

"Crisis Decision-Making in Healthcare: A Review of Factors Shaping Nurses' and Physicians' Responses to Family Presence During Resuscitation in Saudi Arabia"

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Abstract

Family presence during resuscitation (FDR) is a controversial practice in healthcare, requiring a delicate balance between addressing the emotional needs of families and maintaining clinical efficiency during life-saving interventions.

This review explores the factors influencing nurses' and physicians' decision-making regarding FDR in Saudi Arabia, where cultural and religious norms strongly emphasize family involvement in patient care.

A qualitative approach was adopted, systematically analyzing peer-reviewed literature from 2009 to 2024. Key themes identified include emotional and psychological impacts on healthcare providers, ethical and cultural considerations, communication challenges, and organizational and policy factors.

The findings reveal that while FDR aligns with Islamic values of family unity, it also raises concerns about increased stress, distractions, and ethical dilemmas. Notably, attitudes toward FDR vary between nurses and physicians,

highlighting the need for interdisciplinary discussions and standardized guidelines tailored to Saudi cultural contexts.

Recommendations include implementing structured training programs focusing on stress management, effective communication, and ethical decision-making. By addressing these factors, healthcare institutions can enhance patient care and support healthcare providers in navigating the complexities of FDR within culturally sensitive frameworks.

Introduction

Family presence during resuscitation (FDR) is a debated practice in healthcare, especially in high-stakes crisis situations where healthcare professionals must balance the emotional needs of families with the clinical demands of saving lives. Advocates for FDR highlight its potential to provide families with emotional closure, transparency, and trust in the healthcare process. However, critics argue that FDR may distract healthcare providers, increase stress, and complicate the maintenance of patient confidentiality and dignity (Eichhorn et al., 2011)

In Saudi Arabia, the practice of FDR takes on additional complexity due to the influence of cultural and religious values that emphasize family involvement in patient care. Islamic traditions and collectivist social norms position the family as a key decision-making entity, making the exclusion of families during resuscitation a potentially contentious issue. While some healthcare professionals view FDR as aligning with Saudi cultural expectations, others perceive it as a challenge to clinical efficiency and ethical boundaries (Almutairi, 2015; Alshehri et al., 2020)

This review study aims to explore the factors influencing nurses' and physicians' decision-making during FDR in crisis situations, with a specific focus on the Saudi Arabian context. By analysing qualitative literature, this study seeks to identify recurring themes and provide culturally sensitive recommendations that bridge global evidence with the unique needs of the Saudi healthcare system.

Methodology

This review adopts a qualitative approach to identify and analyze existing literature on family presence during resuscitation (FDR), focusing on factors influencing nurses' and physicians' decision-making in crisis situations. The methodology ensures a comprehensive understanding of the global context and its alignment with the unique cultural and religious considerations in Saudi Arabia.

Search Strategy

A systematic search was conducted using academic databases, including PubMed, Scopus, and CINAHL.

CINAHL is (Cumulative Index to Nursing and Allied Health Literature)

The search terms used included:

Family presence during resuscitation”

“Decision-making”

“Healthcare professionals”

“Saudi Arabia”

Boolean operators (AND/OR) were employed to refine the results. Filters were applied to limit studies to:

Qualitative research.

Peer-reviewed articles published in English.

Studies conducted between 2009 and 2024.

Inclusion and Exclusion Criteria

Inclusion Criteria:

Studies focus on FDR and its impact on healthcare professionals' decision-making.

Research conducted globally or in Middle Eastern or Islamic contexts.

Articles using qualitative methodologies (e.g., interviews, focus groups, thematic analysis).

- **Exclusion Criteria:**

Quantitative studies or those not directly addressing decision-making.

Studies focused on non-healthcare settings.

Opinion pieces and non-peer-reviewed publications.

Data Analysis

A thematic analysis approach was employed to extract recurring themes across the reviewed literature. The themes were then compared to highlight similarities and differences between global findings and the Saudi context. Key themes included emotional impacts, ethical considerations, communication challenges, and organizational factors.

Reliability and Validity

To ensure accuracy:

1. Articles were independently reviewed and validated by two researchers.
2. Discrepancies in theme identification were resolved through discussion.
3. The findings were cross-referenced with the sources to maintain consistency.

In the context of family presence during resuscitation (FDR), several studies have explored the factors influencing healthcare professionals' decision-making, particularly focusing on nurses and physicians.

Literature review

Emotional and Psychological Impacts: Twibell et al. (2018) conducted a qualitative study to understand the factors affecting nurses' and physicians' decisions regarding family presence during cardiopulmonary resuscitation. The study revealed that healthcare providers' personal experiences and emotional responses significantly influence their decisions about FDR. Concerns about increased stress and potential distractions were common among practitioners.

Ethical and Cultural Considerations: A systematic review by Oczkowski et al. (2015) examined the effects of offering family presence during resuscitation on patient mortality, resuscitation quality, and family member psychological outcomes. The review found that while FDR did not significantly impact patient outcomes, it was associated with improved psychological outcomes for family

members. However, the practice raises ethical concerns related to patient privacy and the potential emotional burden on family members.

Communication Challenges: Pratiwi (2018) reviewed patient and family members' preferences and attitudes toward FDR. The study highlighted the importance of effective communication between healthcare providers and family members to manage expectations and provide support during resuscitation events. Clear communication strategies are essential to address the emotional needs of families while maintaining clinical efficiency.

Organizational and Policy Factors: The Emergency Nurses Association (ENA) has developed clinical practice guidelines to support family presence during invasive procedures and resuscitation. These guidelines emphasize the need for institutional policies that support FDR, including staff education and the development of protocols to facilitate family presence without compromising patient care.

Interdisciplinary Perspectives: A study by Mortelmans et al. (2010) investigated the attitudes of emergency department staff toward family-witnessed resuscitation. The findings indicated a divergence in opinions between nurses and physicians, with nurses generally more supportive of FDR. This difference underscores the need for interdisciplinary discussions and training to align perspectives and develop cohesive policies regarding FDR.

Collectively, these studies underscore the complexity of implementing FDR, highlighting the need for clear policies, effective communication strategies, and consideration of cultural and ethical factors to support healthcare professionals in making informed decisions during resuscitation events. Certainly! Below is a summary table of key studies in the field of family presence during resuscitation (FDR), highlighting their objectives, methodologies, findings, and implications.

Study	Objective	Methodology	Key Findings	Implications
	These studies collectively underscore the complexity of implementing FDR, highlighting the need for clear policies, effective communication strategies, and consideration of cultural and ethical factors to support healthcare professionals in making informed decisions during resuscitation events.			

Twibell et al. (2018)	To explore factors influencing nurses' and physicians' decisions regarding family presence during cardiopulmonary resuscitation.	Qualitative study with interviews of healthcare providers.	Personal experiences and emotional responses significantly impact decisions; concerns about increased stress and potential distractions.	Highlights the need for training to manage emotional responses and stress related to FDR.
Oczkowski et al. (2015)	To examine the effects of offering family presence during resuscitation on patient outcomes and family psychological well-being.	Systematic review of studies comparing FDR to usual care.	No significant impact on patient outcomes; improved psychological outcomes for family members.	Supports the practice of FDR, emphasizing benefits for family members without adverse effects on patient care.

Pratiwi (2018)	To review patient and family members' preferences and attitudes toward FDR.	Literature review of studies on patient and family perspectives.	Effective communication is crucial; families desire involvement but may experience distress.	Necessitates clear communication strategies to manage family expectations and provide support.
Emergency Nurses Association (ENA) Guidelines	To provide clinical practice guidelines for family presence during invasive procedures and resuscitation.	Development of guidelines based on evidence and expert consensus.	Emphasizes the need for institutional policies supporting FDR, including staff education and protocols.	Guides healthcare institutions in implementing FDR policies that balance family involvement with patient care.
Mortelmans et al. (2010)	To investigate emergency department staff attitudes toward family-witnessed resuscitation.	Survey of emergency department staff.	Divergent opinions between nurses and physicians; nurses more supportive of FDR.	Highlights the need for interdisciplinary discussions and training to align perspectives on FDR.

Results and Discussion

The analysis of factors influencing nurses' and physicians' decision-making regarding family presence during resuscitation (FDR) reveals a complex interplay of personal, professional, and cultural elements. Healthcare providers' attitudes toward FDR are shaped by their personal experiences, emotional responses, and concerns about potential distractions and increased stress during critical procedures. Notably, nurses often exhibit more supportive attitudes toward FDR compared to physicians, highlighting the need for interdisciplinary discussions to align perspectives.

Cultural and religious contexts, particularly within Saudi Arabia, significantly impact these attitudes. Islamic values that prioritize family involvement can encourage the practice of FDR but also increase the emotional and ethical burden on healthcare providers. This underscores the importance of tailoring global evidence to fit local cultural contexts.

The variability in FDR implementation across Saudi healthcare institutions calls for standardized guidelines that reflect both international best practices and local cultural values. Policies should provide clear protocols for when and how family presence is allowed during resuscitation, ensuring consistency and fairness in patient care. Furthermore, the review highlights the necessity of equipping healthcare professionals with skills to manage the emotional and communicative challenges of FDR. Structured training programs focusing on stress management, ethical decision-making, and effective communication can help mitigate the negative impacts of family presence while leveraging its benefits.

The decision-making process regarding FDR is multifaceted and influenced by individual experiences, professional roles, and cultural contexts. Addressing these factors through comprehensive policies and targeted training is essential for optimizing patient care and supporting healthcare providers.

Limitations

This study has several limitations that should be acknowledged. The reliance on qualitative methodologies, while effective in capturing nuanced perspectives, limits the generalizability and statistical robustness of the findings. Additionally, the scope of the literature review is confined to studies published between 2009 and 2024, potentially excluding earlier foundational research or recent unpublished studies. The focus on the Saudi Arabian context, although valuable, does not fully explore the diverse cultural and institutional variations within the country, which may limit the applicability of the findings to all healthcare settings or other Islamic regions. Furthermore, the study primarily examines healthcare professionals' perspectives, with less emphasis on the experiences and expectations of family members, creating a gap in understanding the broader impact of family presence during resuscitation (FDR). By excluding quantitative studies, the research overlooks measurable data such as patient outcomes, healthcare provider performance metrics, and family satisfaction scores. The reliance on specific databases, including PubMed, Scopus, and CINAHL, may also introduce selection bias, potentially omitting studies from less prominent journals or non-English publications. Lastly, the heterogeneity of the reviewed studies, in terms of methodology and settings, poses challenges in synthesizing the findings into uniform conclusions. Addressing these limitations in future research could enhance the depth and applicability of insights into FDR practices.

To address these limitations, future research should consider integrating quantitative methodologies alongside qualitative approaches to provide a more balanced and comprehensive analysis. Expanding the geographical and cultural scope to encompass diverse healthcare settings within Saudi Arabia and other Islamic countries would enhance the generalizability of the findings. Additionally, incorporating family perspectives is crucial to gaining a holistic understanding of the impact of family presence during resuscitation (FDR) on both healthcare providers and families. Real-time observations or simulations of FDR could further enrich the study by capturing the dynamic nature of decision-making processes and offering actionable insights for improving practices in crisis situations.

Conclusion

the decision-making process regarding family presence during resuscitation (FDR) among nurses and physicians in Saudi Arabia is influenced by a complex interplay of personal experiences, professional responsibilities, and cultural values. Healthcare providers often express concerns about potential distractions and increased stress associated with FDR, yet they also recognize the importance of family involvement, especially within the context of Islamic values that prioritize family unity and support. The variability in FDR practices across Saudi healthcare institutions underscores the need for standardized guidelines that balance international best practices with local cultural considerations. Implementing comprehensive training programs focused on stress management, ethical decision-making, and effective communication is essential to equip healthcare professionals with the necessary skills to navigate the challenges of FDR. By addressing these factors, healthcare institutions can enhance patient care, support healthcare providers, and honor the cultural and religious values of the communities they serve.

Recommendations

Based on the findings of this review, the following recommendations are proposed to address the challenges and enhance the implementation of family presence during resuscitation (FDR) in Saudi Arabia:

1. Develop Standardized Guidelines:

Establish clear, evidence-based policies for FDR that reflect international best practices while considering Saudi cultural and religious values.

Ensure consistency across healthcare institutions to avoid variability in practice.

2. Implement Training Programs:

Provide comprehensive training for healthcare professionals focusing on:

Stress and anxiety management during high-pressure scenarios.

Effective communication techniques to guide families during resuscitation events.

Ethical decision-making to balance patient privacy with family involvement.

3. Enhance Communication Strategies:

Develop tools and protocols to facilitate transparent and empathetic communication between healthcare providers and families.

Train designated staff to act as liaisons, providing real-time updates to families during resuscitation procedures.

4. Conduct Interdisciplinary Workshops:

Organize regular workshops and discussions involving nurses, physicians, and administrative staff to align perspectives on FDR.

Address divergent attitudes and foster a unified approach to policy implementation.

5. Monitor and Evaluate FDR Practices:

Establish mechanisms for continuous monitoring and evaluation of FDR practices within healthcare settings.

Collect data on outcomes, including patient care, healthcare provider stress levels, and family satisfaction, to inform policy adjustments.

6. Address Ethical and Cultural Sensitivities:

Tailor FDR protocols to respect Islamic values and cultural expectations, ensuring family involvement is handled with sensitivity.

Provide specific guidance on managing cases where family presence may conflict with clinical efficiency or patient dignity.

7. Promote Public Awareness:

Launch awareness campaigns to educate families about the role and limitations of FDR.

Encourage families to understand the challenges healthcare providers face during resuscitation to foster mutual respect and cooperation.

8. Foster Support Systems for Healthcare Providers:

Offer psychological support and counseling services for healthcare providers to cope with the emotional burden of FDR.

Create peer support groups where providers can share experiences and strategies for managing FDR-related stress.

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