In many specialties of nursing practice, we often encourage as much family participation in patient care as possible. It is not uncommon to see family members giving baths to their loved ones or being present during patient care provided by the staff when on medical-surgical floors in a hospital. In an intensive care unit setting, this is not always the case, as some units have closed visitation and restrict family involvement in care while others have open visitation and encourage family participation whenever possible. Understandably so as the patients are critically ill and require more frequent monitoring and more intensive care in order for them to be in a stable health state. Current research on this topic is mostly focused on caregiver perspectives, both the nurse and family. Articles that were found included positive and negative feedback regarding open visitation in intensive care units and many articles stated that with enough research open visitation could become the new standard. However, there is a lack of research that includes the patient perspective regarding their family's involvement in care or simply their presence during times when staff is providing essential care. It is important to identify what the patient perspective is on open visitation in order to ensure a change in policy would be in the best interest of the patient.

Our research specifically looked at how patient health status was affected by family visitation and the impacts on safety, infection control, and exhaustion. This research allowed the team to not only conduct an extensive literature review on the topic and discover the gap in the literature regarding the patient perspectives, but additionally develop a research proposal to conduct a study to gather data on the patient perspective of open visitation. The study would be a qualitative descriptive study including a control and variable group. We focused specifically on adult intensive care units, however that does not mean similar studies cannot be done on other patient population specific intensive care units such as pediatric and neonatal. We chose a convenience sample and would conduct interviews to gather the patient perspective data.

The question that guides this investigation is: how does family participation in care in the adult intensive care unit setting affect patient perspectives of experience with care, psychological state, and overall satisfaction with care in comparison to if family involvement in patient care was restricted? It is important to consider how removing or implementing family participation in care may affect the patient as their well-being is a primary concern in the healthcare setting. Additionally, patient safety is another primary concern when discussing possible policy changes where family members who may not be licensed medical professionals could take part in care of a patient who is critically ill.
Keywords:
Evidence-based Practice, Intensive Care Unit Visitation and Student Project

References:


Abstract Summary:
Undergraduate research assignment exploring how patient health status is affected by family visitation. Current practice restricts family visitation in adult ICUs due to concerns of infection, safety, and exhaustion. The question of the benefits outweighing preconceived cons from family presence within the adult intensive care unit.
Content Outline:

I. Introduction

In many specialties of nursing, it is often encouraged for family to be present and participate in patient care whenever possible. When a patient is admitted to the intensive care unit, the same is not always true. Depending on facility an open visitation policy can be their protocol and for others there may be restricted access for family members. Current research focuses primarily on the caregiver perspective, both nurses and family members, however lacks input from the patients. The question that guided our research and brought us to identify this gap in the literature was how does the family participation in care in the adult intensive care unit setting affect patient perspectives of experience with care, psychological state, and overall satisfaction with care in comparison to if family involvement was restricted. It was also important that we considered how removing or implementing family involvement in care may affect patient safety, as that is a high level priority when in the health care setting.

II. Main Point 1

Current practice restrictions: Currently there is restrictions on when family can visit and how long in many intensive care units. Additionally, with health care patients are required to name a health care proxy to make decisions when they cannot and with how critically ill patients are in an ICU, this family member may have the opportunity to use their voice more frequently than on other units in the hospital. With families wanting to be involved this can place an additional burden on care with several people wanting to be involved in the decision making process. Families have expressed dissatisfaction when their access to their loved ones were restricted and units receive better scores when visitation is more open.

III. Main Point 2

Family Participation in Care: Safety is a major concern when allowing family members to participate in care when the patient is as sick as those in the ICU. Patients have more equipment and physically may have more injuries than patients on medical-surgical floors where families would have the ability to, for example bath their loved one should they choose. Our research showed that families were willing to learn how to care for their loved one, not only to care for them in and out of the hospital, but to be less intimidated by their current health state.

IV. Main Point 3

Healthcare professionals opinions: Several articles were found including the opinions of health care professionals’ opinions on the benefits of open visitation. They were able to identify decreased anxiety and an overall better satisfaction with care when open visitation was implemented on the ICU. The major cons coming from implementing these policies include concerns for patient safety and health care professionals performance. Proper education would be required in order for families to be able to adequately provide care to their loved ones. Health care professionals have stated concerns for their performance when under the direct supervision of family members.

V. Conclusion

After conducting the literature review and discovering the gap for patient perspectives, our group determined the need for further research on this topic. Current research is showing evidence in support of changing visitation policies, however a full change would need patient perspectives in order to be certain that the change would be in the best interest of the patient. The final part of our project included a research study proposal for us to gather data on the patient perspective in order to start closing the gap in the literature.

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**Professional Experience:** I just recently completed my BSN program at Kent State University where the project was completed by myself and several of my fellow classmates during our evidence-based practice course. Our focus was specifically on critical care as we each had a passion for pursuing a career in critical care nursing at the time I have been a member of Sigma for a little over a year now and have spent that first year as a chapter leader. I was chosen to serve as one of the student leadership interns during the 2017-2018 academic year.

**Author Summary:** Ashley is a recent BSN graduate from Kent State University and is a newly hired pediatric emergency room nurse at Pittsburgh Children’s Hospital. She has been a sigma member since April of 2017 and has served as student leadership intern and is now the current secretary of the Delta Xi Chapter.

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