Liberating Restricted Visiting Policy in Greek Intensive Care Units: Is it that complicated?

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Background

• Family is an essential part of an individual’s life.
• During hospitalization families may experience crisis and they may need increased visiting time.
• There is evidence that both the policy of flexible and open visiting in ICUs benefit the patients as well as their families.
• In Greek ICUs, visiting hours are restricted, resulting in conflicts between ICU staff and family members and in ethical issues.


Aim

To assess the beliefs and attitudes of Greek ICU nurses towards family’s visits and open visiting policy, as well as their beliefs about the effects of visiting on patients, families and ICU staff.
Method

- A descriptive correlational design was used
- A random sample of 6 hospitals in Athens was studied (n=226 ICU staff nurses participated).
- Data was collected via an anonymous questionnaire consisting of 4 parts:
  - Two scales to assess nurses’ beliefs (Marco et al 2006, Berti et al 2007).
  - A scale for the assessment of nurses’ attitudes towards family’s visits (Berti et al 2007).
  - A demographic data collection sheet and five open-ended questions about current visiting policy.
- A pilot study preceded data collection (n=19)
- Statistical analysis was performed by SPSS version 17.0.
Main Results

- 143 questionnaires were collected (n=226 - response rate 63%).
- The majority of nurses were female (78.3%) and held an associated degree (45.5%), while 31.5% had a bachelor degree.
- The mean ICU experience was 6.0 years (±5.2) and the mean number of shifts in a 15 day-period was 6.0 (±2.8).
- Cronbach’s alpha was 0.72, 0.82, 0.83 for the 3 scales respectively.
Main Results (Nurses’ beliefs)

1st beliefs’ scale consisted of 3 subscales referring to the effect of visiting and open visiting policy on

- the patient,
- the family and
- nursing staff.

Family
- increases family’s satisfaction (84,6%) and
- reduces their anxiety (65,7%), but
- exhausts its members (69,9%) and
- doesn't provide more information (67,8%) or reassurance (73,4%) about patient’s condition to the family.

Patients
- provides emotional support (89,5%) and
- increases their will to live (80,4%), but
  - hinders their rest (62,2%), while
- the overall effects of visiting depend both on patients and families (91,6%).

Nursing staff
- It hampers planning of adequate nursing care (75,5%) and
  - is unsupportive for the caregivers (84,6%), while
- increases their physical and psychological burden (87,5%).
  - It makes nurses feel controlled (67,2%) and
  - half of the nurses feel nervous because are afraid to err.
- 55,2% of the nurses doesn’t feel qualified to interact with the family and
- doesn’t heighten nurses’ professional satisfaction (73,4%).
Main Results (Nurses' attitudes)

- Nurses attitudes towards liberal visiting hours were rather negative. They would make exceptions only for:
  - emotionally weak or
  - dying patients or
  - for families unable to comply with the policy.

- They were negative about giving control of visitation to the patient, even if he/she is capable (65%) and
- they didn’t want an open visiting policy in their unit (94,4%).

Table 1. Mean scores of the scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean Score</th>
<th>Min-Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st belief scale (1st subscale)</td>
<td>2.40</td>
<td>1-4</td>
</tr>
<tr>
<td>1st belief scale (2nd subscale)</td>
<td>2.68</td>
<td>1-4</td>
</tr>
<tr>
<td>1st belief scale (3rd subscale)</td>
<td>2.09</td>
<td>1-4</td>
</tr>
<tr>
<td>Total score (1st belief scale)</td>
<td>2.40</td>
<td>1-4</td>
</tr>
<tr>
<td>2nd belief scale</td>
<td>2.78</td>
<td>1-5</td>
</tr>
<tr>
<td>Attitudes' scale</td>
<td>2.74</td>
<td>1-5</td>
</tr>
</tbody>
</table>
Main Results

- Instability of a patient’s condition and nursing workload were regarded as the most important factors for denying access to the family (Table 3).

- Flexible visitation was regarded as ideal visiting policy for the patients and their families and restricted visitation for nurses (Figure 1).

### Table 2. Obstacles in the liberation of visiting hours.

<table>
<thead>
<tr>
<th>Obstacle</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unstable patient</td>
<td>1 (1, 3)</td>
</tr>
<tr>
<td>Nursing workload</td>
<td>2 (1, 2)</td>
</tr>
<tr>
<td>Psychological burden for nurses</td>
<td>3 (2, 4)</td>
</tr>
<tr>
<td>Communication problems with family</td>
<td>3 (2, 5)</td>
</tr>
<tr>
<td>Other obstacles (bacterial dispersion)</td>
<td>3 (2, 8)</td>
</tr>
<tr>
<td>Space problem in ICUs</td>
<td>4 (2, 5)</td>
</tr>
<tr>
<td>Nursing attitudes</td>
<td>5 (2, 6)</td>
</tr>
<tr>
<td>Physicians’ attitudes</td>
<td>6 (2, 7)</td>
</tr>
</tbody>
</table>

### Figure 3. Ideal visiting policies.
Main Results

• No significant correlations were found between variables “having children”, “education level” or other personal data and total scale score.

• Only the variable “number of shifts” was negatively correlated to the scale scores. Positive correlations were found for the variables “work experience”, “ICU work experience” and “adequacy in nurse/patients ratio”.

Table 3. Correlation between beliefs’ and attitudes’ scales

<table>
<thead>
<tr>
<th>Scale Type</th>
<th>Correlation Type</th>
<th>r</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st beliefs’ scale</td>
<td></td>
<td>0.42</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>2nd beliefs’ scale</td>
<td></td>
<td>0.45</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Attitudes’ scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st beliefs’ scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd beliefs’ scale</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Main Results

The social-demographic factors
- “work experience”,
- “adequate staffing” and
- “number of shifts”

were found to be independently correlated and to predict the score of the 3 scales (Table 5).

Table 4. Linear regression analysis results.

<table>
<thead>
<tr>
<th>Social-demographic factors</th>
<th>β</th>
<th>SE</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st beliefs’ scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of shifts in 15day period</td>
<td>-0.41</td>
<td>0.20</td>
<td>0.040</td>
</tr>
<tr>
<td>How well is the ICU staffed</td>
<td>0.92</td>
<td>0.46</td>
<td>0.048</td>
</tr>
<tr>
<td>2nd beliefs’ scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years of experience as an ICU nurse</td>
<td>0.32</td>
<td>0.15</td>
<td>0.035</td>
</tr>
<tr>
<td>How well is the ICU staffed</td>
<td>1.63</td>
<td>0.66</td>
<td>0.014</td>
</tr>
<tr>
<td>Attitudes’ scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years of experience as an ICU nurse</td>
<td>0.25</td>
<td>0.11</td>
<td>0.023</td>
</tr>
<tr>
<td>Number of shifts in 15day period</td>
<td>-0.46</td>
<td>0.20</td>
<td>0.021</td>
</tr>
</tbody>
</table>
Discussion

• Visitation still causes conflicts in ICU settings, due to the often opposing needs of patients, families and nurses.

• Families need hope, reassurance, honesty and adequate information as well as closeness.

• Patients need more time with their loved ones, who can provide care, calmness, and a link with the “world” outside the ICU.

This study revealed that Greek ICU nurses perceive some of the relatives’ important needs, such as the information and the reassurance differently.

• They don’t feel appropriately qualified to interact with the family, in an open visiting policy, which shows that the staff ignores relatives’ needs, focusing mostly on the patient.
Discussion

• Greek ICU nurses recognize the emotional benefit of flexible visitation for ICU patients and their families.

• They are concerned about the negative effects of open visitation on the standard nursing care routine and about the psychological burden that they receive from stressed relatives.

• The increasing number of responsibilities and shifts, the high levels of stress and fatigue in nurses, lead nurses to regard family as “intruders” and to use visitation as an authority tool.

• The independent correlation of the factors “work experience”, “adequate staffing” and “number of shifts” with the 3 scales, provide us with useful information regarding the successful implementation of flexible and open visiting policies.
Clinical perspectives

- Nurses make decisions about leniency or restrictions on the standard visiting policy, according to different circumstances.
- Acknowledgement of nurses’ beliefs and attitudes should be the first important step towards flexible and open visiting policies.
- Nurses stated that they need...
  - Well-staffed ICUs with experienced nurses
  - Less shifts/week and an increase in the nurse/patient ratio
  - Education regarding relatives’ needs and family dynamics
  - Support in order to cope with the psychological burden
  - Combined efforts to provide adequate information to relatives about the condition of the patient, visiting policies and function of ICUs

- Unless efforts are made to address nurses’ needs, attempts to integrate families to the patient care plan could be unsuccessful.
Limitations

• Data was collected only from the 6 of the 13 randomly selected hospitals due to administrative issues.

• The response rate was moderate and reached 63% (acceptable response rate for long questionnaires is above 60%).

• 3 of the 6 participating hospitals were military (less shifts, higher level of nurses’ education, better working conditions).
Conclusions

• ICU visitation is a controversial issue that still causes conflict.

• Greek ICU nurses have rather negative beliefs and attitudes toward visiting and open visiting policy.

• Patients and their families need support, but support of the staff may be equally important.

• There is a need to support nurses in order to overcome the barriers of imposing new visiting policies in the ICU.

• Improved institutional management could provide well-staffed ICUs with experienced nurses and less shifts/week, which may have an effect on nurses’ defensive attitude towards liberal visitation.
Thank you for your attention!