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

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Received: March 17, 2018, Accepted: March 26, 2018, Published: March 31, 2018

Keywords: Visitation; Open visitation; Liberalization of visitation; Nurses beliefs; Nurses attitudes; Visiting policy

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 □
**Exceptions in the visiting policy**

**Exceptions in the visiting policy can be made when:**

- The patient is dying
- The family has practical problems in complying with the policy
- The patient has emotional needs
- The healthcare workers have practical needs
- Others

Is there an official, written visiting policy in the intensive care unit?

- Yes
- No

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

- ...
- ...
- ...
- ...
- ...
- ...
- ...

**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?

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?

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

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree, nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I believe that visitation has a beneficial effect on the patient.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>I believe that visitation hinders the patient’s rest.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>I believe that visitation causes physiological stress for the patient</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>I believe that visitation creates adverse hemodynamic responses in patients.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>I believe that an open visiting policy is important for the recovery of the patient.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>I believe that visitation causes psychological stress for the patient</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>I believe that visitors can help the patient interpret information.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>I believe that an open visiting policy infringes upon patient’s privacy.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>I believe that an open visiting policy offers more comfort to the patient.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>I believe that an open visiting policy decreases family’s anxiety.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>I believe that an open visiting policy exhausts family, because they feel forced to be with the patient.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>I believe that an open visiting policy interferes with direct nursing care.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
I believe that an open visiting policy makes nurses nervous, because they are afraid to err. 4 3 2 1 0
I believe that an open visiting policy makes nurses feel controlled. 4 3 2 1 0
I believe that an open visiting policy hampers adequate planning of the nursing care process. 4 3 2 1 0
I believe that an open visiting policy interferes with humour between nurses. 4 3 2 1 0
I believe that an open visiting policy makes nurses to spend more time in providing information to the family. 4 3 2 1 0
I believe that an open visiting policy increases the risk of errors. 4 3 2 1 0
I believe that visitation is a helpful support for the care givers. 0 1 2 3 4
I believe that an open visiting policy contributes to the improvement of patient-centred care. 0 1 2 3 4

Attitudes towards visiting

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree, nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think that everyone is allowed to visit, if it is approved by the patient.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I think that the number of visitors in a time range of 24 hour should not be limited.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I think that in a time range of 24 hour, the number of visitors should be limited to ....... persons.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think that the length of a visit should not be limited.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I think that only ...... persons can visit the patient at the same time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think that the number of people who are visiting the patient at the same time should not be limited.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I think that an open visiting policy should be carried out in our unit.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I think that strict visiting hours must be adapted when the family has practical problems adhering to the policy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I think that strict visiting hours must be adapted when the patient has emotional needs.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>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.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I think that the visiting policy must be adapted to the culture/ethnicity of the patient.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I think that a strict starting hour is important, but the length of a visit can be flexible.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I think that the visiting policy must be flexible during the first 24 hour of hospitalization.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I think that the visiting policy must be adapted when the patient is dying.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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)=6.992; 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.

**References**