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Visiting hour's policies in Intensive Care Units: Exploring participants' views

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ABSTRACT

Visiting patients is a positive and effective strategy to help patients and their families to adapt better with stress and crisis of Intensive Care Units. This study designed with the aim of "exploring the perception of patients, families and staff of Intensive Care Units about visiting hour's policies". In this qualitative study, the perspective of 51 participants including patients, their families and staff regarding "Visitation Policies" investigated using semi-structured interviews. Conventional content analysis method used. Two categories of restricted and non-restricted visitation obtained from the data. Based on the comments received from participants, fourteen subcategories including advantages and disadvantages of visitations obtained from both restricted and non-restricted visitation categories. Restricted visitation is a policy of visitation that allows the visitor to be present in a specified time while non-restricted visitation is a kind of respect for the wishes and needs of patients and families. It is recommended that with more studies, the foundation of visitations should be established in a way that harmonious balance between the concerns of patients and families on one hand and concerns of staff on the other hand should be obtained.

Keywords: Intensive Care Units, Visitors to patients, Visitation policy

INTRODUCTION

Admission to the Intensive Care Unit (ICU) is a crisis situation for the patient and his family members. Being in an unfamiliar environment, fear, feeling hopelessness and lack of awareness about the disease are among factors that can cause a crisis in these patients and their family members [1]. Paying attention to the specific needs of these patients and their families, and responsiveness of nurses and doctors in these unites are one of the essential elements of quality of care [2]. Visiting patient as a positive and effective way to help patients and families to adapt better with stress and crisis has been highlighted in many studies [3-5]. The importance of these issues is to such an extent that health policy makers in some countries have offered medical centers the implementation of open and flexible visitation [6]. On the other hand, the physical space restrictions and other obstacles ahead have created much discussion about the management of visiting hour's policies in ICUs [7]. Thus, there is no consensus on a particular model for this issue[8].According to different perspectives regarding visitation hours, it seems that for placing best visitation policy, the implementation of a multidisciplinary strategy can help improving the quality of care and patients' satisfaction by a cooperation between teams and most importantly, engaging patients and families in the

planning and implementation of new policies. Thus this study designed with the aim of "exploring the perception of patients, families and staff of Cardiac Intensive Care Units (doctors, nurses and guards) of Rajaie hospital about "visiting hour's policies".

MATERIALS AND METHODS

Setting

This qualitative study has been conducted in the Cardiac Intensive Care Units (CICUs) of a single specialized hospital which is active in health promotion, diagnosis, treatment and rehabilitation of patients with heart problems which has four CICUs with a total of 62 beds. At baseline, the "restricted visitation" for an hour a day from 15 to 16 has been established in CICUs.

Participants

There was 51 participants including 14 patients and 16 immediate family members of patients, 10 nurses, 6 doctors and 5 guards. Sampling depended on generated data and their analysus. Collecting data until saturated continued. After succesive examination and asking exploration questions, sampling have been completed.

Inclusion criteria of patients: age between 18 to 65 years, no intubation of patients, general accepted condition of patiens in order to answer the questions and having a previous diagnosed heart disease. Exclusion criteriaof patients: loss of consciousness and unwillingness to continue to participate in the study. Inclusion criteria of family members: at least 18 years old and would like to participate in the study. Doctors, nurses and guards must have had at least one year of experience working with patients in ICU as well as their willingness to participate in research.

Data Collection

The method of collecting the data was a semi-structured interview which has been conducted on a number of patients and their family memebrs, doctors, nurses and guards based on "visiting hour's policies". Purposeful sampling used for selection of participants. During the interview, participants responded to a series of open-ended questions. The interviews started with general questions such as: "How do you see the current situation of visiting hours?" Then, for more information, interviews continued with more probing and more specialized questions. The duration of each interview base on the time of response and participants' accompany and due to the general coverage of question was 30 to 60 minutes. Other than one family member as well as two patients base on their needs who were interviewed more than once, all other participants have been interviewed only once.The contents of interviews recorded with the approval and consent of the participants and the interview have been written down by the researcher so they could be used for data analysis. During the Interview, note taking have been done by the researcher. The interviews conducted individually and in a relaxed and comfortable environment with the agreement of the participants. Sampling lasted for eight months from Juenery 2015 untill September 2015.

Data Analysis

Qualitative data analysis was conventional content analysis approach and conducted with thematic analysis techniques. Content analysis is a correlational analysis with a systematic, objective and quantitative method for measuring of variables [9]. In this study, the data analysis begun with the listening to verbal and recorded explanations and information as well as repeated study of manuscripts so that the researcher could reach the immersion step and obtain a general sense of the data. Then the information has been read word by word so that the codes could be extracted (by precisely marking words so that key ideas and concepts would appear in the text). From his notes of the first attitudes, thoughts and primary analysis of the data the researcher comes to preliminary and basic text. With the continuation of this process, categories of codes appear that are reflected from the primary key thoughts. Depending on how much these codes are linked together, each of them divided into categories. These emerging categories used for organizing and grouping codes into meaningful groups. Understand the main connections between sentences and preparing a comprehensive description of the topic is the final stage of data analysis [9]. For managing and analyzing qualitative data, 2010 Max QDA software used.

Rigor of the study

With a long and deep connection with the data, and also with the verification of data by participants, the research tried to increase the validity of the findings. That is a few interviews with participants have been investigaed after coding and for adapting research findings with their experience. The researcher at the end of interview, briefly expressed what the participants have told him to ensure the accuracy of their explanations. In addition, in order to obtain reliability of the data, the researchers examined the units of meaning and themes derived from content analysis separately by the research team to ensure the accuracy of the coding process.

Ethical Consideration

The ethics committee of Iran University of Medical Sciences approved the process of investigation. The researcher explained the purpose and methods of the research to the participants, and that they are free to participating or leave the study whenever they feel like it, and this will not affect the process of treatments and care. Then they signed informed consent. The information was confidential without any names, and after analyzing information, the recorded interviews archived for a certain period.

RESULTS

The demographic data of the participants are listed in Table 1.

Table 1. Demographic data of the Participants

Participants	Number	Age	Age		Sex		Marital Status	
		Average	Min.	Max.	Male	Female	Married	Single
Patients	14	41	26	61	7	7	10	4
Family members	16	39	18	50	5	11	8	8
Staff	21	42	26	55	11	10	14	7

Two main categories emerged from the data: Restricted visitation and non-restricted visitation.

1. Restricted Visitation

One of the visiting hour's policies in ICU from the perspective of patients, families and staff was "restricted visitation". This limitation has been applied by structures and guards, nurses and even doctors of the hospital. It included the number of visitors, duration of visitation as well as the number of visitations per day. This limitation governed under circumstances in which patients did not have a proper mental or physical condition. At the other hand, the families also felt of stressed, discomfort and confusion. They are needed and desired more visiting hours to receive information about the patient condition and to achieve peace. Based on the comments received from participants, seven subcategories including advantages (4 subcategories) and disadvantages of restricted visitation (3 subcategories) extracted.

- **Advantages**

Respecting the law and preventing chaos

Despite the fact that patients and families were not satisfaction by the restricted visitations, they have considered some benefits for it. One of the benefits of restricted visitation from their perspective was the respect for the law and prevention of chaos. Staff also expressed the same idea. A doctor argues that "visiting hours should be limited because otherwise commute will be uncontrollable and caused chaos and disturbance."

Respecting patient's desire in case of unwillingness to have visitors

A patient said: "I'm very sad in this situation, if I see my daughter I will have a sense of excitement, and will show a reaction, I may start crying, therefore I'd better be alone."

Better control of infections

While patients and their family members consider the law aspects of the matter and respecting patient's desire in cases that the patient is unwillingness to have a visitor, the staff point out controlling infection, noises and crowed control as one of the advantages of restricted visitation,. Also they consider better care and its continuity as one of the advantages of restricted visitation. One of the nurses said: "One of the advantages of restricted visitation is the issue of controlling the infection. Of course, our facilities won't allow us to provide masks and other equipment for all the visitors so that they could visit the patient."

Consistency and continuity in the work of staff

Regarding the advantages of restricted visitation, another nurse said: "In my opinion, restricted visitations have more advantages than disadvantages for ICUs, because it is easier to control noise and bustle and the clinical care of patients will be performed more continuously and better."

- **Disadvantages**

Not meeting the emotional and spiritual needs of patients and families

From the perspective of patients and families, time and the frequency of restricted visitation is not sufficient for their emotional and psychological needs and in such situations they feel alone, sad and feel like a stranger. They feel more stressed than before, and in such a short time, families cannot obtain enough information regarding their

patient and this causes more discomfort, confusion and dissatisfaction for them. A male patient said: "here doesn't have much difference from a solitary confinement. One feels quite lonely."

Lack of information on the clinical status of the patients

A woman who was visiting her elderly father and was dissatisfies about the conditions of visiting hours said: "During the vising hours, there is no doctor. During other hours, when I come here, they won't allow me to visit my father. After 4 days I need to know what they want to do for this old man."

The large number of visitors in a limited time (an hour)

From the perspective of staff, the main problem of restricted visitation is the presence of a large number of visitors in a limited time (an hour). A head nurse said: "Patients who are hospitalized in CICUs, despite their greater need to see family members, but because visiting hours in this section is limited to one hour, during this time a large crowd is present for a visit…If the visitation would be allowed in different hours, there won't be such a crowed and they won't all come because they know that there is more time and they can visit during different hours."

2. Non-restricted visitation

In this policy, the visitation of family members is not limited to a specific hour per day, but there are more visiting hours with duration more than restricted visiting hours. From the perspective of patients and families, the visiting hours in CICUs should be unlimited because due to physical and mental conditions of these patients and also the condition of their families. The advantages of non-restricted visitation were more than meets the restricted visitation. Also for this category the obtained information from the interviewed subjects categorized in the following seven subcategories of advantages (5 subcategories) and disadvantages (2 subcategories).

- **Advantages**

Reduced anxiety, increased security and improved mental status of the patient and family members

A visitor said: "When you see the patient, he feels happy and security. It has a positive effect on the patient, he could then sleep comfortable. That's also effective 100% for the visitors and makes them more satisfied."

Help of families for primary care of patients

Another visitor said: "I came up from the emergency door with a trick. I got permission after I begged the unit; I said I only want to see him for a minute. Nurses laid pillow here (pointing out toward the bad position of pillow) which made him uncomfortable. When I entered, he asked me to take the pillow. Well, he cannot talk under the device, so by pointing he asked me to pick up the pillow. Then, I wet his lips. We are both more satisfied this way… as I said we are all members of the same body."

Respecting the wishes and rights of the patient and family

While the staff and personnel were not fully consent with unrestricted visitation, but they have given it some advantages. The perspective of the staff about the advantages of unrestricted visitation was consistent with the perspective of patients and families in terms of respecting the wishes and rights of patients and their families. A doctor who was also the director of the hospital said: "The important thing is that what patients and their families want. However what they want should be followed with a plan, so that it won't cause disturbance.... However, as I said this respect for the wishes and rights of patients need a systematic planning."

A better interaction of patients and their family members with the medical personnel

A guard said: "Family has a significant role in the improvement of the patient. For example, the patients need a psychological comfort; the family does this very well. If they allow families to see their patient more time, slowly the conflicts will decrease, and the relationship of the family will improve with the personnel; they will also be more helpful and cooperative with nurses and doctors; they will listen more to the medical staff."

At the same time providing education for patients and family

A female nurse said: "If a person has been sick and experienced it himself, he will meet the needs of more visitations; in my opinion the empathy is needed. On the other hand, it will be a good opportunity for the nurse, during their presence in the unit, give some necessary educations to the patient and their family members simultaneously."

- **Disadvantages**

Violation of patient's privacy

Although the patients and families who were willing to have more visitations and were more satisfied with unrestricted visitations, but they also pointed out some disadvantages including violation of the privacy of other patients. A married patient in this regard said: "At least they should be able to visit their patients several times a day,

but at the other hand, if a man wants to come often, ladies won't be comfortable, sometimes in spite of my desire, I tell my husband to not enter the unit because other female patients are not comfortable.

Interference in the treatment and challenging the staff

The staff, who did not agree with the restricted visitations, pointed out some disadvantages including: the visitors interfere in the treatment and challenge personnel. Their presence in the unit interferes with the schedule of personnel. In this regard, a nurse said: "The main problem is this interferes with work; the interference of treatment with the patient care. In addition, families usually interfere in the treatment of patients. They also, sometimes challenge the staff; they looking for errors in the work of nurses and doctors."

DISCUSSION

The results of the current study showed that restricted visitation policies that govern the visitations of this hospital, from the perspective of patients had been put in place due to respect for law, avoiding chaos and better professional performance of the treatment. Families were only allowed to visit their patients in CICUs once a day. Gonzalez and colleagues in a study in 2004 have shown that 35% of patients preferred to have visitors only once a day [10]. This can be considered as one of the advantages of restricted visitations in cases that the patients are not so willing to have visitors. The majority of respondents in the study by Giannini et al (2008) also believed that children should not be allowed to visit patients and permitted visitors are should be limited to closest kin [11].In the current study, doctors despite the fact that they were unwilling to have visitors during examination and put the responsibility of restricting visitors on the shoulders of nurses, as Azzi and Bambi (2008) concluded that more doctors than nurses believe in the positive impacts of free visitations in ICUs [12].

In the present study, the staff pointed out to the better control of infection as the advantages of restricted visitation. This is despite the fact that Fumagalli et al (2006) in his study showed. They said the air in the rooms that implemented restricted visitation policies had less bacterial contamination, but infections (pneumonia, urinary tract infection, general infection) in both groups of restricted and unrestricted visitations was the same [13]. Also Malacarne et al (2011) wrote: the infections that are reported during unrestricted visitations showed no statistically significant difference from those in restricted visitations in terms of both location of the infection and the microorganisms [14]. Malacarne et al in 2008, also did not find any infecting organism on the skin or in the nose of visitors [15]. Perhaps the difference between these results with the results of the present study is that other studies of other countries is based on clinical, but in our country no study have been done on the degreed of infection and only the views of staff in this study have been gathered.

One of the intensive care staff in the study considered the main problem of restricted visitations to be the presence of large numbers of visitors in a one-hour limited time which shows mismanagement on the number of visitors in this section during the limited visitations. Nelson et al (2001) believed that a number of patients felt stressed due to the imposed number of visitors [16]. In a study by Roch et al. (2010) employed staff in ICUs that had limited visitation policy, believed that increasing visiting hours can be beneficial. This suggests that with proper management and with an increase of the visitation hours, the chaos and crowdedness could be prevented [17]. In studies that have been done in this regard, the majority of respondents considered two visitors to be allowed at the bedside of the patient [2, 18].

From the perspective of patients and their families in the present study, the presence of family members at the bedside of the patient cause calmness and improve mental and physical condition of patients, and the families receive more information about the status of their patients. In a study that was conducted in 2010 in Athens, the respondents also believed that the open visitations, emotionally is beneficial for the patients [19]. Patients in the study by Cappellini et al (2014) also believed that the presence of their families gives them an emotional support and helps to understand better the information that has been given by the staff. Mutually families also give important information about the patients' medical history and needs to the personnel [20].

The Families of the current study believed that they could help their patients in non-restricted visitation and take the responsibility for their primary care which this matter has also been explained in a study by Azoulay (2003), Garrouste (2010)and their colleagues [21, 22].Based on the results of current study, it can be said that the policy of non-restricted visitations is a sort of respect for the wishes and needs of patients and their families which in turn will lead to an increase in their satisfaction. This is consistent with the studies of Athanasiou (2010) and Cappellini (2014). Because, open visitations made families more satisfied because the majority of their needs have been met in terms of gathering information, ensuring the patient's comfort and calmness [19, 20].

The participating personnel in the study despite the fact that were not fully satisfied with the implementation of non-restricted visitation, but they considered some benefits for it which is similar with the results of many studies [19, 23, 24]. In the current study, the personnel believed that the mental and physical improvements of patients, feeling more comfortable and calm, and improvement of interaction between personnel with patients and their families and providing necessary educations can be seen in non-restricted visitation policies. These results are also shown in many studies [19, 24, 25]. The participants of current study believed that despite the many benefits of non-restricted visitations, the violation of patient privacy is an issue that should be considered. This has also been emphasized in a study by Livesay (2005). All respondents allowed visitors to come and go as they please, but they did not want them to sleep in the patients' room. Also, the majority of nurses wanted the relatives to leave the room during treatment, especially when blood sampling and tracheal suctioning [26].

The staff of current study believed that visitors take personnel's time, and challenge the personnel. Also they believed that the presence of visitors will crowded the unit and cause lack of proper management of patients. This also has been proposed in many studies as disadvantages of non-restricted visitation [17, 19, 20, 25].Restricted visitation is a policy of visiting that allows visitors to visit in a specified time, while unrestricted visitation allows visitors to visit their patient any time during the day [27]. Non-restricted visitation in fact is a form of respect for the wishes and needs of patients and families which will improve their relationship with the staff. Considering the advantages and disadvantages of both visitation policies it is suggested that with more studies, a visiting schedule should be planned that balances the concerns of patients and families on one hand and concerns of the treatment staff on the other hand.

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