

Emergency nurses' perspectives of patients' family presence during provision of emergency care at the emergency units.

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Abstract

*Even though family members frequently have a significant role in the health and well-being of the patient, their participation is crucial to the patient's healing and recovery process and also brings benefits to the patient's family and healthcare providers. The implementation of their presence may be a controversial issue for nurses. **Aim:** To determine the emergency nurses' perspectives of patients' family presence during provision of emergency care at the emergency units. **Setting:** This study was conducted in the emergency department units of Alexandria Main University Hospital (AMUH), namely the reception unit, medical emergency unit and Trauma emergency unit. Smouha University Hospital (SUH) namely the reception unit. **Subjects:** All nurses of both genders (90) who are assigned to the direct care of patients with medical or trauma emergencies at the previously mentioned units were included in the study. **Tool:** One tool was utilized for data collection in this study. "Perspectives of emergency nurses toward family presence during emergency care structured interview guide". **Results:** The study showed that 96.7% of emergency nurses verbalized the importance of family presence during the provision of emergency care, from nurses' opinion the most important advantage of family presence during the provision of emergency care allows quicker access to information about the patient's clinical condition, 65.6% of emergency nurses had a high level of awareness about family presence during provision of emergency care, 91.1 % of emergency nurses had a moderate level of agreement about family presence during the provision of emergency care. **Conclusion:** Although the emergency nurses agree that family presence has benefits for patients, families, and health care providers they expressed both positive and negative views about family presence, generally they don't prefer their presence during emergency care. **Recommendations:** Train healthcare providers to communicate and support the family during the time of crisis and Comply with the practice of patient-family-centered care.*

Keywords: Emergency nurses' perspective, family presence, emergency care.

Introduction

Emergency nursing is the provision of specialized care to a range of sick or injured patients (Rantung et al., 2022). These patients have conditions that need rapid intervention to avoid death or disability (Kim et al., 2021; Wakefield et al., 2023). Family involvement

into healthcare decisions and patient visitation has increased with the rise of family-centered care (Clarke, 2019; Emergency Nursing Association [ENA], 2012). Unlike nurses in other departments, emergency nurses are expected to care for a variety of patients and their distressed families to meet their work scope (Shin & Yoo, 2023). When a loved one

is admitted to an emergency room, it can cause emotional imbalance and even a family crisis because it can cause feelings of strangeness, anxiety, stress, and uncertainty (Barreto et al., 2019a). An approach to assist family members and enhance families' capacity to deal and cope effectively during this crisis period is patient- and family-centered care (Emmamally & Brysiewicz, 2019).

Family-centered care is defined as an approach in which care is provided not only for patients but also for the patients' families (Rosenthal et al., 2023). The presence of family is beneficial to patients because it lessens treatment-related stress and anxiety, accelerates the healing process, and increases their satisfaction (Fancott et al., 2021; Vardanjani et al., 2021). The presence of families in the emergency room also brings benefits to healthcare providers and patient's families (Ester et al., 2022; Toronto & LaRocco, 2019). Despite the scientific evidence indicating that this presence is positive for healthcare providers, families, and patients. However, in some situations, namely emergencies, family presence is a controversial issue for nurses (Helena et al., 2018; Vardanjani et al., 2021). Some nurses had an overall positive attitude toward family presence during emergency care and others still hesitate to adopt family presence during emergency care (Mackie et al., 2018; Toronto & LaRocco, 2019).

Aims of the Study

This study aimed to determine the emergency nurses' perspectives of patients' family presence during provision of emergency care at the emergency units.

Research Question:

What are the emergency nurses' perspectives of patients' family presence during provision of emergency care at the emergency units?

Design: Research Design:

A descriptive research design was used in this study.

Settings: This study was conducted in the emergency department units of:

Alexandria Main University Hospital (AMUH) namely the Reception unit, Medical emergency unit, and Trauma emergency unit. Smouha University Hospital (SUH) namely the Reception unit.

Subjects: All nurses of both genders (90) who are assigned to the direct care of patients with medical or trauma emergencies at the previously mentioned units were included in the study.

Tool:

One tool was used in the current study namely "**perspectives of emergency nurses toward family presence during emergency care structured interview guide**".

This tool was developed by the researcher after reviewing the related literature (Abuzeyad et al., 2020; Helena et al., 2018; Magowan & Melby, 2019) to determine the perspectives of emergency nurses about patients' family presence during the provision of emergency care at the emergency units. This tool was included three parts:

Part I: "Emergency nurses' Socio-demographic and work – related data"

It included age, gender, marital status, level of education, workplace, nurse's current position and professional years of experience in emergency departments.

Part II: "Emergency nurse's awareness about family presence during provision of emergency care at the emergency units"

This part includes 5 closed-ended questions related to family presence during an emergency situation such as knowledge of the concept of family presence during emergency care, the importance of family presence during emergency care, the contribution of the family to the patient's care, and the existence of a policy to support the presence of family during emergency care. Each question is answered with yes or no; the (no) answer is given a score of zero, and the (yes) answer is given a score of 1. The total score of all questions ranged from (0 to 5); the score ranged from (0 to 2) indicating a low awareness level, the score equal (3) indicating a fair awareness level and the score ranged from (4 to 5) indicating a high awareness level.

Part III: "Emergency nurses's opinion about patients' family presence during emergency care"

This part includes 30 closed-ended questions used to assess the agreement or disagreement of emergency nurses toward patients' family presence during the provision of emergency care at the emergency units. The questions include asking the nurses about their opinion regarding the contribution of family or interference caused by family during emergency care. The questions answered on a 5-point Likert scale (totally disagree, disagree, neither agree nor disagree, agree, and totally agree). The scale ranged from 1 "totally disagree", to 5 "totally agree", and the total

score ranged from (30 to 150); the score ranged from (30 to 89) indicates low agreement, score ranged from (90 to 119) indicates moderate agreement and score ranges from (120 to 150) indicates high agreement.

Method

Approval of the ethics committee of the faculty of nursing was obtained. An official approval to conduct this study was obtained after providing an explanation of the aim of the study. An informed consent was obtained from the nurses. The study tools were tested for content validity by 5 experts in the field of the study. The necessary modifications were done accordingly. A pilot study was carried out on 10% of the study sample to test the clarity and applicability of the research tools. Reliability of the tools was tested using Cronbach's Alpha test. The reliability coefficient for tool was 0.758 which is accepted.

Ethical considerations:

Informed written consent was obtained from the participants who agreed to participate in the study after explaining the aim of the study. Anonymity of the study participants and the confidentiality of data were assured. The participant's right to withdraw from the study at any time was assured.

- ***Statistical Analysis***

Data were fed to the computer and analyzed using IBM SPSS software package version 21.0. (Armonk, NY: IBM Corp) Qualitative data were described using the number and percent. The **student t-** test was used to verify the normality of distribution. Quantitative data were described using mean and standard deviation. The significance of the obtained results was judged at the 5% level.

Results

Table I represent the distribution of the studied emergency nurses according to demographic and work-related data. It was found that 70% of the emergency nurses aged from 20 to less than 30 years and 57.8% of them were females. Regarding marital status, it was noted that 52.2% of the emergency nurses were single, and 44.4 % of them were married. According to the level of education, it can be noted that 57.8% of emergency nurses had secondary school diploma. Regarding the work unit, it was found that 35.6% of emergency nurses were working in the reception unit, and 30.0% of them were working in the medical emergency unit. According to the current work position, it can be noted that 91.1% of emergency nurses were working as bedside nurses. In relation to the years of experience in the work unit, it was observed that 60% of emergency nurses have less than 5 years of work experience.

Table II. a represents the distribution of the studied emergency nurses according to their agreement with the family presence during provision of emergency care. It was noticed that 47.8% of emergency nurses strongly disagree with the family presence during provision of emergency care in emergency units, 36.7% agree with that the family presence during emergency situation is a patient/family right, 41.1% strongly disagree with that the family members should be given the choice to present during the emergency care for adult patients, about 33.3% strongly disagree and 32.2% disagree with that the polices supporting family presence in emergency unit must be present and flexible enough to allow family presence during provision of emergency care. It can be also noted that 67.8% agree with the need for

adequate space in the emergency room for family presence.

This table also shows that 52.2% of emergency nurses strongly agree with that family presence during emergency care needs a dedicated and trained personnel to accompany family members, 44.4% disagree with that the performance of care and patient's outcomes in the presence of family members is the same as in the absence of family members while 11.1% strongly disagree.

This table also shows that 56.7% of emergency nurses agree with that the family presence during emergency care reduces burden of care through family participation in patient's care activities, about 57.8% of nurses agree with that the family presence during emergency care keeps family members updated about improvement or deterioration of patient's condition.

Table II. b represents the distribution of the studied emergency nurses according to their agreement with the family presence during provision of emergency care. It can be noted that 45.6% of emergency nurses agree with that having family members present during emergency care improves acceptance of the outcome and reduces the likelihood of conflict between the family and healthcare providers, 55.6% agree with that the family presence during emergency care reduces family's anxiety and increases their satisfaction, 64,4% of them strongly agree with that the family presence during emergency care support clinical decision making. It can be also noted that 66.7% of emergency nurses strongly agree with that the family presence during emergency care facilitates quicker access to information about the patient's clinical condition.

This table also shows that 62.2 % of emergency nurses agree with that the family presence during emergency care provides the healthcare providers with a chance to educate the family while receiving emergency care, potentially reducing litigation, 67.8 % strongly agree with that the family presence during emergency care reduces fear, anguish, anxiety and pain of patients, while 55.6 % of them strongly agree with that the family presence during emergency care facilitate patient's coping with stressful situation and tolerance of stress.

This table also shows that 42.2% of emergency nurses neither agree nor disagree and 35.6% agree with that the family presence during emergency care lead to recognition of professionals' effort during emergency care, It can be also noted that 65.6% agree with that having family members present during emergency care may cause trauma or psychological stress for family members.

This table also clarifies that 42.2% of emergency nurses agree with that the family members distract professionals and disrupt the provision of care, 66.7% agree with that the family presence during emergency care inhibits team communication during services, in addition 63,3% of them agree with that the family presence during emergency care impedes training and teaching of junior staff during emergency care.

Table II. c represents the distribution of the studied emergency nurses according to their agreement with the family presence during provision of emergency care. It can be noted from this table that 36.7 % of emergency nurses agree with that the family presence during emergency care increases health care providers stress during provision of emergency care, It can be also noted that about two third 63.3% of emergency nurses strongly disagree

with that the family presence during emergency care may breach patients' confidentiality and reduce patients' privacy, 44.4% agree with that the family presence during emergency care could support the grieving process of family in the event of the patient's death.

Table III represent the Distribution of the studied nurses according to their level of agreement with the family presence during the provision of emergency care. It can be noted from this table that 91.1 % of emergency nurses had moderate level of agreement about family presence during the provision of emergency care.

Discussion

The main conclusions of the current study identified emergency nurses' opinions about the presence of patients' families during emergency care. The current study revealed that the majority of studied nurses had a moderate level of agreement with the family presence during emergency care, the studied emergency nurses expressed positive views about family presence during emergency care however, they also expressed negative aspects about the family presence. Nurses' opinion varies between agreements and disagreements with the family presence during emergency care according to the contribution of family or interference caused by family during emergency care. Regarding the benefits or contribution of family to the patient care, nurses agree with that having family members present during emergency care facilitate prompt access to patient's information, supports clinical decision-making, reduce the patient's fear and anxiety, facilitate patient's coping, facilitate family education, reduce nurse's workload and reduce conflicts between nurses and families, reduces family anxiety and increases their satisfaction, supports the

grieving process of the family, and leads to recognition of professionals' effort

These results are consistent with the results of Gheshlaghi et al (2021), Koochi et al (2017), and Rosenthal et al (2023) who concluded that the most of studied nurses agree that one advantage of family presence during invasive procedures is to reduce patients' anxiety, fear and pain.

These results are also consistent with the results of Batista et al (2017) Almaze & De Beer (2018), Renner et al (2022), and Toronto & LaRocco (2019) who concluded that the majority of nurses agree that the relatives can provide information to healthcare providers regarding the patient's past medical history and the patient's current condition and participates in the patient's care.

These results are also consistent with the results of Helena et al (2018) and Cypress & Frederickson (2017) who concluded that family presence during emergency care facilitates family education, identify that everything possible was done for the patient and facilitates the grieving process.

The results of this study are similar to the results of Mackie et al (2018) who concluded that when family members are present with healthcare providers, they can effectively provide basic, high-quality patient care and help patients move through the acute healthcare system.

Emergency nurses disagree with the family presence during emergency care as they may interfere with the patient's care, increase the stress of healthcare providers, witness errors during emergency care, prevent effective communication between health care providers, increase complaints and legal issues against members of the emergency team, cause

psychological stress and traumatic experience for family members they also need adequate space in the emergency room and need trained personnel to deal with stressed family members.

These results are consistent with the results of Abuzeayad et al (2020) and Batista et al (2017) who concluded that the majority of nurses did not support the family presence during emergency care in their institution and also disagree with that family members should have the choice to be present during emergency care.

The study findings are opposite to the results of Vardanjani et al (2021) who concluded that family presence during emergency care did not cause psychological trauma to families, and did not interfere with the process of care.

The results of these study are similar to the results of Duran et al (2007), Emergency Nursing Association [ENA] (2012) and Porter et al (2014) who concluded that family members might be traumatized by attending emergency care, might causing disruption and interference of patient's care, interferes with the process of teaching of new staff, might misinterpret the providers' actions and increase the rate of legal action against the staff. Furthermore, there was an increase in emotional stress and feelings of performance anxiety among healthcare providers.

Conclusion

The emergency nurses agree that the family presence has benefits for patients, families, and health care providers. They had a moderate level of agreement with the family presence during emergency care as they expressed both positive and negative views about family presence, generally they don't prefer their presence during emergency care.

Recommendations

In line with the findings of the study, the following recommendations are made:

- Encourage families to be present during provision of emergency care.
- Comply with the practice of patient-family centered care.

- Train health care providers to communicate and support the family during the time of crisis.
- Provide adequate space in the emergency department to accommodate family members.

Table (I): Distribution of the studied emergency nurses according to demographic and work-related data

Demographic and work-related data	Studied emergency nurses N=90	
	No.	%
Age (years)		
▪ 20-	63	70.0
▪ 30-	19	21.1
▪ 40-	7	7.8
▪ 50-<60	1	1.1
Mean ± SD		28.76 ± 6.780
Sex		
▪ Male	38	42.2
▪ Female	52	57.8
Marital status		
▪ Single	47	52.2
▪ Married	40	44.4
▪ Divorced	1	1.1
▪ Widowed	2	2.2
Level of education		
▪ Secondary school diploma	61	57.8
▪ Technical institute diploma	16	17.8
▪ Bachelor degree	13	14.4
Work unit		
▪ Reception	32	35.6
▪ Medical emergency unit	27	30.0
▪ Trauma emergency unit	21	23.3
▪ Smouha emergency unit	10	11.1
Current work position		
▪ Bed side nurse	82	91.1
▪ Charge nurse	7	7.8
▪ Head nurse	1	1.1
Years of experience in the work unit		
▪ <5	54	60.0
▪ 5-	15	16.7
▪ 10-	5	5.6
▪ ≥15	16	17.8
Mean ± SD		6.730 ± 6.917

Table (II. a): Distribution of the studied emergency nurses according to their agreement with the family presence during provision of emergency care

Emergency nurses' opinions	SD		D		N		A		SA	
	No.	%	No.	%	No.	%	No.	%	No.	%
1- Patient's family should be present during provision of care in emergency units.	43	47.8	23	25.6	4	4.4	18	20.0	2	2.2
2-Family presence during emergency situation is a patient/family right.	30	33.3	17	18.9	6	6.7	33	36.7	4	4.4
3- Family members should be given the choice to attend the emergency care for adult patients.	37	41.1	32	35.6	2	2.2	16	17.8	3	3.3
4- Polices supporting family presence in emergency unit must be present and flexible enough to allow family presence during provision of care in emergency units.	30	33.3	29	32.2	6	6.7	19	21.1	6	6.7
5- Family presence during emergency care need adequate space in the emergency room.	0	0.0	3	3.3	0	0.0	61	67.8	26	28.9
6- Family presence during emergency care needs a dedicated and trained personnel to accompany family members.	0	0.0	12	13.3	1	1.1	30	33.3	47	52.2
7- The performance of care and patient's outcomes in the presence of family members is the same as in the absence of family members.	10	11.1	40	44.4	13	14.4	20	22.2	7	7.8
8- Family presence during emergency care makes health care providers to do the best effort to save patients' lives.	64	71.1	7	7.8	3	3.3	15	16.7	1	1.1
9- Family presence during emergency care will encourage more professional behavior and humane care from the health care providers.	63	70.0	7	7.8	2	2.2	17	18.9	1	1.1
10- Family presence during emergency care reduces burden of care through participation in patient's care activities.	7	7.8	21	23.3	3	3.3	51	56.7	8	8.9
11- Family presence during emergency care keeps family members updated about improvement or deterioration of patient's condition.	1	1.1	8	8.9	13	14.4	52	57.8	16	17.8
12- Family presence during emergency care save the health care providers' time spent in provision of information about patient's condition as they witnessed the emergency situation and care provided	11	12.2	26	28.9	9	10.0	39	43.3	5	5.6

Table (II. b): Distribution of the studied emergency nurses according to their agreement with the family presence during provision of emergency care

Emergency nurses' opinions	SD		D		N		A		SA	
	No.	%	No.	%	No.	%	No.	%	No.	%
13- Family presence during emergency care led to better acceptance of the final outcome and less potential conflict between family members and health care providers.	2	2.2	15	16.7	19	21.1	41	45.6	13	14.4
14- Family presence during emergency care reduces family's anxiety and increases their satisfaction.	1	1.1	8	8.9	1	1.1	50	55.6	30	33.3
15- Family presence during emergency care support clinical decision making through giving clinical information about patient's condition and underlying disease.	0	0.0	1	1.1	1	1.1	30	33.3	58	64.4
16- Family presence during emergency care allows quicker access to information about the patient's clinical condition.	0	0.0	2	2.2	0	0.0	28	31.1	60	66.7
17- Family presence during emergency care gives the healthcare providers an opportunity to teach the family, possibly decreasing litigation; allowed the family to help both the patient and the staff.	0	0.0	15	16.7	7	7.8	56	62.2	12	13.3
18- Family presence during emergency care reduces fear, anguish, anxiety and pain of patients.	0	0.0	1	1.1	4	4.4	24	26.7	61	67.8
19- Family presence during emergency care facilitate patient's coping with stressful situation and tolerance of stress.	0	0.0	1	1.1	3	3.3	36	40.0	50	55.6
20- Family presence during emergency care lead to recognition of professionals' effort during emergency care.	7	7.8	8	8.9	38	42.2	32	35.6	5	5.6
21- Family members may witness errors or misinterpret some actions during emergency care.	0	0.0	10	11.1	19	21.1	54	60.0	7	7.8
22- Family presence during emergency care can cause psychological stress/traumatic experience for family members.	0	0.0	8	8.9	13	14.4	59	65.6	10	11.1
23- Family members distract professionals and disrupt the provision of care.	4	4.4	11	12.2	16	17.8	38	42.2	21	23.3
24- Family presence during emergency care inhibits team communication during services.	0	0.0	6	6.7	4	4.4	60	66.7	20	22.2
25- Family presence during emergency care impedes training and teaching of junior staff during emergency care.	0	0.0	8	8.9	4	4.4	57	63.3	21	23.3

Table (II. c): Distribution of the studied emergency nurses according to their agreement with the family presence during provision of emergency care

Emergency nurses' opinions	SD		D		N		A		SA	
	No.	%	No.	%	No.	%	No.	%	No.	%
26- Family presence during emergency care increase health care providers stress during provision of emergency care.	21	23.3	19	21.1	6	6.7	33	36.7	11	12.2
27- Family presence during emergency care may expose health care providers to verbal and physical violence.	3	3.3	15	16.7	6	6.7	48	53.3	18	20.0
28- Family presence during emergency care increase complaints/litigations against members of the emergency team.	5	5.6	22	24.4	23	25.6	39	43.3	1	1.1
29- Family presence during emergency care may breach patient's confidentiality and reduce patient's privacy.	57	63.3	15	16.7	2	2.2	15	16.7	1	1.1
30- Family presence during emergency care could support the grieving process of family in the event of the patient's death.	5	5.6	21	23.3	8	8.9	40	44.4	16	17.8

SD= Strongly disagree D= Disagree N= Neither disagree nor agree A= Agree SA= Strongly agree

Table (III): Distribution of the studied nurses according to their level of agreement with the family presence during the provision of emergency care

Nurses' agreement with family presence		No.	%
Level of agreement	Low	6	6.7
	Moderate	82	91.1
	High	2	2.2
	Min -Max	70.0 – 121.0	
	Mean ± SD	100.89±8.522	

References

- Abuzeyad, F. H., Elhobi, A., Kamkoum, W., Bashmi, L., Al-Qasim, G., Alqasem, L., Mansoor, N. M. A., Hsu, S., & Das, P. (2020). Healthcare providers' perspectives on family presence during resuscitation in the emergency departments of the Kingdom of Bahrain. *BMC Emergency Medicine*, 20(1), 69. <https://doi.org/10.1186/s12873-020-00365-4>.
- Almaze, J., & De Beer, J. (2018). Patient-and family-centred care practices of emergency nurses in emergency departments in the Durban area, KwaZulu-Natal, South Africa. *Southern African Journal of Critical Care*, 33(2), 59-65. <https://doi.org/10.7196/SAJCC.2017.v33i2.317>.
- Barreto, M., Garcia-Vivar, C., Matsuda, L. M., Angelo, M., Oliveira, M. L. F. d., & Marcon, S. S. (2019a). Presence of the family during emergency care: Patient and family living. *Texto & Contexto-Enfermagem*, 28, e20180150. <https://doi.org/10.1590/1980-265x-tce-2018-0150>.
- Batista, M. J., Vasconcelos, P., Miranda, R., Amaral, T., Geraldés, J., & Fernandes, A. P. (2017). Family presence during emergency situations: the opinion of nurses in the adult emergency department. *Revista de Enfermagem Referência*, 4(13), 83. <https://doi.org/10.12707/riv16085>.
- Clarke, A. (2019). What are the clinical practice experiences of specialist and advanced paramedics working in emergency department roles? A qualitative study. *Br Paramed J*, 4(3), 1-7. <https://doi.org/10.29045/14784726.2019.12.4.3.1>.
- Cypress, B. S., & Frederickson, K. (2017). Family presence in the intensive care unit and emergency department: A metasynthesis. *Journal of Family Theory & Review*, 9(2), 201-218. <https://doi.org/https://doi.org/10.1111/jftr.12193>.
- Emmamally, W., & Brysiewicz, P. (2019). Families' perceptions of support from health care professionals in the three emergency departments in KwaZulu Natal, South Africa. *International Journal of Africa Nursing Sciences*, 10, 55-60. <https://doi.org/https://doi.org/10.1016/j.ijans.2019.01.004>.
- Emergency Nursing Association [ENA]. (2012). *Clinical Practice Guideline: Family presence during invasive procedure and resuscitation*. ENA.
- Ester, M. A., Manuel, M. J., Rocío, P. R., Cayetano, F. S., Dobairro-Sanz, I., & Dolores, R. M. (2022). Dignity in the care of people with advanced illness in emergency services from the perspective of family members: A qualitative study. *International Emergency Nursing*, 65, 101216. <https://doi.org/10.1016/j.ienj.2022.101216>.
- Fancott, C., Yonadam, A., Checkley, J., Drury, J., Hahn-Goldberg, S., Warren, H., Biggs, A., & Judd, M. (2021). Advancing family presence policies and practices in the canadian health and care context: Covid-19 and beyond. *Healthcare Quarterly*, 24(1), 14-21. <https://doi.org/10.12927/hcq.2021.26470>.
- Duran, C. R., Oman, K. S., Abel, J. J., Koziel, V. M., & Szymanski, D. (2007). Attitudes toward and beliefs about family presence: a survey of healthcare providers, patients' families, and patients. *American Journal of Critical Care*, 16(3), 270-279. <https://doi.org/10.4037/ajcc2007.16.3.270>.
- Gheshlaghi, P. A., Farahani, Z. B., Anboohi, S. Z., Nasiri, M., Ziapour, A., & Garosi, V. H. (2021). Effect of family presence on pain and anxiety levels among patients during invasive nursing procedures in an emergency department at a public hospital in Western Iran. *African Journal of Emergency Medicine*, 11(1), 31-36. <https://doi.org/10.1016/j.afjem.2020.11.003>.

- Helena, S., Cassiani, D. B., Aguirre-boza, F., Hoyos, M. C., Fernanda, M., Barreto, C., Peña, L. M., Consuelo, M., Mackay, C., & Antonio, F. (2018). Deciding "case by case" on family presence in the emergency care service. *Acta Paulista de Enfermagem*, *31*, 272-276. <https://doi.org/10.1590/1982-0194201800039>.
- Kim, J. S., Seo, D. W., Kim, Y. J., Hong, S. I., Kang, H., Kim, S. J., Han, K. S., Lee, S. W., Moon, S., & Kim, W. Y. (2021). Emergency department as the entry point to inpatient care: A nationwide, population-based study in South Korea, 2016-2018. *Journal of Clinical Medicine*, *10*(8), 1747. <https://doi.org/10.3390/jcm10081747>.
- Koohi, M., Bagheri-Nesami, M., Esmaili, R., Mousavinasab, N., & Hosseini, H. (2017). Effect of family participation in primary care provision to reduce pain anxiety among burn ICU patients. *Journal of Mazandaran University of Medical Sciences*, *26*(146), 88-99.
- Mackie, B. R., Marshall, A., & Mitchell, M. (2018). Acute care nurses' views on family participation and collaboration in fundamental care. *Journal of Clinical Nursing*, *27*(11-12), 2346-2359. <https://doi.org/10.1111/jocn.14185>.
- Magowan, E., & Melby, V. (2019). A survey of emergency department staff's opinions and experiences of family presence during invasive procedures and resuscitation. *Emergency Nurse*, *27*(3), 13-19. <https://doi.org/10.7748/en.2019.e1908>.
- Porter, J. E., Cooper, S. J., & Sellick, K. (2014). Family presence during resuscitation (FPDR): Perceived benefits, barriers and enablers to implementation and practice. *International emergency nursing*, *22*(2), 69-74. <https://doi.org/10.1016/j.ienj.2013.07.001>.
- Renner, M. (2022). *Benefits of family-witnessed resuscitation in acute care settings* [Master Thesis]. University of Wyoming.
- Rantung, G., Griffiths, D., Plummer, V., & Moss, C. (2022). How emergency nurses cope and motivate themselves to sustain their caring work: An integrative literature review. *Journal of Clinical Nursing*, *31*(7-8), 843-859. <https://doi.org/10.1111/jocn.16005>.
- Rosenthal, J. L., Albano, A. D., Tancredi, D. J., Perez, S. L., Young, H. M., & Romano, P. S. (2023). Development and psychometric evaluation of a caregiver survey to assess family-centered care in the emergency department. *Academic Pediatrics*, *23*(5), 931-938. <https://doi.org/10.1016/j.acap.2022.10.018>.
- Shin, S., & Yoo, H. J. (2023). Emergency nurses' communication experiences with patients and their families during the COVID-19 pandemic: A qualitative study. *International Emergency Nursing*, *66*, 101240. <https://doi.org/10.1016/j.ienj.2022.101240>.
- Toronto, C. E., & LaRocco, S. A. (2019). Family perception of and experience with family presence during cardiopulmonary resuscitation: An integrative review. *Journal of Clinical Nursing*, *28*(1-2), 32-46. <https://doi.org/10.1111/jocn.14649>.
- Vardanjani, A. E., Golitaleb, M., Abdi, K., Kia, M. K., Moayedi, S., Torres, M., & Dehghan-Nayeri, N. (2021). The effect of family presence during resuscitation and invasive procedures on patients and families: An umbrella review. *Journal of Emergency Nursing*, *47*(5), 752-760. <https://doi.org/10.1016/j.jen.2021.04.007>.
- Wakefield, E., Innes, K., Dix, S., & Brand, G. (2023). Belonging in high acuity settings: What is needed for newly graduated registered nurses to successfully transition? A qualitative systematic review. *Nurse Education Today*, *121*, 105686. <https://doi.org/10.1016/j.nedt.2022.105686>.