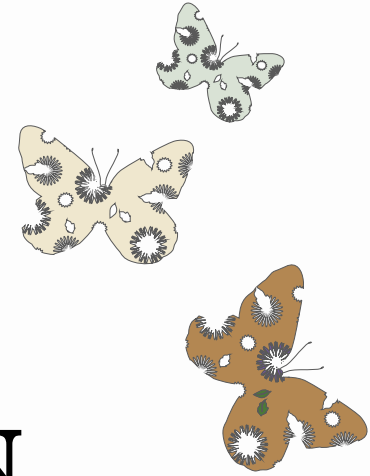




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# **FLEXIBLE VISITATION IN CRITICAL CARE UNITS**

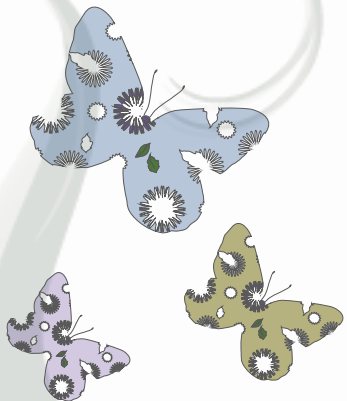
**Joanne Eckert RNC, MSN**

**Alina Pedchenko RN, MSN**

Special acknowledgement for contribution to the study:

**Ana Maria Catanzaro RN, PhD**

**Darcella Mercer-Wilson RN, MSN, CPN**

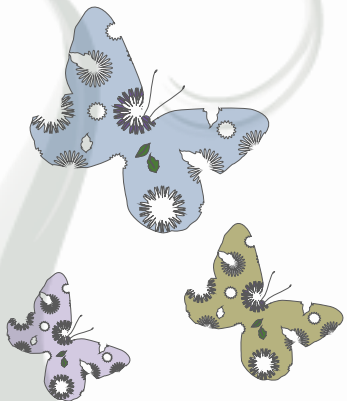


# Faculty Disclosure

<b>Faculty Name</b>	N/A
<b>Conflict of Interest</b>	
<b>Employer</b>	
<b>Sponsorship/Commercial Support</b>	



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

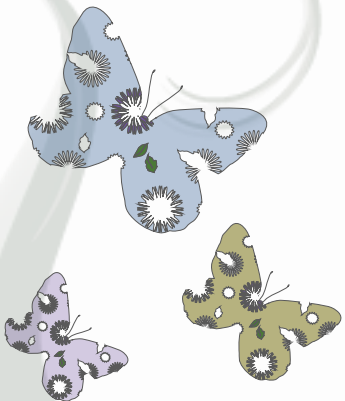
## Goal:

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.

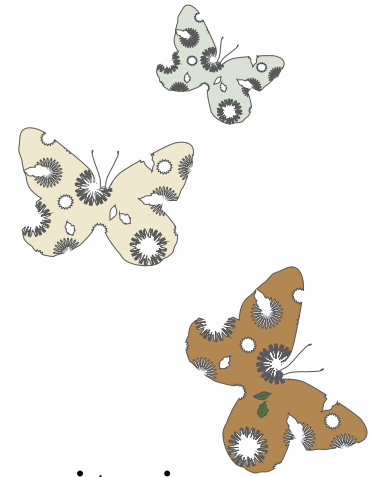


## Objectives:

- #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.

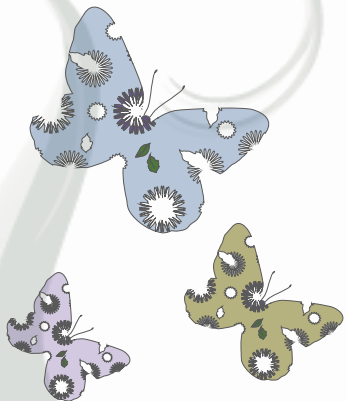


# FLEXIBLE VISITATION IN CRITICAL CARE UNITS



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





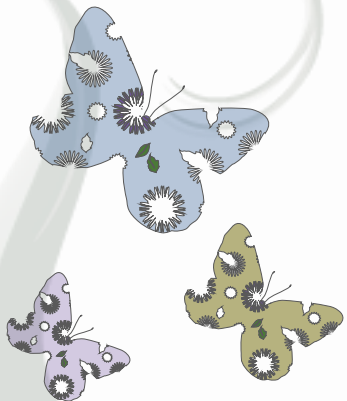
# BARRIERS TO FLEXIBLE VISITATION IN CRITICAL CARE UNITS



## NURSE PERCEPTION/VALUES/ PRACTICE

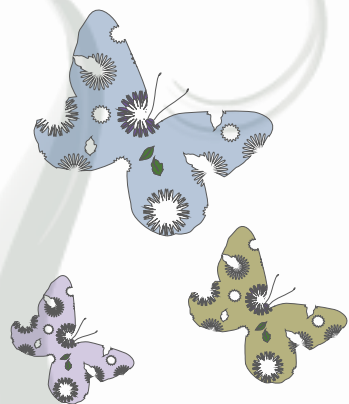


- ✱ Disruptive to nursing staff
- ✱ Interferes with direct nursing care
- ✱ Less time providing patient care/more time providing patient information
- ✱ Physically and psychologically stressful for patients and family
- ✱ Decreased patient privacy



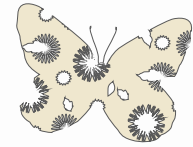
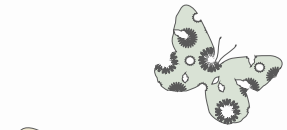
# PROBLEM

- ✿ 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**

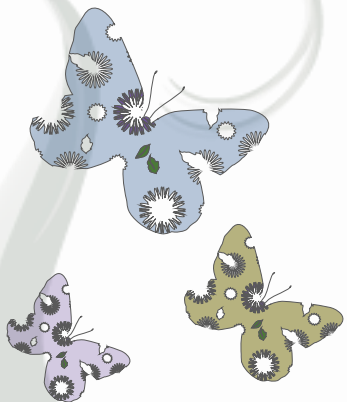


Historically these terms have been used synonymously!

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

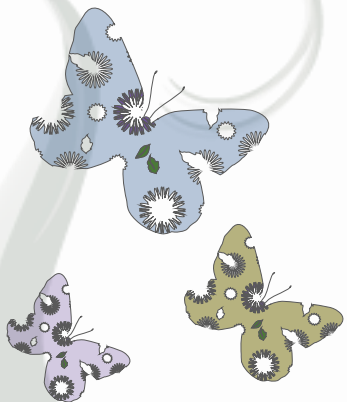
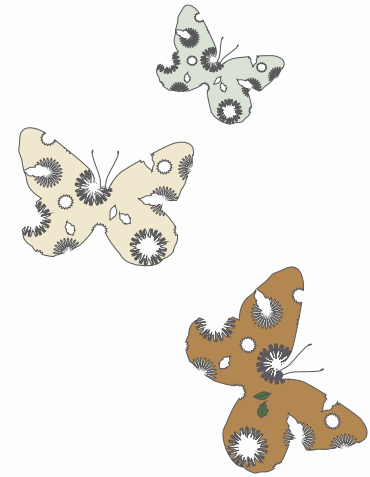
**Flexible Visitation:** visitation that is set according to the discretion of the nurse.

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

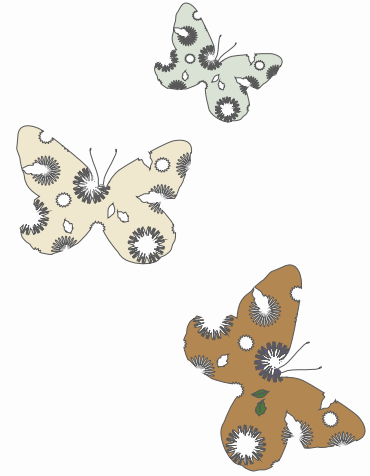


# PURPOSE OF THE STUDY

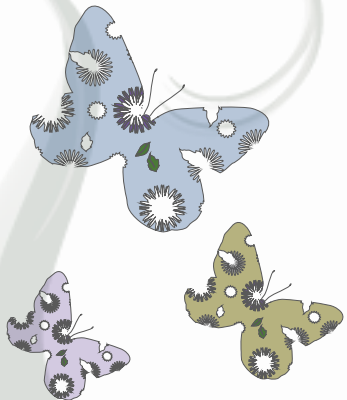
- ✿ To identify and describe nurses' suggestions to make flexible visitation more acceptable to critical care nurses.



# RESEARCH QUESTION



- ✿ What suggestions do nurses have to make flexible visitation more acceptable and successful in the critical care unit?



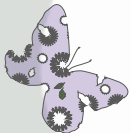
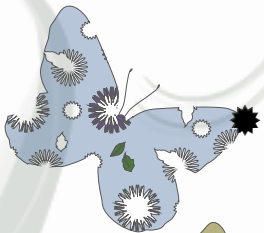
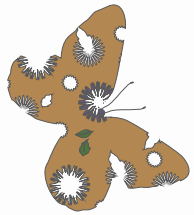
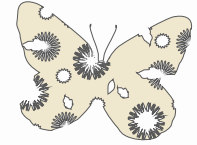
# THEORETICAL FRAMEWORK

## THEORY OF REASONED ACTION

by Ajzen and Fishbein

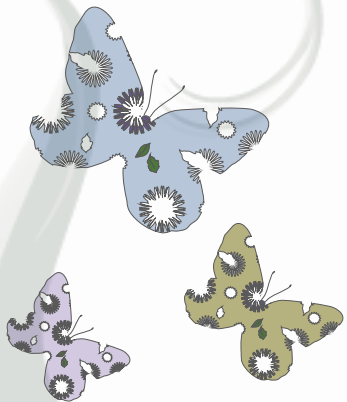
Identifies variables that influence behavior

- \* *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



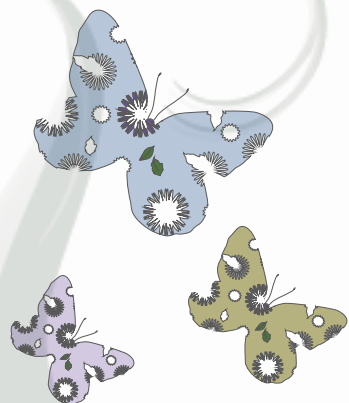
# DESIGN METHOD

- ✿ 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





# SAMPLE

- **Adult Intensive Care Unit (ICU)**

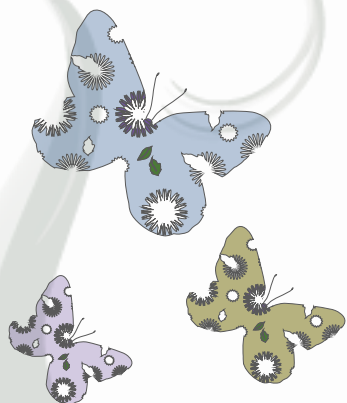
- ✧ Possible 56 nurses & 1 unit manager were invited to participate

- 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

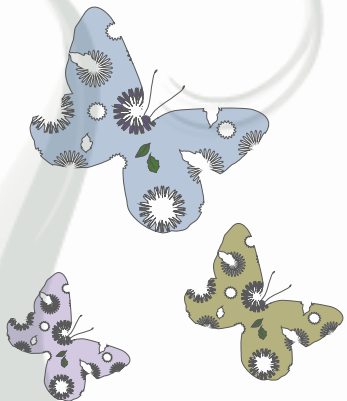


## ✿ Inclusion Criteria

- ✿ Permanent RN staff on the NICU and ICU
- ✿ Full-time, Part-time, and PRN

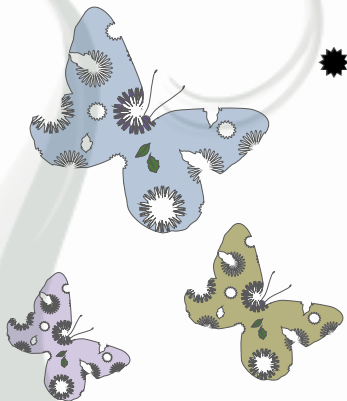
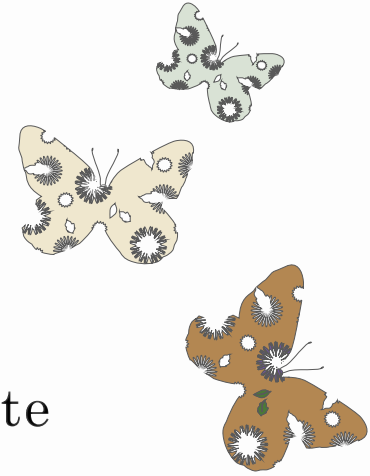
## ✿ Exclusion Criteria

- ✿ Agency RNs
- ✿ RNs floating from other permanent nursing unit



# DATA ANALYSIS

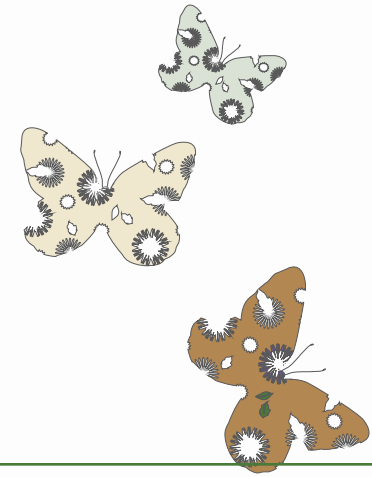
- Data was analyzed using SPSS 17.0.
- Nonparametric, univariate and bivariate statistics were performed on the data.
- Univariate tests included frequencies and percentages for each variable.
- Bivariate tests used to analyze data were the Pearson's Chi-square and Spearman's rho in order to examine 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.



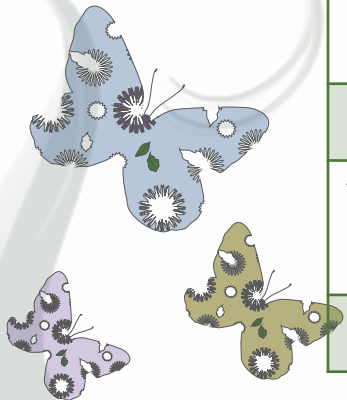
# RESULTS

Total 62 Respondents

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



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



# 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)\_\_\_\_\_

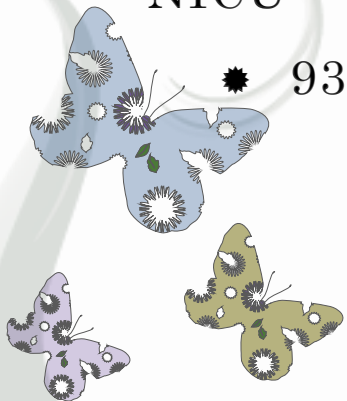
## Adult ICU

- 43.3% responded open (26.7% flexible & 30% other)\*

## NICU

- 93.5% responded open

Pearson's Chi-Square .000



# RESULTS BY QUESTION

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)\_\_\_\_\_

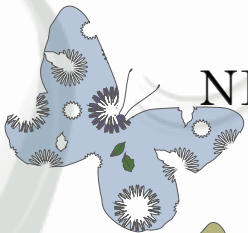
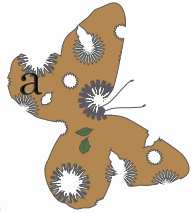
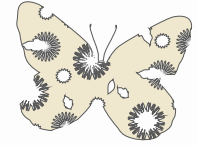
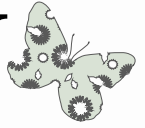
Adult ICU

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

NICU

- 69.0% open

Pearson's Chi-Square .000



# RESULTS BY QUESTION

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)

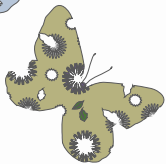
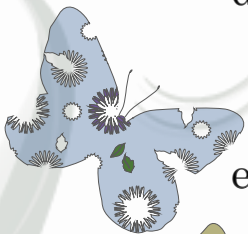
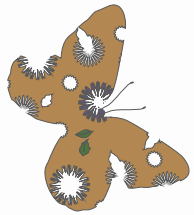
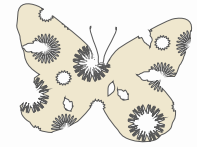
(ICU 13.6%)

NICU 3.6%

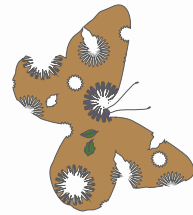
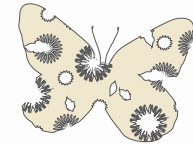
e. Other

(ICU 13.6%)

NICU 14.3%



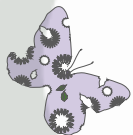
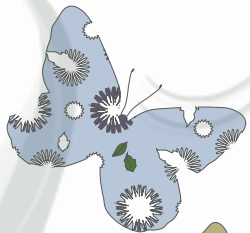
# RESULTS BY QUESTION



## 4. SELECT ALL THAT APPLY:

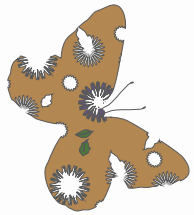
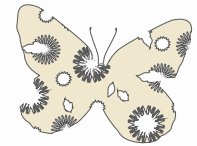
What can nurses collaboratively do to implement more flexible or open visitation in a critical care unit?

- 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%**





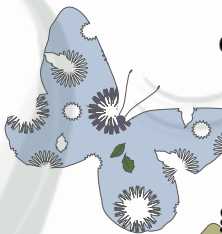
# RESULTS BY QUESTION



## 5. SELECT ALL THAT APPLY:

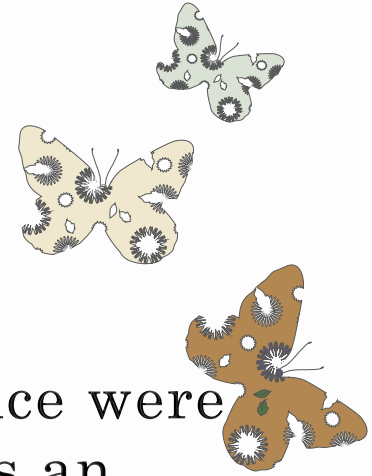
How can management and administration support the successful transition to flexible or open visitation?

- 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%)



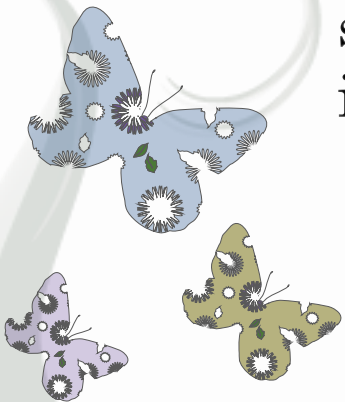
# CONCLUSION

- ✿ 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

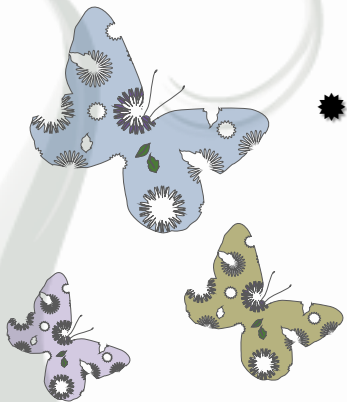
- Other obstacles to flexible and open visitation were noted by both units.
- NICU: too many visitors on the unit, nurses disagreeing on best practice, and lack of patience and willingness to change on behalf of the staff.
- Adult ICU: stress on the nurse, patient safety, and inability of families to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

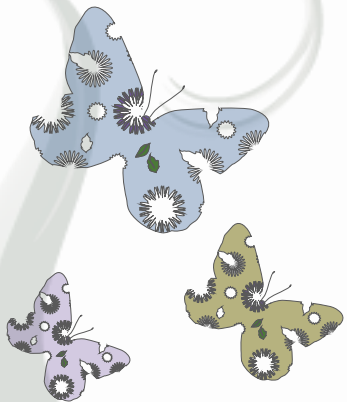


- ✿ The data has provided insight as to what nurses see as obstacles to successful implementation of flexible and open visitation and suggestions to make change.
- ✿ Further research needs to be done.
  - ✿ Repeat the survey on a multi-institutional level
  - ✿ Increase the sample size
  - ✿ Examine differences among different types of institutions





Thank You!





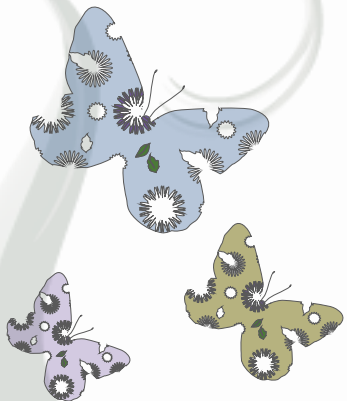
# Contact Information

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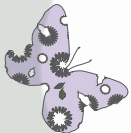
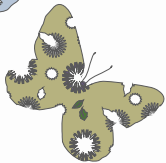
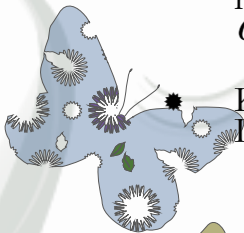
✿ Alina Pedchenko

✿ [Alina.Pedchenko.MSN.RN@gmail.com](mailto:Alina.Pedchenko.MSN.RN@gmail.com)



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Sims, J. M., & Miracle, V. A. (2006). A look at critical care visitation the case for flexible visitation. *Dimensions of Critical Care Nursing*, 25, 175-181.

