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Research report

Family experience of choosing the family's witness to the resuscitation of patients transported to emergency care facilities in Japan

救急医療施設に搬送された患者の蘇生処置に立ち会うことを選択した家族の体験

Mitsuyoshi Takatori[1)] 高取充祥　Tomoko Majima[2)] 眞嶋朋子　Hideki Yamauchi[3)] 山内英樹

【Purpose】The purpose of this research is to clarify the experience of family's witness to the resuscitation (FWR) of the patients who were transported to emergency care facilities in order to obtain suggestions for supporting the families of such patients.
【Methods】A qualitative, inductive, and descriptive study using medical record survey and a semi-structured interview was conducted on five families who selected FWR.
【Result】7 core categories were derived. [Decision of resuscitation entrusted to the emergency services' care], [Desire to be with the patient till their death], [Deep thought for the patient occurred by FWR], [Determination for discontinuing the resuscitation], [Appreciation to the medical staff from the transportation to death], [Realization that the best work was done], and [Desire for living in the way the patient wishes till the death].
【Conclusions】The seven core categories showed that the family is spending time with the patient, has deep feelings and gratitude for the patient lead to FWR. The FWR also made the decision to continue or discontinue resuscitation. As family support for CPA patients (1) Since the family makes decisions in a short time, provide information that the family can understand. (2) Since the grief reaction varies from family to family, we will respond to each family member regarding FWR. (3) It was suggested that it is necessary to individually adjust personnel and family specialized nurses to realize FWR by utilizing protocols.

Key Words : Family's Witness to the Resuscitation (FWR), Family, Experience, Emergency care facilities

キーワード：蘇生処置立ち会い，家族，体験，救急搬送

Ⅰ. Introduction

The medical service for cardiopulmonary arrest patients has been shifting to the medical service that focuses on quality of life, not lifesaving rates, and recommendations and proposals for the terminal phase in the field of emergency and intensive care have been provided (The Japanese Association for Acute Medicine, The Japanese Society of Intensive Care Medicine, The Japanese Circulation Society. All rights reserved, 2014). A Japanese study revealed that in cases where it is not possible to make decisions for the treatment of a patient, such as in

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[1)]Yamanashi prefectural University, Faculty of Nursing　[2)]Chiba University, Graduate School of Nursing
[3)]Tokyo University of Information Sciences, Faculty of Nursing

cases of cardiopulmonary arrest, the patient's declaration of intention is required; however, in fact, intentions of such patients are rarely presented (Ministry of Health, Labour and Welfare, 2014).

The patient's family transported to a critical care center, same as the patient, easily falls into a mentally critical condition by a sudden event (Yamase, 2002). Moreover, they are often mentally upset, and suffer from strong anxiety, fear, and grief, looking at the patient under critical conditions (Yamase, 2005). It has been revealed that when the patient's family discovers that the patient having not much time left until his/her death, they come to have strong needs to be with the patient to help them or to acquire necessary information (Yamase, 2006a). The international guidelines recommend that the family's witness to the resuscitation (FWR) as effective way for reducing grief and accepting death. Emergency Nurses Association and Nursing and Midwifery Council also recommend FWR and have presented guidance and practice methods (RCN, 2003, ENA, 2009).

Conversely, some families showed opposing views that they did not agree with FWR due to the patients' characteristics, culture and background, indicating that families' FWR must be carefully promoted (Ganz・Yoffe, 2012, Kerri・Julie, 2007). Moreover, it is desirable for the nurses in charge of patients' families that they must attend the families who may FWR independently, and education and simulation are required for upbringing nurses in charge of patients' families (Kirsten et.al., 2007, Agard, 2008).

In recent years, it has been reported that patients' families may FWR in some cases in hospitals in Japan (Yamase, 2006b). Moreover, it has been indicated that it is required to enrich family care for families' FWR, develop guidelines for families' FWR and bring up nurses in charge of patients' families (Tado et al., 2010). Although several opinions about families' FWR have been confirmed (Yamase et al., 2008), it has not been revealed as a study that resuscitation was performed with an option to witness it given to the family in Japan. Therefore, this research aimed to clarify only the specific experience of families who chose FWR experience and of those who did not.

Ⅱ. Research purpose

The purpose of this research aims to clarify the experience of families who choose to FWR of the patients and who were transported to emergency care facilities, so as to acquire suggestion for providing the support to the families of the patients transported to the emergency care facilities.

Ⅲ. Operational definition of terms

1. Experience: Contents of what the families looked, heard, felt, or thought on the occasion that FWR. Include what they recalled at the interview performed one month later what occurred a month later.

2. FWR: From the patient's point-of-view, the actual scenes of resuscitation for the patient under cardiopulmonary arrest performed by emergency service and medical staff members does not include temporary meeting at the time of confirmation of death.

3. Family: People who are relative blood relatives of the patient, or those who have lived together with the patient, although they do not have blood relationship with the patient.

Ⅳ. Method

1. Study design

Qualitative, inductive and descriptive study

2. Survey period

From June, 2015 to November, 2016

3. Subject

We included the families of patients transported for cardiopulmonary arrest to the emergency care facilities that were ready for the introduction of FWR, located within Kanto area, those who were over 20 years old and agreed to participate in the study. Moreover, the families who met the following criteria were excluded: (1) those who needed advanced treatment because physicians judged that the patient's life could be saved at a high rate, (2) those in whom cardiopulmonary arrest was caused by injury or suicide, (3) those who experienced panic attack or acute stress disorder

due to transportation of the patient, (4) those who were not able to communicate (5) those in whom cardiopulmonary arrest was caused by the grief process due to the death of a minor child at the age of <20 years.

4. Data acquisition method

1) Examination method

Consent for this survey was confirmed by the incharge nurse at the time of grief care over the phone one month later, and then the researcher confirmed the availability of an opportunity to explain the research to the patient. After giving an explanation over the phone, we visited the hospital for accounting and consented for using the data for research study.

Data were collected through a medical record survey and semi-structural interviews.

In the medical record survey, age, sex, cause of death, time until hospital arrival, physician's records, and nursing records were collected. From the nursing records, we collected the families' behaviors, expressions, attitudes, and conversations at the time when they visited the hospitals, when they were interviewed, and when the physicians explained the conditions and environment. Prior to the semi-structured interviews, interview guide contents that we originally developed were sent to the families. The interviews were recorded with an IC recorder, and the contents were verbalized for analyses. The interview contents were (1) Basic information, (2) Process until transportation and (3) Choice of FWR at the time when the patient arrived at the hospital. For the families who choose to FWR for the patient, we asked what they felt and thought about (1) FWR, (2) physician's explanation, and (3) behaviors of persons. For the families who choose not to FWR for the patient, we asked them what they felt and thought (1) in the waiting room, (2) about the physician's explanation, (3) about behaviors of persons, and (4) when they saw the patient for death confirmation. In the case that agreement was not obtained for recording the interview contents, they were recorded as description data after the interview.

2) Preparations in the research field

(1) The researchers developed FWR protocol, examined it with physicians, nurses and grief care advisors at the study facilities, and practiced it to confirm cooperation between physicians and nurses at the time when FWR (timing, place for witness, and usage conditions of the first-treatment room).

(2) We coordinated supporting methods for the case that discontinuation and psychological support were required after choosing to FWR with physicians, nurses, and psychiatrists.

3) Actual witnessing method

Based on the FWR protocol described above, the researcher informed the family that they were allowed to FWR and took them to the first-treatment room upon coordination with the nurse in charge of the first-treatment room.

5. Data analysis method

In the individual analysis, verbatim records were made from the data; the sentences that expressed the experience obtained by FWR were summarized into one sentence with clear meaning with the subjects' own expressions unchanged. In the comprehensive analysis, the simple sentences above with similar meaning were collected, and contents with similar meanings were categorized as one-sentence "Code." Moreover, "Sub-category" and "Category" were obtained by similar operation, and finally assumed as "Core category." In all processes of analyses and interpretation, we secured validity and credibility based on supervision by nursing researchers who were familiar with critical care, with rich experience in qualitative research.

Ⅴ. Ethical consideration

This research was approved by the Ethical Review Boards of Graduate School of Nursing Chiba University (Number: 26-93), the facilities where the researcher belongs to, and the facilities of the subjects. For selection of subjects, agreement for the research description was confirmed from the nurses who provided the candidates with the first treatment on the day, 1-2 months after the treatment, at the time when information on grief care was given. The researchers orally explained to the candidates about research purpose, participation based on free will, avoidance of disadvantage, right for withdrawal and privacy protection, and those from whom agreement was obtained in document were employed as subjects. The subjects from whom agreement for the interview survey was not obtained were asked to permit the use of their medical record, and their agreement was obtained

Table 1 Subjects' outline

Subject	A	B	C	D	E
Patient age	70's	70's	70's	70's	90's
Patient gender	Female	Male	Male	Male	Male
Cause of death	Acute myocardial infarction	Lung cancer	Pulmonary emphysema	Rectal cancer	Pneumonia
Family member who visited the hospital	Husband	Wife, eldest son, and eldest daughter	Wife and eldest son	Eldest daughter	Wife, eldest son, and his wife
Interviewed family member	Husband	Wife	Eldest son	Eldest daughter	Wife
Age of the interviewed family member	70's	60's	40's	40's	70's
CPR by the family	No	No	No	Yes	Yes
Patient's request for undergoing life-prolonging treatment	Not confirmed	Not confirmed	Not confirmed	Do not wish	Not confirmed
Family's request for life-prolonging treatment	Yes	Yes	Resuscitation till arriving at the hospital	Do not wish	Do not wish if the patient is unlikely to survive
Time until arrival at the hospital	25 minutes	18 minutes	15 minutes	15 minutes (By Dr. Car)	9 minutes
Interview time	24 minutes	24 minutes	31 minutes	Medical record only	25 minutes
Interview location	Hospital family waiting room	Hospital family waiting room	Hospital family waiting room		Hospital family waiting room

upon verification of its contents in document.

Ⅵ. Results

1. Outline of subjects

The number of cardiopulmonary arrest patients who were was transported by during the study period was 16, 6 of whom were excluded in accordance with the exclusion criteria, and 3 of whom refused the participation, disagreeing with the study purpose. Of the seven families agreement for study participation, five families selected FWR.

Table 1 shows the outline of the subjects. Only one subject agreed with the use of medical record, and four agreed with participation in the interview. All of them members had experience in riding with an ambulance but not in FWR in the past. The interview time was 24-31 minute.

2. Experience of families who selected to FWR of the patients (Table 2)

The number of codes for the experience that obtained by FWR was 127, from which 53 subcategories and 13 categories were derived, and the following 7 core categories were derived; [Decision of resuscitation entrusted to the emergency services' care], [Desire to be with the patient till their death], [Deep thought for the patient occurred by FWR], [Determination for discontinuing the resuscitation], [Appreciation to the medical staff from the transportation to death], [Realization that the best work was done], and [Desire for living in the way the patient wishes till the death]. The core categories, categories and subcategories are indicated with [ ], " " and ' ', respectively, and codes are indicated in italic type.

(1) [Decision of resuscitation entrusted to the emergency services' care]

This core category consisted of "The family entrusts the

Table 2

Core category (7)	Category (13)	Sub-categories (53)	
Decision of resuscitation entrusted to the emergency service's care	The family entrusts the patient's life to the emergency services	I came with the hope of resuscitation after encountering the sudden cardiopulmonary arrest of the patient, and I requested the emergency services for resuscitation	ABE
		I never talked about life-prolonging treatment to the patient, and I requested the emergency services for resuscitation, thus representing the intention of the family	ABE
		As I witnessed the whole scene, I was not sure if I could accept it; hence, I asked the emergency service for resuscitation	C
		It was good that I found him/her early before he/she got cold	AE
Desire to be with the patient till their death	Wish to spend time with the patient during FWR	I only hoped to be close to him/her in any case; hence, I chose to witness resuscitation	ABCD
		As it might be the last chance to be with him/her, I requested to FWR, wishing to be with him/her	E
		Thinking that it would be difficult for him/her to survive due to his/her age, I wished to be with him/her at the last moment and requested to FWR	E
		As I had lived with him/her for a long time, I wished to FWR to be with the patient till the last moment of their life	ABE
		I requested to FWR to be with him/her at the last moment	C
		I requested to FWR, wishing to do the best together till his/her death	C
		As I had seen resuscitation at home, it was not hard to see the resuscitation in the ambulance	BE
		I wanted to FWR as I wished to witness the last moment of the patient based on the past experience	A
		I wanted to FWR and have a feeling of gratitude for the life spent together with the patient	A
		I requested medical persons to ask other families to confirm how they felt about FWR	C
	Wish to choose to FWR to sort out own feeling	I could not believe the situation when arriving at the hospital and wished to FWR to understand the reality	B
		I wished to FWR for feeling relieved by being close to the patient	B
Deep thought for the patient due to FWR	No regret for choosing to FWR	I have no regret of choosing FWR	CE
		I think that I would have regretted if I did not understand the situation and did not choose to FWR	C
	Spent time with the patient through FWR	I was happy with FWR and being with the patient till the last moment	AB
		I was happy with FWR and spending the last moment while touching the patient	A
		I supported the patient by being close to him/her through FWR	BCE
	Have a feeling of gratitude toward the patient through FWR	I had a feeling of gratitude for the patient at the time of death confirmation	AD
		I had a feeling of gratitude for the patient owing to FWR	A
		I had a feeling of gratitude and appreciation through FWR	D
	Feel that the patient is alive	I had a hope that the heart would begin to beat once during FWR	B
		I still wish to be with the patient because I spent the last moment with him/her	A

Determination for discontinuing the resuscitation	Accept the reality through FWR	I understood the reality through FWR	BC
		I understood that it was difficult to revive a patient through FWR	ABCD
		I understood that it was difficult to revive a patient even by the best efforts of medical persons	CE
		I understood that the patient's condition was severe, and he/she was unlikely to survive through FWR	ABCD
		I accepted his/her death by FWR	CE
	The family's belief that their intention for resuscitation was conveyed to medical persons at an early stage	I could have told the medical persons to not do life-prolonging treatment if he/she had been unlikely to survive	D
		I understood the present situation by FWR and told the medical persons to not do life-prolonging treatment	D
		I was happy with the medical persons asking us early about our intention for resuscitation	AE
Appreciation to the medical staff from the transportation to death	Appreciation for the support by the medical persons from the transportation to death	I was happy with the nurse taking care of the family after the patient's death	AC
		I was happy with the medical persons who were carefully corresponding till the end of his/her life	E
		I was happy with the medical person who was providing detailed explanation during FWR	BE
		I was happy with the medical person who explained me about the true situation	E
		I was happy with the medical person was was talking about future prospects	E
		I was happy with the nurse corresponding immediately at the time of arrival at the hospital	B
		I was happy with the medical persons waiting for other families coming for death confirmation	E
		It has been 1 month since the death, but the words from the medical person still support me and save me from regret	B
Realization that the best work was done	Belief that best work was done for the patient	The physician explained everything in the way that the family understood the situation and process	B
		I experienced difficulties during FWR, but I believe that the medical persons did their best for us	CE
		I felt that the medical persons did their best for us during FWR	BCE
		I was surprised with the number of medical persons involved with resuscitation	E
Desire for living in the way the patient wishes until the death	Wish to remove pain from the patient, even a little	I should have noticed early to ensure that the patient would not have to suffer	BE
		I should have taken the patient to the hospital a little earlier	B
		I should have stopped resuscitation a little earlier	C
		I wanted to go back home with the patient with beautiful face because resuscitation was difficult	B
		I do not want to make him/her suffer anymore if the patient is unlikely to survive through FWR	AB
	Wish to approach death with the patient in a natural way	I was happy seeing his/her face in peace at the time of death	E
		Our family did not choose resuscitation, which brings pains to the patient	E

patient's life to the emergency services." The result revealed the experience of 'The subject came to hope for resuscitation encountering the sudden cardiopulmonary arrest of the patient, and requested the emergency services for resuscitation', such as the emergency service asked us if we wished resuscitation. As he (the patient) suddenly fell down, we requested the emergency services for resuscitation, and although we knew that he (the patient) was going to die of cancer soon, we requested the emergency services for resuscitation thinking his life might be saved, and of the family had never talked about life-prolonging-treatment with the patient, and requested the emergency services for resuscitation as an intention of the family, such as since my husband did not suffer from serious diseases even when he was over 90 years old, we had never talked about life-prolonging treatment. So, I requested the emergency services for resuscitation when he suddenly fell.

(2) [Desire to be with the patient till their death]

This core category consisted of the following two categories; "Wish to spend with the patient FWR" and "Wish to FWR to sort out own feeling." The result revealed "Since the subject had lived with the patient for a long time, they wished to FWR to be with the patient till the very last moment of their life," such as I heard that I was allowed to FWR, so I wished to be with him in an emergency case since I had been with the husband ever since I married. Moreover, the result revealed that there were some families who agreed with FWR and experience in thinking that they wanted the emergency services to confirm them about witnessing, such as My mom (patient's wife) was coming to the hospital in few minutes. Although I was going to FWR, she was upset; hence, I wanted the emergency services to ask them about witnessing. Above all, I could not believe that the patient fell down and wished to FWR thinking that I wouldn't be able to believe unless I saw the reality through FWR and When I arrived at the hospital, I could not take the reality because it was so sudden, and requested to FWR, and the experience based on the past, such as I regretted to be unable to attend the death of my parent and requested to FWR for my wife, wishing to be with her till her death.

(3) [Deep thought for the patient occurred by FWR]

This core category consisted of the following four categories; "No regret for FWR," "Spent with the patient through FWR," "Have a feeling of gratitude toward the patient through FWR," and "Feel the patient alive." The result revealed that the family did not regret FWR, such as I thought I would regret if I did not FWR because I could not understand all by seeing the scene. On the other hand, conflict at the time of FWR was shown, such as I thought that they would regret to make him go through painful experience at the time when FWR, but it's been a month now and I do not have a feeling of regret.

(4) [Determination for discontinuing the resuscitation]

This core category consisted of the following two categories; "Take the reality by FWR" and "The family's belief that their intention for resuscitation was transmitted to medical persons at an early stage." The experience in attempts to understand the reality by FWR, such as FWR with my eyes and found it was a reality was shown. Furthermore, the subjects determined to discontinue the resuscitation understanding that it was difficult to save the patient even if medical persons make their best efforts, as seen in the comments I understood, FWR in the ambulance, that it is difficult to make a patient in such a state resuscitated even if medical service and staff made 100% efforts and FWR. Moreover, the results revealed the experience of subjects who told medical persons about what the patients wished about the life-prolonging treatment as seen in the comments I think it was good that I could tell the medical persons to stop resuscitation because my dad did not wish to have active life-prolonging treatment so as to avoid to force the patient to go through ha experience.

(5) [Appreciation to the medical staff from the transportation to death]

This core category consisted of the following one category; "Appreciation for the support by the medical persons from the transportation to death." Appreciation to medical persons was shown as seen in the comments, such as "It has been a month now but I still remember what I was told by the physician in charge at the time when I was FWR and is my emotional support for my regret that I did not notice his condition even though I was that close to him."

(6) [Realization that the best work was done]

This core category comprised the following category:

"Belief that best work was done to the patient." This category was linked to the subjects' experience of seeing the medical staff making their best efforts for resuscitation, such as my father (the patient) suffered pain during the resuscitation but he received the best possible treatment at the very last stage so we, including my father, have no regret.

(7) [Desire for living in the way the patient wishes till the death]

This core category consisted of the following two categories "Wish to remove pain from the patient even a little" and "Wish to approach death with the patient in a natural way." The result revealed the experience in wishing to remove pain from the patient even a little, such as "When I found it difficult to save my husband's life FWR, I wanted to take him back home with beautiful face." Alternatively, "Wish to approach death with the patient in a natural way" was the experience, such as my granddad wished to die in a natural way so I would wait in the waiting room, not wishing to continue resuscitation if it wouldn't help him.

3. Experiences of families who selected not to FWR of the patients who were transported to emergency care facilities.

Although this study focuses on families who selected FWR, two of the seven families who chose FWR did not. As a background to this, the medical staff asked me if I would like to be in FWR procedure, but I do not want to see my husband in pain at the end, so I would like to wait in the waiting room. Also, my experience in caring for the grandfather for a long time might have made me choose not to FWR for him, I guess. In contrast, "Conflict occurring for FWR when looking back" was linked to the comments. Looking back now, it could have been a good choice to be with the grand dad at his very last moment.

Ⅶ. Discussion

1. Experience of families who selected to FWR of the patients who were transported to emergency care facilities

The analysis result revealed the following seven core categories were derived. The result was roughly sorted to experience in choosing to FWR before emergency transportation, experience in making decision to FWR and discontinues it and experience after death certification by examining these results along the time course.

1) Experience in choosing to FWR before emergency transportation

2 core categories were derived [Decision of resuscitation entrusted to the emergency service's care] [Desire to be with the patient till their death].

While all patients received resuscitation by emergency service before they arrived at the hospital, backgrounds of the causative diseases of the patients' cardiopulmonary arrest varies. The family members struggled to make a decision in the middle of the shock and confusion, guessing the condition and course of the patient from the behavior and expression of the medical staff (Nakamura et al., 2007). In this study, at the time when the families asked for resuscitation, they were shocked by the sudden happenings that they had not expected, being unable to understand the reality while having a wish for saving the patient's life.

It has been reported that the families often fall into a mentally critical condition, and that being close to the patients brings a feeling of security to their families (Suzuki, 2003). The families came to understand the reality by FWR and wish for FWR with the idea that being close to the patient brings a feeling of security to them. Medical persons need to confirm intention for FWR of each family. In fact, some of the families who did not FWR showed their wish to have an option to FWR, indicating that there are many more requests for FWR from the patients' families than expected.

2) Experience in making decision to FWR and discontinues it

2 core categories were derived [Deep thought for the patient occurred by FWR] [Determination for discontinuing the resuscitation].

Deep thoughts for the patients were obtained from both the families who FWR and not FWR.

Thinking about the loss of the beloved family member reminds the families of good memories with the lost family members. Therefore, it is necessary for medical persons to

coordinate an environment that allows the families to spend time with their patients. The result also indicated that needs of being close to the patient, which is the needs of families of patients in the terminal phase, were realized by FWR, which lead to the feeling of satisfaction that they did their best as a family.

Moreover, it has been described that seeing all possible actions taken for the patient helps the patient's family understand the seriousness of the patient's condition (Miller · Stiles, 2009). In this study, the families experienced understanding the reality through FWR in the same way. The authors presume that the families determined to discontinue resuscitation by thinking based on the information they saw and heard including the time during the emergency transportation, in addition to the opinion from the medical persons.

3) Experience of family after death certification

Three core categories were derived [Appreciation to the medical staff from the transportation to death] [Realization that the best work was done] [Desire for living in the way the patient wishes till the death]. Although the families try to grasp the patient's condition by themselves, their medical knowledge is poor, and therefore their information need is filled up by medical persons' explanation. Therefore, it has been suggested that medical persons need to use expressions that the families understand avoiding technical terms.

It is difficult for the families to obtain this realization unless they FWR while the families who FWR see all possible efforts were made for their dearest person (Duran et al., 2007). Therefore, it is the experience that occurred simply because the FWR and understanding that medical persons do the best things they ever can brings positive effects on the grief process that comes later.

Moreover, for the desire to let the patient live as they wish, the families had the remorse that they should have noticed the sudden change even a little earlier and the wish not to force the patient to suffer pains when they found it difficult to save them. It has been suggested that even if the families did not choose to FWR, medical persons need to be involved with each case taking the possibility.

2. Nursing care suggestions for family members choosing to FWR to emergency care facilities

1) Support decision-making by family

Our result indicated that the families made decision in various scenes during the time period from the emergency transportation to determination for discontinuing resuscitation. The families collected information and used it as a base for decision-making. Moreover, the families entrust everything to the medical service, wishing to save their dearest patients since they were transported. Medical persons always take into account that the patients' families make decision in such a situation, and flexibly respond to their needs, such as using simple terms to explain things when the families need information and letting them get close to the patients when they wish to do so.

2) Each family is different so medical persons respond to them in different ways for each

Since each of the patients' families in this study had different thought and understood situations in different ways, some families wished medical persons to confirm if they wish to FWR. It has been revealed that relations with patients and the time spent with the patients differ in each family and therefore it is necessary not to let all families to FWR but to listen to the thoughts of each family members before letting them FWR, the type of thoughts that is only seen in Japanese mentality had occurred, we presume. In Europe and the United States, most people follow Christianity, respecting human dignity, and unnecessary medical care is contraindicated for terminally ill patients. In contrast, in Japan, owing to the influence of Buddhism and Shintoism, there is a tendency to make death a taboo, view it as a medical failure, and treat it as the field of religion (Miyamoto and Miyamoto, 2015). Moreover, compared to Japan, where the emphasis is on being equal in a group (conformity), in Europe and the United States, the emphasis is on being different from others (individuality); thus, it is necessary to consider individuality in Japan. (Shibata, 2021).

3) Support family based on protocol for FWR

Several studies in Europe and the United States have reported that it is desirable for a family nurse to be independently present when family members participate in resuscitation procedures and to judge the family's activity level, pain level, and level of understanding; moreover, the nurse needs to provide this information to resuscitation teams. (Engel et al., 2007, Agard, 2008). Accordingly, the need for the presence of family nurses is indispensable, and education and simulations are necessary for their training.

Shape of the first-treatment rooms and the timing for witnessing are different in each facility. Staff members who can respond to witnessing differ in each facility and therefore it is necessary to discuss and share the conditions for the FWR by patients' families with physicians and nurses in the facilities.

Ⅷ. Limitations of this study and future tasks

In this study, data were collected only in one facility, and the number of subjects was as few as five. Continuing the study to obtain data from extensive data from various subjects in the future may bring a chance to generalize the obtained results. Moreover, since we set severe exception criteria for choosing subjects, it will be necessary to discuss and modify them. In this study, the researcher assumed a role of a nurse in charge of the patients' families. Although staffing problems differ in each facility, the need of nurses in charge of patients' families has been suggested in this study. It is necessary to establish the role of nurses in charge of patients' families.

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要旨

【目的】救急医療施設に搬送された患者の蘇生処置に立ち会うことを選択した家族の体験を明らかにする。
【方法】患者の蘇生処置に立ち会うことを選択した5名の家族に対し，診療録調査・半構造化面接法を行い，質的帰納的に分析した。
【結果】［救急隊に託した蘇生処置の決断］［最期まで患者と共にいることへの希求］［蘇生処置に立ち会うことで生まれる患者への深い思い］［蘇生処置中断の決意］［搬送から死別までの医療者への感謝］［最善がつくされた実感］［最期まで患者らしく生きることへの希求］の体験が得られ，患者と共に過ごしたこと等が立ち会いにつながっていた。
【結論】家族が意思決定を行うことへの支援、プロトコールを用いた蘇生処置立ち会いへの支援、家族に専属で対応できる看護師の必要性が示唆された。