...We don't have a document for family engagement..." (Participant 16)
"What I feel is that it's good when we have a written policy about family engagement because now, we do it verbally." … Participant 14

This sub-theme revealed the discrepancy in care pertaining to family engagement during resuscitation. There was no consistency in family members' engagement during resuscitation.

Subtheme 3.2 Inadequate Physical Space

Participants elicited a lack of enough space and a safe environment during resuscitation. Emergency rooms and critical care units were often too small or crowded to safely accommodate additional people.

"Our emergency room is small; having relatives there makes movement difficult." …Participant 03.

"Sometimes family members faint or collapse; now you have two emergencies." …Participant 12

Physical space directly affected procedural performance. There were high risks of obstruction, reduced efficiency, and limited patient safety during time-sensitive interventions when family members were present in a small, confined space.

Subtheme 3.3 Staff Shortages and Workload

Participants emphasized the shortage of staff as the primary institutional obstacle to implementing family engagement during resuscitation.

"If we can get adequate staffing... you can imagine doing the CPR... then you have another patient somewhere." …Participant 5

".. the hospital can also support in terms of personnel. When you don't have enough personnel, then you can have a team leader who is also on the airway, which is not right." ...participant 1

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The experience revealed that emotional labor was intertwined with physical care, requiring immense inner composure to remain effective amid chaos.

Theme 4: Building Psychological Resilience and Institutional Capacity for Family-Witnessed Resuscitation.

Nurses reported a need to incorporate family engagement skills and knowledge into CPR training rather than focusing solely on technical procedures.

Sub-theme 4.1 Psychological Support and Debriefing

Nurses stressed the advantage of exercising both debriefing and counselling sessions to reduce psychological and secondary trauma.

"...We can document counselling for the nurses who have been involved"... Participant 5
"I think the management should... we go for debriefing, even outside the hospital." …Participant08
"We can have frequent debriefing moments, at least to support the staff... currently, it's left to individuals to find their own coping mechanisms." …Participant 17

Standardizing debriefing sessions would improve emotional perseverance among staff members.

Sub-theme 4.2 Educational and Communication Training

Participants suggested ongoing professional learning activities to expand nurses' skills in managing both CPR and family engagement.

"The continuous nursing education... you should be engaging in CMEs." … (Participant 8)
"These ACLS and BLS programs keep changing after five years... you can go for them to learn skills again." … (Participant 5)
"My recommendation is still doing the CPR training for all nurses... so that even when we get an emergency, it is easier to coordinate." … (Participant 14)

Continuous training helped build confidence and standardisation in patient care and emotional changes during resuscitation.

Subtheme 4.3 Institutional and Managerial Support

Participants stressed the need for healthcare institutions' leaders and managers to be at the frontline in supporting and championing family-centered care policy through the provision of resources, advocacy, and mentorship.

"We need leaders who stand with us and guide us on what to do." …Participant 12

"The hospital should have a clear policy, so we all act in the same way." …Participant02
"If management supported us with guidelines, it would reduce confusion." …Participant 07

Committed administration, which focused on effective leadership and embraced open communication, would foster psychological stability, professional confidence, and eventually align institutional priorities with compassionate care principles.

Such a unit enabled holistic care for families and a better environment for healthcare providers.

5. Discussion

5.1.1 Experience of nurses on family engagement: Emotional and Psychological Strain

Nurses described intense emotional and psychological distress during CPR, especially when family members were present. As the majority of the nurses expressed, a high level of distraction, trauma, being judged, and drained, especially when nurses lost a patient in whom they had hopes that could survive.

These findings are consistent with those of Alhofaian et al. (2023), who found that family presence consistently increases nurses' anxiety and fear of being scrutinized. Supported by Abuzeyad et al. (2020), who also found that emergency nurses experienced emotional strain in the presence of family, leading to feelings of self-doubt and exhaustion. However, Zali et al. (2023) stressed that such distress can be reduced through formal communication and ethical guidance that frame family engagement as a compassionate act rather than a threat to professionalism.

The findings in this study align with these observations, suggesting that emotional distress among nurses is not dependent on family presence itself but comes up as a result of inadequate psychological preparation and a lack of institutional structures that formalize such interactions.

5.1.2 Navigating the Dual Impact of Family Presence During Resuscitation: Therapeutic or Disruptive

The study revealed that nurses held mixed perceptions of family presence during CPR. Some viewed it as therapeutic, fostering transparency and emotional closure. The majority of participants reported that family presence was beneficial, as it helped families accept and appreciate the efforts of Nurses during resuscitation. This aligns with the family-centered care model, in which relatives are involved in decision-making at every step of patient management.

Yet, some participants felt that family presence was disruptive, whereby there was interference with the CPR process through physical attacks, demanding more CPR time for their loved ones despite the decision by health care providers to call it off. Participants went through a high level of anxiety, stress, and scrutiny, especially in prolonged resuscitations, which made them fear being accused of negligence; consequently, this reduced their confidence when family members were present.

This duality aligns with findings by Banda, Carter, and Notter (2024), who reported that while family-witnessed resuscitation (FWR) can facilitate grieving, it also introduces logistical and emotional challenges. Likewise, Akman and Koyuncu (2024) found that family members always wish to witness resuscitation as a show of love, yet nurses remain divided due to fears of interference. The cultural dimension noted by Angute, Gachathi, and Ramani (2022) further contextualises these findings, showing that institutional and cultural attitudes in Kenya shape whether family engagement is welcomed or resisted.

This research therefore supports the view that perceptions of FWR are context-dependent: in a health institution with structured protocols and cultural alignment, nurses perceive it as therapeutic, whereas in their absence, it becomes a source of distress and disruption.

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5.1.3 Institutional and Environmental Barriers

The findings revealed that institutional and environmental challenges majorly affect the effective implementation of family presence during CPR. Participants expressed the absence of policies, inadequate space, and insufficient staffing as significant hindrances. Lack of policies and unit protocols stood out as key indicators causing confusion during family engagement in the CPR process. Decisions depended on the team leader's personal judgment rather than on formal institutional protocols.

Limited space as a constraint hindered effective FWR. CPR, being a high-stress procedure requiring swift movement of both personnel and instruments, made it challenging to accommodate more individuals; therefore, a lack of space forced participants to restrict family members to enhance safety and avoid obstruction.

Insufficient staffing, with more than one duty assigned to a single staff member, was a major challenge. Multitasking contributed to significant cognitive and emotional stress, reduced concentration, and indicated a lack of engagement with families in an already overstretched environment. Inadequate staffing was evidence of healthcare institutions' failure to prioritize FWR through resource allocation. This limited nurses' ability to engage families despite their willingness.

These observations align with the Cochrane review by Rubin et al. (2023), which found that, despite growing evidence supporting FWR, most hospitals lacked standardized protocols to guide practice. Frivold et al. (2021) similarly identified that institutional support and clear communication frameworks are essential for successful family inclusion during critical care. In Kenya, Angute et al. (2022) found that the lack of guidelines and limited awareness among nurses remain a major obstruction to practicing FWR.

The results, therefore, revealed that a lack of workforce was a major hindrance to FWR. Balancing between clinical priorities and the emotional aspects of families was a challenge. Organizational and procedural inadequacies, rather than personal resistance, were the major determinants of effective FWR. This indicated the urgent need for health systems to standardize clear protocols and policies to provide necessary FWR.

5.1.4 Building Psychological Resilience and Institutional Capacity for Family-Witnessed Resuscitation

Nurses expressed a strong need for psychological support and debriefing, educational and communication training, and institutional and environmental support to manage family presence effectively. Psychological support and debriefing; Emotional support is important in preventing stress and work burnout. Effective counseling by professional counselors could help reduce the accumulation of emotional turmoil, which leads to avoidance behaviors such as limiting families during resuscitation.

Debriefing is important when done immediately or as soon as possible, as it helps nurses discuss what went wrong and improve their handling of challenging situations during subsequent FWR. Effective psychological debriefing is core to creating resilient staff who can implement family-centered care. Providing post-resuscitation debriefing and mental care services will help address this gap.

Education and communication training: communication is key during high-intensity procedures, such as CPR, which require clarity, composure, and the ability to convey information concisely without changing its meaning. Therefore, formal training in communication is crucial to avoid miscommunication and a lack of confidence, which will hinder FWR due to fear of disclosing information.

Institutional and managerial support were core to enhancing effective family presence during resuscitation. Where leaders take the lead, the staff are able to legitimize the practise without fear. Availability of instructional policies and protocols enables uniformity and a point of reference during FWR. The presence of protocols and policies enables the standardization of practice and avoids staff criticism. By providing sufficient, well-guided, and informed staff, management effectively engages families during the resuscitation process.

These perspectives align with Waldemar et al. (2024), who demonstrated that educational interventions significantly improve nurses' confidence and attitudes toward FWR. Seniwati et al. (2023) also emphasized that patient and family-centered frameworks empower both caregivers and families by promoting mutual understanding and shared decision-making. Furthermore, Chou et al. (2022) revealed that transparent communication and staff preparedness are major enablers of family satisfaction during resuscitation.

The convergence of these findings underscores the importance of incorporating FWR principles into nursing education, institutional policy, and post-resuscitation support programs to enhance compassionate, family-centered practice.

6. Conclusion

This study revealed that nurses' Experiences and perceptions concerning family presence during CPR were highly influenced by emotional and psychological strain, institutional and environmental barriers, the dual impact of family presence during resuscitation, and the need to build psychological resilience and institutional capacity for family-witnessed resuscitation. Many nurses confirmed the potential benefits of engaging families, yet the absence of policies, inadequate training, understaffing, and emotional strain hindered consistent implementation.

Based on the research findings, hospitals need to formalize family-witnessed resuscitation through standardized guidelines, psychological debriefing, and ongoing professional education. During pre-service and in-service training programs, both communication and emotional management need to be included in order to strengthen Nurses' competence and promote compassionate, family-centered resuscitation care.

7. Recommendations

Policy Development: Healthcare institutions should provide and utilise evidence-based policies on family presence during CPR, clearly giving direction on staff responsibilities, safety measures, and family engagement procedures.

Education and Training: Continuous professional development should incorporate both simulation-based FWR training, communication skills, and psychological readiness to improve nurses' confidence and resilience.

Institutional Support: Hospitals should ensure regular debriefing sessions, counseling services, and well-structured family spaces to support staff and families during and after CPR events.

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