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Open Visitation in Intensive Care Unit- Nurses Perspective: A Quantitative Study

Farzana Jabeen*

Institute of Polytechnic and Santarem High School of Health, Amadora, Lisbon, Portugal

***Corresponding author:**

Farzana Jabeen

 fj.mohdali@gmail.com

Institute of Polytechnic and Santarem High School of Health, Travessa Isabel Aboim English, Frente Esquerda Alforneiros, Amadora, Lisbon 2650-390, Portugal.

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Background

Open visitation in Intensive Care Unit is a contentious topic. Critical condition of the patient and stressful situation for family makes it necessary for both to support each other when it is required the most. Current literature proves beneficial effects of visitation on patient, family and nurse [1]. Despite, nurses seem skeptical towards liberalization of visitation [2]. Since, they are the final decision makers [3], the study aims to explore beliefs and attitudes of nurses towards open visitation.

Method

The original instrument Beliefs and Attitudes toward Visitation in ICU Questionnaire (BAVIQ): Beliefs and Attitudes towards Visitation in ICU Questionnaire (BAVIQ) were translated into Portuguese language using forward and backward translation measures. The translated version of the tool was validated for its use in Portugal using Content Validity Index (CVI) by Lynn's (1986). The panel of three experts was purposively instituted to assess the validity of the tool. The valid instrument was administered to non-random probability sample of 100 intensive care nurses (n=100) from two regional tertiary care hospitals in Portugal. The descriptive statistical measures were applied to explore beliefs and attitude of nurses towards liberalization of visitation. One sample t test was used to assess level of significance of the responses. Pearson Correlation was applied to find relationship between age, years of experience and level of education with beliefs and attitudes of nurses.

Visitation Practice Questionnaire

To be filled out by the head nurse of the intensive care unit

Name hospital:.....

Name intensive care unit:.....

What is the visitation policy at your ICU?

Restrictions on visits

Limit on the number of visiting slots in 24 h	
One visiting slot	<input type="checkbox"/>

Two visiting slots	<input type="checkbox"/>
Three visiting slots	<input type="checkbox"/>
Four or more visiting slots	<input type="checkbox"/>
No visiting slot	<input type="checkbox"/>

Limit on number of visitors at one time	
One visitor	<input type="checkbox"/>
Two visitors	<input type="checkbox"/>
Three visitors	<input type="checkbox"/>
Four or more visitors	<input type="checkbox"/>
No limit on visitors	<input type="checkbox"/>

Limit on who visits	
Direct relatives only	<input type="checkbox"/>
Relatives and others approved by the patient/family	<input type="checkbox"/>
No restrictions on who visits	<input type="checkbox"/>

Limit on maximum visiting time	
10-20 minutes	<input type="checkbox"/>
30-45 minutes	<input type="checkbox"/>
1-2 hour	<input type="checkbox"/>
Others	<input type="checkbox"/>
No time limit	<input type="checkbox"/>

Exceptions in the visiting policy

Exceptions in the visiting policy can be made when:	
The patient is dying	<input type="checkbox"/>
The family has practical problems in complying with the policy	<input type="checkbox"/>
The patient has emotional needs	<input type="checkbox"/>
The healthcare workers have practical needs	<input type="checkbox"/>
Others	<input type="checkbox"/>

Is there an official, written visiting policy in the intensive care unit?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

Are there specific times during the day when no visitors are allowed?
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BAVIQ

Beliefs and Attitudes toward Visitation in ICU Questionnaire

Demographic and Professional Data

- Sex**
- Male
- Female
- Age**years old
- Level of education** Certified nurse
(more answers possible)

- Bachelor degree in nursing
- Post-registration education: Specialization course in emergency/intensive care nursing
- Master's degree in nursing science
- Other:

Employed in:

- Regional hospital
- University hospital
- Other:

Type of Intensive Care Unit?

I have an executive position? Yes
 No

If Yes: Which?

I have years of experience in intensive care nursing

Developed by Berti D, Ferdinande P, Moons P. Permission for the use of the BAVIQ can be obtained by email: Philip.Moons@med.kuleuven.be

Definition: 'Open visiting policy': A policy that imposes no restrictions on the time of visits, length of visits, and/or number of visitors.

Definition 'Restricted visiting policy': A policy that imposes restrictions on the time of visits, length of visits, and/or number of visitors.

Is there a restricted or open visiting policy in your intensive care unit? Restricted visiting policy
 Open visiting policy

Beliefs about the consequences of visitation on the patient, family and organization of care

		Strongly disagree	Disagree	Neither agree, nor disagree	Agree	Strongly agree
1	I believe that visitation has a beneficial effect on the patient.	0	1	2	3	4
2	I believe that visitation hinders the patient's rest.	4	3	2	1	0
3	I believe that visitation causes physiological stress for the patient	4	3	2	1	0
4	I believe that visitation creates adverse hemodynamic responses in patients.	4	3	2	1	0
5	I believe that an open visiting policy is important for the recovery of the patient.	0	1	2	3	4
6	I believe that visitation causes psychological stress for the patient	4	3	2	1	0
7	I believe that visitors can help the patient interpret information.	0	1	2	3	4
8	I believe that an open visiting policy infringes upon patient's privacy.	4	3	2	1	0
9	I believe that an open visiting policy offers more comfort to the patient.	0	1	2	3	4
10	I believe that an open visiting policy decreases family's anxiety.	0	1	2	3	4
11	I believe that an open visiting policy exhausts family, because they feel forced to be with the patient.	4	3	2	1	0
12	I believe that an open visiting policy interferes with direct nursing care.	4	3	2	1	0

13	I believe that an open visiting policy makes nurses nervous, because they are afraid to err.	4	3	2	1	0
14	I believe that an open visiting policy makes nurses feel controlled.	4	3	2	1	0
15	I believe that an open visiting policy hampers adequate planning of the nursing care process.	4	3	2	1	0
16	I believe that an open visiting policy interferes with humour between nurses.	4	3	2	1	0
17	I believe that an open visiting policy makes nurses to spend more time in providing information to the family.	4	3	2	1	0
18	I believe that an open visiting policy increases the risk of errors.	4	3	2	1	0
19	I believe that visitation is a helpful support for the care givers.	0	1	2	3	4
20	I believe that an open visiting policy contributes to the improvement of patient- centred care.	0	1	2	3	4

Attitudes towards visiting

		Strongly disagree	Disagree	Neither agree, nor disagree	Agree	Strongly agree
21	I think that everyone is allowed to visit, if it is approved by the patient.	0	1	2	3	4
22	I think that the number of visitors in a time range of 24 hour should not be limited.	0	1	2	3	4
23	I think that in a time range of 24 hour, the number of visitors should be limited to persons.					
24	I think that the length of a visit should not be limited.	0	1	2	3	4
25	I think that only persons can visit the patient at the same time.					
26	I think that the number of people who are visiting the patient at the same time should not be limited.	0	1	2	3	4
27	I think that an open visiting policy should be carried out in our unit.	0	1	2	3	4
28	I think that strict visiting hours must be adapted when the family has practical problems adhering to the policy.	0	1	2	3	4
29	I think that strict visiting hours must be adapted when the patient has emotional needs.	0	1	2	3	4
30	I think that when the patient is capable, he/she should have control in when, how long and how many visitors he/she can have.	0	1	2	3	4
31	I think that the visiting policy must be adapted to the culture/ethnicity of the patient.	0	1	2	3	4
32	I think that a strict starting hour is important, but the length of a visit can be flexible.	0	1	2	3	4
33	I think that the visiting policy must be flexible during the first 24 hour of hospitalization.	0	1	2	3	4
34	I think that the visiting policy must be adapted when the patient is dying.	0	1	2	3	4

Discussion

The overall CVI of the scale scored 1.0 that meets the standard score set by Lynn (1986) for level of judgment by three experts. The descriptive statistics for beliefs section revealed that majority of nurses significantly appreciated the positive effects of visitation on patient (M=3.12; SD=0.715; t (99)=8.676; p ≤ 0.000) and that it reduces family anxiety (M=2.69; SD=0.96; t (99)=1.978; p ≤ 0.050). However, they significantly disagreed to the beliefs that it is important for recovery of patient (M=1.64; SD=1.049; t (99)=-8.195; p ≤ 0.000) and offers more comfort to the patient (M=1.95; SD=0.968; t(99)=-5.682; p ≤ 0.000). Besides, nurses significantly did not support the belief that it interferes with humor between nurses (Mean=1.89; SD=1.109; t (99)=-5.500; p ≤ 0.000) and makes nurses feel controlled (Mean=1.65; SD=1.114; t (99)=-7.634; p ≤ 0.000) but they also believed that it interferes with direct nursing care (Mean=2.82; SD=1.067; t (99)=2.998; p ≤ 0.003). In attitudes section, nurses revealed that visiting policy must be adapted when patient is dying (Mean=3.52; SD=0.689; t (99)=14.810; p ≤ 0.000), when patient has emotional needs (Mean=2.94; SD=0.722; t (99)=6.092; p ≤ 0.000) and when the family has practical problems adhering to the policy (Mean=2.73; SD=0.908; t (99)=2.532; p ≤ 0.013). However,

they significantly did not support the attitude that number of visitors at same time should not be limited (Mean=0.85; SD=0.672; $t(99)=-24.542$; $p \leq 0.000$), length of visits should not be limited (Mean=1.20; SD=0.953; $t(99)=-13.635$; $p \leq 0.000$) and that open visiting policy should be carried out in our unit (Mean=1.25; SD=0.999; $t(99)=-12.516$; $p \leq 0.000$). The significant weak negative relationship was found among age ($r=-0.22$; $p \leq 0.02$) and working experience ($r=-0.20$; $p \leq 0.04$) with beliefs of the nurses. The weak positive relationship was found among working experience and attitudes of the nurses ($r=0.23$; $p=0.02$).

Conclusion

Overall, nurses appreciated the beneficial effects of visitation but remained skeptical when it comes to its application. Nevertheless, nurses favored flexibility towards visitation when patient, family and nurse had special needs. Further research and interventions to improve knowledge are recommended.

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