Journal Club Feature

VISITING PREFERENCES OF PATIENTS IN THE INTENSIVE CARE UNIT AND IN A COMPLEX CARE MEDICAL UNIT

By Colleen E. Gonzalez, RN, MSN, Diane L. Carroll, RN, PhD, Jeanne S. Elliott, RN, Patricia A. Fitzgerald, RN, MSN, and Heather J. Vallent, RN. From Massachusetts General Hospital, Boston, Mass.

- **BACKGROUND** Within the challenging healthcare environment are nurses, patients, and patients’ families. Families want proximity to their loved ones, but the benefits of such proximity depend on patients’ conditions and family-patient dynamics.
- **OBJECTIVES** To describe patients’ preferences for family visiting in an intensive care unit and a complex care medical unit.
- **METHODS** Sixty-two patients participated in a structured interview that assessed patients’ preferences for visiting, stressors and benefits of visiting, and patients’ perceived satisfaction with hospital guidelines for visiting.
- **RESULTS** Patients in both units rated visiting as a nonstressful experience because visitors offered moderate levels of reassurance, comfort, and calming. Patients in the intensive care unit worried more about their families than did patients in the complex care medical unit but valued the fact that visitors could interpret information for the patients while providing information to assist the nurse in understanding the patients. Patients in the intensive care unit were more satisfied with visiting practices than were patients in the complex care medical unit, although both groups preferred visits of 35 to 55 minutes, 3 to 4 times a day, and with usually no more than 3 visitors.
- **CONCLUSIONS** These data provide the input of patients in the ongoing discussion of visiting practices in both intensive care units and complex care medical units. Patients were very satisfied with a visiting guideline that is flexible enough to meet their needs and those of their family members. (American Journal of Critical Care. 2004;13:194-198)

Advances in science and technology have made nursing practice in acute care settings highly complex, rapid, and demanding. Within this challenging healthcare environment are patients and their families. We know that families want proximity to and information about their loved ones, but the benefits of having a patient’s family members present during the patient’s hospitalization can depend on the patient’s condition and the family-patient dynamics.

As knowledge of environments that support family-centered care has evolved, changes have been made in visiting practices for pediatrics and obstetrics. Conversely, adult care units, both general care and intensive care units, have been slow to change their family visiting practices. Nurses often think they must control visits by patients’ families and others to protect what the nurses perceive to be the best interests of the patients, although nurses can identify the beneficial effects of visiting both for patients and patients’ families. Current nursing literature clearly indicates that family visiting practices in acute care settings still vary widely and that debates continue in many areas of care.

Nurses can identify the benefits of visiting, both for patients and for patients’ families.
Because of the paucity of literature, research is needed to determine patients’ preferences with respect to visits by their families. Nurses require these data in order to influence individual patients’ care, nurses’ attitudes, and institutions’ visiting policies. Thus, the purpose of our study was to describe patients’ preferences for family visiting in an intensive care unit (ICU) and a complex care medical unit (CCMU), specifically the stressors, benefits, preferences, and outcomes of such visiting.

Guidelines for visiting patients in acute care settings vary widely.

Methods

In this descriptive study, a questionnaire was used within an interview format to measure the perceived benefits, stressors, and outcomes of family visiting and the preferences of patients from a CCMU and an ICU regarding visitors.

Sample

The study took place in an ICU and a CCMU at Massachusetts General Hospital, a large academic medical center in Boston. The ICU had a contractual visiting policy that allowed an individualized approach for families’ visits; the CCMU followed the hospital’s standard, which allowed family visits between 1 PM and 8 PM. Patients were approached while they were inpatients in 1 of the 2 units. Patients were asked to participate if they were more than 18 years old, alert, oriented with no known active psychiatric illness, and able to speak English. ICU patients had to be in stable hemodynamic condition and not intubated (a situation that may not reflect typical ICU patients).

A total of 62 subjects, 31 ICU patients, and 31 CCMU patients agreed to participate in this study. The subjects included 36 men and 25 women, with a mean age of 61 years. (One ICU patient did not complete the demographic section because of fatigue.) All the ICU patients were in private rooms; 28 (90%) of CCMU patients were in semiprivate rooms. Table 1 gives demographic and hospital environment data (n=61).

Instrument

Simpson’ developed the Patient’s Perception of Visits in Critical Care, a questionnaire about patients’ perceptions. Content areas include the patient’s preference for visiting, the stressors and benefits of the visitor or visitors on the patient, and the perceived outcome of satisfaction with hospital visiting parameters. Content validity was established by a panel of nurse researchers and ICU nurses, and validity was tested by 3 subjects. The instrument is administered verbally, and subjects’ responses are written verbatim at the time of the interview.

For this study, the questionnaire was altered to address not only subjects in an ICU but also subjects in a CCMU. The revised instrument is called Patient’s Perceptions of Visiting in the Hospital. Each stressor, benefit, and outcome of visiting was measured on a 5-point Likert scale, with higher scores indicating more stressors, more benefits, more adverse outcomes, and higher satisfaction with visiting. Demographic data were modified to include reason for hospital admission and current and preferred hospital accommodations. The Cronbach $\alpha$ for the benefit subscale for this sample was .89.

Procedure

After approval of the study by the subcommittee on human subjects, patients were approached while they were inpatients in either the ICU or the CCMU. One of the investigators approached the clinical nurse caring for each patient to validate that the patient met inclusion criteria. Once the nurse verified that the patient met the criteria, the investigator approached the patient with a letter that discussed the purpose, procedure, risk, benefits, and guarantee of confidentiality for the study. If the patient agreed to the interview, the investigator interviewed the subject by following the format of the revised questionnaire (the Patient’s Perception of Visits in the Hospital). All responses to the questions were recorded on the questionnaire, and any comments by the subject were written verbatim in the free text section. In order to ensure anonymity, subjects were not identified on the questionnaires.
Table 2 Preferences of patients regarding visiting*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Intensive care unit</th>
<th>Complex care medical unit</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stressors regarding visitors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient felt need to entertain</td>
<td>1.84 ± 1.1</td>
<td>1.77 ± 1.0</td>
<td>.81</td>
</tr>
<tr>
<td>Patient felt he or she couldn’t rest</td>
<td>2.17 ± 1.2</td>
<td>2.13 ± 1.3</td>
<td>.90</td>
</tr>
<tr>
<td>Patient felt lack of privacy</td>
<td>1.77 ± 1.0</td>
<td>1.80 ± 1.1</td>
<td>.90</td>
</tr>
<tr>
<td>Patient worried about visitors’</td>
<td>2.84 ± 1.4</td>
<td>2.10 ± 1.3</td>
<td>.04</td>
</tr>
<tr>
<td>travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Benefits regarding visitors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visitor can interpret information</td>
<td>3.13 ± 1.3</td>
<td>2.47 ± 1.2</td>
<td>.05</td>
</tr>
<tr>
<td>Visitor can calm me down</td>
<td>3.29 ± 1.4</td>
<td>3.19 ± 1.3</td>
<td>.78</td>
</tr>
<tr>
<td>Visitor can provide information</td>
<td>3.19 ± 1.8</td>
<td>2.74 ± 1.4</td>
<td>.17</td>
</tr>
<tr>
<td>Visitor helps nurse understand me</td>
<td>3.00 ± 1.2</td>
<td>2.33 ± 1.3</td>
<td>.05</td>
</tr>
<tr>
<td>Visitor provides reassurance</td>
<td>3.53 ± 1.2</td>
<td>3.10 ± 1.2</td>
<td>.29</td>
</tr>
<tr>
<td>Visitor reinforces treatment</td>
<td>3.10 ± 1.3</td>
<td>2.74 ± 1.4</td>
<td>.32</td>
</tr>
<tr>
<td>Visitor provides comfort measures</td>
<td>3.52 ± 1.2</td>
<td>3.77 ± 1.1</td>
<td>.42</td>
</tr>
<tr>
<td>Visitor helps nurse with other aspects</td>
<td>2.26 ± 1.3</td>
<td>2.39 ± 1.3</td>
<td>.70</td>
</tr>
<tr>
<td><strong>Outcomes of visiting practice</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied with current visiting practice</td>
<td>4.00 ± 1.1</td>
<td>3.38 ± 1.1</td>
<td>.04</td>
</tr>
<tr>
<td>Hindered ability to rest</td>
<td>1.37 ± 0.6</td>
<td>1.68 ± 1.0</td>
<td>.15</td>
</tr>
<tr>
<td>Intensified pain experience</td>
<td>1.31 ± 0.6</td>
<td>1.52 ± 0.9</td>
<td>.35</td>
</tr>
<tr>
<td>Stressed by visitors</td>
<td>1.47 ± 0.7</td>
<td>1.32 ± 0.7</td>
<td>.42</td>
</tr>
<tr>
<td>Preferred length of visits, minutes</td>
<td>55 ± 81</td>
<td>35 ± 18</td>
<td>.58</td>
</tr>
<tr>
<td>Preferred frequency of visitors, per day</td>
<td>3 ± 4</td>
<td>3 ± 3</td>
<td>.29</td>
</tr>
<tr>
<td>Number of visitors per visit</td>
<td>3 ± 3</td>
<td>3 ± 3</td>
<td>.58</td>
</tr>
<tr>
<td>Minimum age of visitors, years</td>
<td>14 ± 12</td>
<td>18 ± 12</td>
<td>.44</td>
</tr>
</tbody>
</table>

*All scores for stressors, benefits, and outcomes are on a Likert scale from 1 (not at all) to 5 (extremely).

Results

ICU and CCMU patients who participated in this study rated visiting as a nonstressful experience, because visitors offered moderate levels of reassurance, comfort, and calming effects. A stressor for ICU subjects was worry about their visitors’ traveling to visit them ($P = .04$). ICU patients valued the fact that visitors can assist them in interpreting the information provided by healthcare providers and that visitors can provide information to help nurses understand a patient’s personality and coping style ($P = .05$; Table 2).

From the perspective of nursing practice and visitor guidelines, ICU patients were more satisfied with the visiting practices than were CCMU patients ($P = .04$). This ICU used contractual visiting guidelines based on the nurse’s knowledge of a patient and the patient’s families. We found no significant differences between the 2 groups of patients in relation to length of visit (34-55 minutes), number of visits per day (3-4), number of visitors per visit (3), and the minimum age of visitors (12-14 years). Neither group perceived visitors as stressful or thought that visitors hindered rest or intensified pain (Table 2).

A total of 23 (37%) of the 62 patients in the study thought that offering unlimited visiting hours was the best guideline for visits, whereas 35% wished to have visitors only once a day. Only 8% thought that having visitors in the morning was appropriate, and 50% preferred visitors in the afternoon. Patients thought it appropriate for both nurse and patients to ask visitors to leave; 32% thought that all visiting should end at 8 pm, and 22% wanted visitors restricted if a patient was experiencing signs or symptoms.

Conclusions

These data provide the input of patients in the ongoing discussion of visiting practices. Patients clearly see the value in having visitors and are very satisfied with a visiting guideline that is flexible enough to meet the patients’ needs and the needs of visitors. Patients in the ICU and the CCMU thought that having visitors demonstrated that the patients were loved and cared for by others. One ICU patient described how “the knowledge that people are coming makes you feel like
they love you,” and a patient from the CCMU described how “not being alone makes you feel happy and loved.”

Although patients in both units expressed satisfaction with flexible visiting hours, patients did indicate times during which visitors should be restricted. These restricted times included times when patients are unsure of the daily routine, when patients are not feeling well, and when family or visitor dynamics are not optimal. Patients from both the ICU and the CCMU expressed concern with having visitors in the early morning and later in the evening when the patients were attempting to rest, and patients expressed a desire to have limited visiting when they were scheduled to have a procedure or when they had the opportunity to speak with their physicians.

Patients in both units expressed satisfaction with flexible visiting hours.

In general, visitors are a welcome diversion from the daily hospital routine. One patient from the CCMU explained, “When you are feeling good, it’s nice to have someone come and shoot the breeze with you. It is a long day here when you are alone.” The topic of visitors provides an opportunity for patients and nurses to communicate openly and to collaboratively devise a plan for visiting to best meet the needs of the patients, visitors, and healthcare providers.

ACKNOWLEDGMENT
This study was funded by a Clinical Inquiry Grant from the American Association of Critical-Care Nurses. The authors thank Linda Godfrey-Bailey, RN, MSN, for her assistance with data collection.

REFERENCES
Study Synopsis: Research has explored family members’ and caregivers’ perceptions of visiting practices, yet patients’ perceptions of visiting policies in the intensive care unit (ICU) have not been explored. This study examined the visiting preferences of patients hospitalized in an ICU and in a complex care medical unit. A total of 62 patients participated in a structured interview that assessed their visiting preferences, perceived stressors and benefits of visiting, and satisfaction with hospital visiting policies. Patients preferred flexible visiting with visits of 35 to 50 minutes in length, 3 to 4 times a day, with no more than 3 visitors at a time. The patients rated visiting as a nonstressful experience and cited that visiting offered comfort and reassurance. The results of this study highlight the importance of involving patients in decisions regarding visiting practices in the ICU.

F. Clinical Significance
- What are the implications of the study for clinical nursing?
- Why are the study results limited in generalizability?

Information From the Authors: Diane Carroll, RN, PhD, co-author of this journal club article, provided additional information about the study. Carroll explained that the research team chose to study the topic in order to assess patients’ perceptions of visiting hours, something that has not been adequately explored. Carroll shared, “The choice for this study was based on a review of the literature that revealed a gap in knowledge regarding patients’ preferences for visiting. We know what families need and want, but there was a paucity of knowledge about patients.” Carroll added, “The research suggests that ICU patients perceived a benefit from visitors and that visitors were helpful, but patients wanted flexibility and control over when, how long, and how many visitors they had during the course of hospitalization.”

Carroll explained that while the study results were important in identifying patients’ preferences for visiting, additional research is needed. She added, “Based on this limited data set, we could offer no recommendations specifically to define visiting guidelines. The data points to the need for individualization of each patient’s preferences.”

Implications for Practice: According to the study results, patients are most satisfied with a visiting policy that is flexible. Of interest is that only 33% preferred unlimited visiting hours, relating that restrictions on visiting hours were beneficial for rest, during procedures, and for time to dialogue with their physicians. Carroll shared, “The major implication for practice is the need to maintain flexible visiting hours to meet patients’ needs and preferences. This data provides nurses with knowledge to better understand patients’ perspectives and the value they place on contact with their families.”

Journal Club feature commentary is provided by Ruth Kleinpell.
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Am J Crit Care 2004;13 194-198
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