FLEXIBLE VISITATION IN CRITICAL CARE UNITS

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## Faculty Disclosure

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<th>Faculty Name</th>
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<td>Conflict of Interest</td>
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**Disclaimer:** The study to be presented was completed during the authors’ graduate nursing studies. There was no monetary or other type of support provided by the university, employer, or vendor.
Goals and Objectives

Goal:
Attendees will identify and describe nurses’ perspectives on flexible visitation in the adult and neonatal ICU’s and suggestions on how to incorporate them into nursing practice.

Objectives:
#1 Identify nurses’ perspectives on flexible visitation in the adult and neonatal ICU’s.
#2 Describe nurses’ suggestions for successful implementation of flexible visitation in the adult and neonatal ICU’s.
FLEXIBLE VISITATION IN CRITICAL CARE UNITS

Literature Review showed that:

✿Flexible visitation in critical care units is beneficial to patients, families, and friends

✿Promotes psychosocial, emotional, and spiritual well-being

✿Families and friends feel encouraged and respected

✿Families and friends feel that the staff were more sensitive to their needs
BARRIERS TO FLEXIBLE VISITATION IN CRITICAL CARE UNITS

NURSE PERCEPTION/VALUES/ PRACTICE

- Disruptive to nursing staff
- Interferes with direct nursing care
- Less time providing patient care/more time providing patient information
- Physically and psychologically stressful for patients and family
- Decreased patient privacy
PROBLEM

- Critical Care visitation has been a controversial topic for more than 25 years (Cypress, 2010; Sims & Miracle, 2006)

- Studies performed reported that nurses favored flexible visitation

- **Yet**, only 14% of Adult Intensive Care Units practice some form of flexible visitation (Kirchhoff & Dahl, 2006)

- Very limited research available for Neonatal and Pediatric Intensive Care Units
Inconsistent Terminology and Definitions

Marco et al. (2006) definition of **open visitation**
Sims & Miracle (2006) definition of **flexible visitation**

**Restricted Visitation:** visitation limited to 30 minutes 3-4 times a day.

**Flexible Visitation:** visitation that is set according to the discretion of the nurse.

**Open Visitation:** visitation that is allowed at anytime, except report times.

Historically these terms have been used synonymously!
PURPOSE OF THE STUDY

- To identify and describe nurses’ suggestions to make flexible visitation more acceptable to critical care nurses.
RESEARCH QUESTION

• What suggestions do nurses have to make flexible visitation more acceptable and successful in the critical care unit?
THEORETICAL FRAMEWORK

THEORY OF REASONED ACTION

by Ajzen and Fishbein

Identifies variables that influence behavior

- *Background influence*
- *Behavioral, normative, and control beliefs*
- *Attitudes, norms, and self-efficacy*
- *Environment, intentions, and skills*

Variables can be examined, applied and used by healthcare providers to institute change

Probable change in behavior over time, as new evidence in practice develops
DESIGN METHOD

- Quantitative study with a comparative descriptive design. Study did not involve any experimental treatments or interventions.
SETTING

● A non-profit, 255-bed community based hospital located within a metropolitan region of Eastern, Pennsylvania

www.familysearch.org
SAMPLE

- Adult Intensive Care Unit (ICU)
  - Possible 56 nurses & 1 unit manager were invited to participate
    - full-time
    - part-time
    - per-diem

- Neonatal Intensive Care Unit (NICU)
  - Possible 47 nurses, 1 nurse manager, & 3 neonatal NPs were invited to participate
    - full-time
    - part-time
    - per-diem
INCLUSION & EXCLUSION CRITERIA

- **Inclusion Criteria**
  - Permanent RN staff on the NICU and ICU
  - Full-time, Part-time, and PRN

- **Exclusion Criteria**
  - Agency RNs
  - RNs floating from other permanent nursing unit
DATA ANALYSIS

- Data was analyzed using SPSS 17.0.
- Nonparametric, univariate and bivariate statistics were performed on the data.
- Univariate tests included frequencies and percentages for each variable.
- Bivariate tests used to analyze data were the Pearson’s Chi-square and Spearmen’s rho in order to examine relationships between variables.
- Analysis of respondents’ comments collected from comments inserted in the “other” answer options and from the “comments” section at the end of the questionnaire. Themes were isolated.
RESULTS
Total 62 Respondents

- 31 Adult ICU (55% of available sample)
- 31 NICU (66% of available sample)

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<th>MAJORITY PERCENTAGES FROM BOTH UNITS COMBINED</th>
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<tr>
<td>Visited family/friend in CC</td>
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<tr>
<td>Yes = 85.5%</td>
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<tr>
<td>Have Children</td>
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<tr>
<td>Yes = 80.6%</td>
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<tr>
<td>Years Since Initial Licensure</td>
</tr>
<tr>
<td>21 or More = 51.6%</td>
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<tr>
<td>Less than 5 = 14.5%</td>
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<tr>
<td>Years Critical Care Experience</td>
</tr>
<tr>
<td>21 or More = 39.3%</td>
</tr>
<tr>
<td>Less than 5 = 19.7%</td>
</tr>
<tr>
<td>Certified in Specialty</td>
</tr>
<tr>
<td>No = 69.4%</td>
</tr>
<tr>
<td>Years at Current Position</td>
</tr>
<tr>
<td>Less than 5 years = 29.0%</td>
</tr>
<tr>
<td>6-10 years = 27.4%</td>
</tr>
<tr>
<td>Marital Status</td>
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<td>Married = 75.8%</td>
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RESULTS BY QUESTION

1. What is the current visitation practice/policy on your unit?
   A. Restricted Visitation (limited to 30-60 minutes 3-4 times a day)
   B. Flexible Visitation (Set according to the discretion of the nurse)
   C. Open Visitation (Allowed at anytime, except report times)
   D. Other (Specify)_______________________________________

Adult ICU
   • 43.3% responded open (26.7% flexible & 30% other)*

NICU
   • 93.5% responded open

Pearson’s Chi-Square .000
2. What visitation practice/policy do you think would be most appropriate for your unit?

A. Restricted Visitation (limited to 30-60 minutes 3-4 times a day)
B. Flexible Visitation (Set according to the discretion of the nurse)
C. Open Visitation (Allowed at anytime, except report times)
D. Other (Specify)_______________________________________

Adult ICU
- 36.7% flexible, 30.0% restricted, 26.7% open

NICU
- 69.0% open

Pearson’s Chi-Square .000
3. What do you perceive as the most significant obstacle to flexible or open visitation?

a. Inadequate staffing  
   (ICU 0%   NICU 10.7%)

b. Interference with nursing care  
   (ICU 59.1%   NICU 17.9%)

c. Patient stressors (destabilizes the patient)  
   (ICU 13.6%   NICU 53.6%)

d. Family stressors (inability to cope)  
   (ICU 13.6%   NICU 3.6%)

e. Other  
   (ICU 13.6%   NICU 14.3%)
RESULTS BY QUESTION

4. SELECT ALL THAT APPLY:
   What can nurses collaboratively do to implement more flexible or open visitation in a critical care unit?

a. Educate nursing staff  50%

b. Educate family members  69.4%

c. Designate a nursing committee to create policy and implement change  43.5%

d. Monthly case reviews  19.4%
   Chi-Square .01 (6% ICU & 32% NICU)

e. I do not support flexible or open visitation  9.7%
   Chi-Square .01 (19% ICU & 0% NICU)

f. Other (Specify)_______________________  19.4%
5. SELECT ALL THAT APPLY:
How can management and administration support the successful transition to flexible or open visitation?

a. Educate ancillary departments (i.e. unit secretaries, dietary, security) on the unit’s revised visitation policy (30.6%)

b. Post visitor signs clearly stating the current visitation policy (59.7%) Chi-Square .02

c. Promote and request accountability of all nursing staff for implementation of the revised visitation policy (54.8%)

d. Implement yearly competencies on the visitation policy (12.9%)

e. Provide adequate space off the unit for awaiting visitors (58.1%)

f. I do not support flexible or open visitation (11.3%) Chi-Square .005

g. Other (Specify)_____________ (19.4%)
CONCLUSION

- NICU and adult ICU with more experience were more likely to choose *patient stressors* as an obstacle to flexible and open visitation.

- As years of experience increased, nurses were less likely to choose *interference with nursing care* as the most significant obstacle to flexible or open visitation.

- As years of nursing experience increased, the more likely the respondents were to pick *other* as an option for the most significant obstacle and write in their own comments.
CONCLUSION

- Other obstacles to flexible and open visitation were noted by both units.
- NICU: too many visitors on the unit, nurses disagreeing on best practice, and lack of patience and willingness to change on behalf of the staff.
- Adult ICU: stress on the nurse, patient safety, and inability of families to follow infection control policies
Recommendations

- A majority of the ICU nurses who did not support flexible or open visitation had 10 years or less experience in nursing and critical care.

- Further investigation needed to examine phenomenon.

- **Possible solution**: seasoned nurses mentoring less experienced nurses by role modeling the care of patients and families simultaneously

- **Another possible solution**: further research may assist management and administration in providing nurses with the necessary tools to implement flexible visitation
Our Stepping Stone

- The data has provided insight as to what nurses see as obstacles to successful implementation of flexible and open visitation and suggestions to make change.

- Further research needs to be done.
  - Repeat the survey on a multi-institutional level
  - Increase the sample size
  - Examine differences among different types of institutions
Thank You!
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REFERENCES


