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Obstacles and facilitators of open visiting policy in Intensive Care Units: A qualitative study

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ABSTRACT

Open visiting policy in intensive care units is proposed as an essential requirement for patients and their families, so this study is aimed to explain open visiting policy obstacles and facilitators from patients, families and health team members' viewpoint. This qualitative study implemented in intensive care units of a hospital specialized in cardiology in Tehran-Iran. Patients', families', nurses', doctors' and guards' viewpoint was determined regarding open visiting policy obstacles and facilitators by semi-structured interviews. Data analysis method was conventional approach of qualitative content analysis with thematic technique. Data analysis was performed using Max QDA10 software. Two main categories of data regarding open visiting obstacles and facilitators were extracted. Factors related to service systems and visitors derived from open visiting obstacles, and factors related to management system and personnel derived from open visiting facilitators. One of the most important obstacles of open visiting policy implementation is shortage of staff and personnel negative attitude. Regarding open visiting policy facilitators, designing visiting cards for close family and observing specific rules, modification of intensive care unit structure and facilities for families are useful. Finally, what is important as an open visiting policy implementation facilitator is presence of nursing profession as a humanitarian and ethical profession.

Key words: Intensive Care Units, Open visiting policy, Visitation policy

INTRODUCTION

Today, families' role on patients' recovery in intensive care units is considered by many researchers in this field. In this regard, open visiting policy is proposed as an essential requirement for patients and their families [1]. Open visiting policy may have a positive effect on patients' conditions and their families, and helps them to adapt to illness crisis and hospitalization [2]. On the other hand, open visiting has faced treatment team members with such as increased physiological stress, interfere with nursing care and families' physical and mental fatigue [3]. Given that many studies show that patients' visiting policy in intensive care units must be designed based on patients and

families' needs [4,5], visiting policy in many hospitals is still restrictive inappropriately. In articles published in recent years, while adverse and negative effects of open visiting are ignored, some positive effect of families presence is proposed, thus today it can be seen that there is more tendency to remove visiting obstacles in intensive care units [6]. Examination of treatment team members' attitude specially nurses plays a crucial role regarding visiting policies in intensive care units, so this study is aimed to explain open visiting policy obstacles and facilitators in intensive care units from patients, families and health team members' viewpoint, thus nurses can make the best decision to implement visiting policy in order to provide the best interests for their patients.

MATERIALS AND METHODS

This qualitative study implemented in intensive care units of a hospital specialized in cardiology in Tehran-Iran. Patients', families', nurses', doctors' and guards' viewpoint was determined regarding open visiting policy obstacles and facilitators by Semi-structured interviews. Data were saturated with participation of 51 participants. Interviews began with some general questions about visiting policies, and then continued with exploration and more specialized questions. Based on conditions, interviews duration was 30 to 45 minutes. Two patients and one of the family members were interviewed more than once. Interviews content was recorded with participants' consent. Data analysis method was conventional approach of qualitative content analysis with thematic technique. Researcher obtained a basic text using his notes and initial analyses. Continuing this processes, codes emerged. According to codes correlation, classed emerged and eventually comprehensive description of the topic was presented. Data analysis was performed using Max QDA10 software. Researcher enhanced results acceptance through findings verification after encoding by participants. In addition, themes obtained from content analysis were discussed permanently in research team and data reliability increased. Data implementation by hospital ethics committee (RHC.AC.REC.92 / 37) and Iran University of Medical Sciences (3669/105 / D / 93) was approved. Before study, necessary explanations were given by researcher regarding objectives and whether participation in study is open or not. Confidentiality of information was always considered.

RESULTS

Participants included 14 patients, 16 family members, 10 nurses, six doctors and five guards. Family role included six patients' daughter, four patients' wife, two patient's son, two patient's sister and two others were patient's parents. Team personnel job experience was between 4 to 30 years. Two main categories of data regarding open visiting obstacles and facilitators were extracted. Subcategories derived from participants' viewpoint are presented in tables (1).

Table 1. Open visiting policy obstacles and facilitators in intensive care units

Categories	Subcategories	Additional subcategories
Open visiting obstacles	Factors related to service systems	-Hospital policies -Physical structure of intensive care units and hospital -Staff (number of staff, staff attitude)
	Factors related to visitors	-Much expectation of families -Lack of awareness in families about visiting schedule -Visitors' inappropriate culture regarding commitment to Regulations
Open visiting facilitators	Factors related to management system	-Modification and establishment of a private structure for patients in intensive care units -Facilities for families -Consultant presence in hospital to notice patient's condition to his/ her family
	Factors related to personnel	-Legislation of specific internal regulations for families' open visiting -Design and present visiting cards with special rules Families instruction -Increased number of visiting for family members to two or three times a day -Considering nursing profession as an ethical and humanitarian profession

1. Open visiting obstacles

1.1. Factors related to service system

It is clear that visiting rules and policies is different from one country to another. These policies depend on culture, hospital space, geographical location, and access to facilities and technologies [2]. Traditionally, intensive care units structure is open and honored to visit and this may lead to patients' concern regarding their privacy [7]. In this regard, a 50-year-old man as his wife's visitor in intensive care unit, said: "yesterday, I was upset, since when the door opened, I saw that my patient can be seen easily by other visitors. It is true that male personnel are confident by visitors are not confident to her". One of the most important factors in each organization is its staff. In this regard, two issues were proposed, including number of staff and their attitude. Participants in this study believed that open policy requires more staff, so that personnel can manage visitors and patients better. Cook et al. (2006) in this

regard said that visitor's presence in wards, more traffic and their successive questions waste personnel time and interfere with nursing care [8].

Given that attitudes are visualized in individuals behavior [9], personnel in this study, did not allow visitors to meet patients in non-visiting hours, since they believed that high presence of visitors in open visiting leads to physiological disorder in patients and increased risk of infection and fatigue in family members. A female nurse in this study believed that: *"Family member presence in intensive care unit increases possibility of infection for patients, we have not enough equipment to give all attendants, I mean mask, etc. visitors disturb patients' physiological system, namely blood pressure and pulse ... and they will be tired too"*.

1.2. Factors related to visitors

Participants believed that much expectations of families, their lack of awareness regarding visiting schedule, and visitors' inappropriate culture in this regard are considered as important obstacles of open visiting implementation. In this regard, a doctor said that: *"In Iran, visiting culture must be created, since our people do not have culture for open visiting and they not observe visiting principles and regulations"*.

2. Open visiting facilitators

In addition to participants' beliefs regarding open visiting policy implementation obstacles, facilitators of open visiting policy implementation extracted from interviews' content and included in two categories, namely factors related to management system and factors related to personnel, so that using them for a change, a good agreement will be achieved between patients', families' and staff concerns.

2.1. Factors related to management system

According to participants, facilities modification and establishment of private structure for specific units is one of the most important approaches to remove physical obstacles of open visiting implementation. Establishment of intensive care units private structure for more safety and comfort as well as providing necessary facilities to families are important facilitators of open visiting policy implementation, which requires positive attitude and agreement of hospitals management system. One of the patients' husband as a visitor, said that: *"Patients' privacy must be considered, so that other visitors do not interfere with patients' privacy"*. One of the nurses regarding intensive care unit structure said that: *"A visitor who is sometimes force to stay can sit on the blue chair or take a blanket and sleep beside patient's bed. Once, we had a patient, who came from county and his/her attendant was an old woman, who had not space to stay, we gave a blanket to her and she slept on the floor. The structure of unit is not appropriate for attendants to stay"*.

Given that, visitors waste personnel time to control, organizing and answering to repetitive questions, presence of a consultant in the hospital to notice patient's condition to family is necessary. To addition the staff number and presence a consultant to guide and instruct families, increases their satisfaction and prevents from unnecessary traffic. It is clear that management system agreement to increase staff is necessary. One of the nurses believed that: *"In order to change the policies, I think that according to the fact that it is necessary to change doctors and nurses attitude, it is difficult. You can start it with presence of a consultant in hospital to instruct families regarding incorrupt visiting rules as well as providing patients' information to them"*.

2.2. Factors related to personnel

Despite, participants had negative attitude regarding agreement of hospitals management systems to implement open visiting policy, they considered it possible, if some internal specific rules will be observed by close family. They suggested that designing or providing visiting cards with specific rules and family instructions to observe them, prevents from disturbance in nursing care and personnel job. In this regard, one of the guards said that: *"In my opinion, a card must be issued only for close family, with which there will be no obstacle for their entrance"*. A female nurse believed that: *"we can give specific cards to close family. Mother, father, sister, brother and children must have a card in order to have a priority compared to other visitors"*. Participants believed that: *Allowing open visiting policy is considered only for close family with specific rules and also increased number of visiting for this group is a facilitator to implement open visiting policy, since number of visitors will be managed"*. In addition, participants believed that: *"Nursing profession is essentially a humanitarian and ethical profession, thus nurses are the most important effective group in open visiting policy establishment"*. In this regard, one of the nurses said that: *"Nursing profession is a humanitarian and ethical profession, since the nurse tries to meet patients' needs. If the nurse know that her patients feels better along with her/his family, she does not oppose"*.

DISCUSSION

In this study, in participants' points of view, one of the most important obstacles of open visiting policy implementation is shortage of staff and personnel negative attitude. Nurses' negative attitude toward open visiting

policy is the most important factor in not implementation of open visiting policy [9]. In this study, most of the nurses believe that open visiting wastes personnel time and interfere with nursing care. Tayebi (2014), and Berti (2007) believed that limited and short time visiting enhance family requirements and personnel maintain their control over families and patients [10, 11]. Many researchers believe that nurses limit the visiting to make their workspace suitable [8, 12]. Personnel negative attitude regarding infection increased risk is one of the open visiting policy implementation obstacles in participants' viewpoint. While, this is not confirmed in many studies [13, 14] and there is no evidence regarding increased infection in intensive care units. Participants believed that open visiting policy leads to families' fatigue. This concern is proposed in many studies [13, 15]. Despite personnel belief regarding physiological disturbance because of open visiting policy, many studies contradict this issue [16-19].

Physical structure of intensive care units, which ignores patients' privacy, is one of the obstacles, which is referred in this study. Obtained results in this study are consistent with Farrell (2005), Tayebi (2014), Shojaeimotlagh (2010), Lee (2007) and Khaleghparast (2016). They considered lack of enough space and patients' privacy as most important obstacles of open visiting policy establishment [5, 9, 11, 20, 21]. Hospital policies are another obstacle of open visiting policy implementation. Routine schedules are derived from policies, which have been implemented many years and they are considered as the easiest way to maintain and control the families and patients [11]. Visitors' inappropriate culture and lack of awareness about visiting schedule, and thus not controlling the emotions are other obstacles, which are consistent with Shojaie study.

Regarding open visiting policy facilitators, personnel believed that designing visiting cards for close family and observing specific rules is useful. The same idea was also suggested for patients and families in this study. Consistency of personnel viewpoint with patients and families viewpoint in this regard provides one of strongest strategies to change current limited policies. In addition, modification of intensive care unit structure and facilities for families is one of the points, which is mentioned by many participants. Kesecioglu *et al.* (2012) also mentioned the importance of designing some spaces for families to rest and believed that this design must be based on patients' and families requirements [22]. Taylor and Bunker (2015) wrote that personnel are still hesitant regarding open visiting policy acceptance due to increased workload and interference with their work [23]. This issue is suggested clearly in this study, and participants suggested that presence of a consultant to notice patient's status to families and their instruction is useful and facilitates open visiting policy implementation. Shojaie *et al.* (2010) believed that with planning to instruct families, visiting method will be desirable. Finally, what is important as an open visiting policy implementation facilitator is presence of nursing profession as a humanitarian and ethical profession. These results are consistent with Tayebi *et al.* (2014) According to humanitarian principles and ethical relationships of this profession, visiting is converted from a challenging issue to an instrument to help patients, family and even personnel [11]. Personnel attitude and concern regarding creation of physiological disorders and increased risk of infection after open visiting policy implementation, is not consistent with evidence-based studies. Perhaps physical obstacles, lack of space and structural beds in intensive care units are the most important obstacles of open visiting policy implementation, which is suggested to be considered in designing new intensive care units. Visitors' inappropriate cultures and their lack of awareness require instruction, advice and facilities; so that open visiting policy implementation will be facilitate in order to meet patients and families requirements.

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