Opening up the visiting hours: a paediatric perspective

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ESPAÑOL

Ampliando los horarios de visita: una perspectiva pediátrica

Palabras clave

Cuidado centrado en la familia, horario de visita, presencia de la familia

Resumen

- Durante la última década la presencia de la familia y el cuidado centrado en ella han sido enérgicamente debatidos en la enfermería en cuidado crítico. Este debate tuvo como resultado varias publicaciones de investigaciones en la materia. Lo que se puede aprender de la literatura es que además de la necesidad de información la proximidad al paciente es el punto más importante para los miembros de la familia de pacientes en cuidado intensivo.
- Hay suficiente evidencia de la influencia positiva de los horarios de visita abiertos en la familia y seres más cercanos. La pregunta es: ¿cuáles son las barreras que han evitado que este conocimiento se traduzca suficientemente en la práctica? Los horarios de vista abiertos en cuidado intensivo no son comunes; es una realidad solo en pediatría y las políticas de visita en Europa varían de país en país.
- Para lograr un consenso en Europa en relación a esta materia, las necesidades de los pacientes, familiares y personal deben ser claramente definidos. Se requiere un balance entre estas necesidades.

SUMMARY

- During the last decade, family presence in intensive and family-centred care has been a topic hotly debated in critical care nursing. This debate resulted in the publication of several papers researching the matter. What can be learned from the literature is that besides the need for information, proximity to the patient is the most important point for family members in intensive care.
- There is sufficient evidence of the positive influence of open visiting hours for family members and close relatives in intensive care. The question is: what are the barriers that have prevented this knowledge from being sufficiently translated into practice? Open visiting in intensive care is still not common; it is realised in paediatrics mainly, and European visiting policies vary from country to country.
- In order to achieve a European consensus concerning this matter, the needs of patients, relatives and staff should be clearly defined and a balance between these needs is required.

INTRODUCTION

In recent years, family presence in intensive and family-centred care has been a frequently discussed topic resulting in numerous publications. In 2007, several European critical care societies, including the European Society of Paediatric and Neonatal Intensive Care (ESPNIC) published a position statement on family presence during cardiopulmonary resuscitation (Fulbrook et al., 2007). Around the same time, the American Institute of Family Centred Care (2006) published recommendations for partnering with patients and families.

There is extended evidence-based information about the needs and experiences of patients and family members in intensive care. Recently, Davidson (2009) published a paper on meeting the needs of patients' families and helping them to adapt to critical illness. What can be learned from the literature is that besides the need for information, proximity to the patient is what family members rate most important in ICU. There is sufficient evidence of the positive influence of open visiting hours for family members and close relatives in intensive care. Both, the patient and the family will benefit from unrestricted presence at the bed side. However, the question remains: What are the barriers that have prevented this knowledge from being sufficiently translated into practice?

Today, a change in European visiting practices in hospitals can be observed and with this an understanding that the patient's loved ones are seen as important for their well being – but this is variable in different parts of Europe. Unrestricted visiting time in intensive care is still not commonly practiced, though it is mainly realised in paediatric intensive care units.

Visitation practices in European paediatric hospitals are influenced by the European Association for Children in Hospitals (EACH) Charter, where the rights of children admitted to hospitals are clearly defined (European Association for Children in Hospitals, 2006). In article 2 of this charter it is written that children in hospital shall have the right to have their parents or parent substitute with them at all times. The presence of parents without restriction is an integral

part of the care for children in hospital. It includes all situations where they need, or possibly might need their parents. In order to share in the care of their child, parents should be kept informed about routines and their active participation should be encouraged, as well. Therefore, the staff should encourage the parents' active participation in the care for their child by:

- giving parents full information regarding their child's care and relevant ward routines
- arranging with parents the elements of care they want to take over
- supporting the parents to care for their child and accepting their decisions
- discussing with parents the necessity to change their care if it is not helpful to the child's recovery.

In paediatric intensive care it is standard clinical practice to work with critically ill children while having their parents and relatives integrated into the daily care, and it seems feasible to translate this to adult intensive care. The fact is that to date, no consensus on visiting rights in adult ICUs in Europe has been reached. Thus, visiting practices are influenced by a variety of different perspectives such as cultural differences, the type of hospital, the staff's openness to innovations and their receptiveness to change routines. 35% of all intensive care units in the USA have established open visiting policies (Lee et al., 2007), and the literature provides some information about European intensive care visiting:

- 70% of all Swedish intensive care units are open to all kinds of visitors, children included (Knuttson et al., 2004).
- More than 25% of French intensive care units are open to all visitors (Quinio et al., 2002).
- Only 3% of Belgian intensive care units are open to all visitors (Berti et al., 2007).
- Only 0.4% Italian intensive care units offer unrestricted access to the unit (Giannini et al., 2008).

A Belgian study (Berti et al., 2007) described the beliefs and attitudes of Belgian intensive care nurses towards visiting and open visiting policies in critical care settings. Their main findings were that most nurses believed that open visiting hampered the planning of adequate nursing care (75%), interfered with direct nursing care (74%), caused them to spend more time providing information to the patients' families (82%), and most nurses did not want to liberalise the visiting policies (75%). In contrast, a study performed by the Swedish nursing researchers showed that the presence of close relatives was taken for granted by Swedish critical care nurses (Engström & Söderberg 2007a). They supported close relatives by giving information, staying close, and trying to establish good relations with them. This study indicates that close family members are important for critical care nurses to provide good nursing care in order to meet the needs of the critically ill patient.

The literature cited above offers a brief insight into European nursing perspectives on family presence in intensive care – like Europe itself, views are multifaceted. In order to change the paradigm in visiting policies and respectively reaching a European consensus, the needs of patients, relatives and staff have to be clearly defined, and as a second step a balance between these needs must be found

What does the patient need?

Several qualitative studies generated evidence of the major impact the relatives have on the patient's condition (Engström & Söderberg 2007b). In summary, it is reported that their loved ones:

- help the patient to remain in touch with reality
- give them hope and strength in their struggle against critical illness or injury
- are more important to their convalescence than professional care givers.

Family members serve as tools for the patient, facilitating better communication and an increased ability to do various things (Engström & Söderberg 2007b). Garrouste-Orgeas et al. (2004) found that visits were not stressful for the patients and did not lead to less rest or increased pain. Interestingly, Swedish nurses often find that patients who have no visitors are more vulnerable, and their professional experience has taught them that these patients have a poorer chance of survival (Erikson & Bergbom, 2007). Fumagallii et al (2006) were able to validate this nursing experience with the results of a randomised controlled trial by analysing the safety and health outcomes of patients in intensive care with unrestrictive visiting compared to those in intensive care units with restrictive visiting policies. They reported that patients who had unrestricted visits from their family members experienced decreased risk of cardio-circulatory complications, lower mortality rates, less anxiety, and decreased stress hormone profiles.

What do family members need?

Family members of intensive care patients may experience stressors like fear, anxiety, depression and post-traumatic stress which on the one hand may have an impact on their personal health and on the other hand affect the integrity of the whole family, too (McAdam & Puntillo, 2009). Being near to their loved one enables family members to participate in the care, to provide support, and to be involved in safeguarding the patient, which might help them to cope with the situation. The results of several studies suggest that family members prefer honest, intelligible and timely information, and liberal visiting policies. Furthermore, they expect that their loved one is being cared for by competent and compassionate professionals.

What does the nursing staff need?

Integrating family members' visits to the intensive care unit into to the daily care plan is still a difficult task for many critical care nurses. Some describe caring for the patient's family as stressful and associated with emotional labour. In addition, some critical care nurses feel that they have neither the knowledge nor the time to meet the psychosocial and emotional needs of visitors properly. The visitors' needs for information and access to a loved one might be in conflict with the nurse's need to safely manage the care of a critically ill patient (Farrell et al., 2005). Nurses dislike having visitors present the whole day, visitors taking up too much nursing time as this might interfere with direct nursing care (Berti et al., 2007). However, open visiting was not perceived by families as a duty to stay with the patient all day, neither is it associated with long visits. In France, Garrouste-Orgeas et al. (2007) reported that in their experience with open visiting, the majority of family members' visits occurred between 14.00 to 20.00 hours with an average of 1 to 2 hours per day and only a few visits took place at night. Swedish researchers confirm this experience (Eriksson & Bergbom, 2007). They were able to show that 47% of general intensive care patients had visits of less than half an hour daily, 36% had visits ranging from 0.6 to 2 hours daily, and less than a quarter (17%) had visits exceeding 2 hours daily. In addition, the intensive care nurses and physicians reported that there was no substantial interference of open visiting with the delivery of care.

Finding a balance

Perhaps the most important goal should be to effect a change in

the way healthcare workers see the patient's relatives. The Swedish experiences serve as a good example to underline this contention. Close family members are important for Swedish critical care nurses to provide good nursing care in order to meet the needs of the critically ill patient. They see the contributions of relatives to the care of the patient as a valuable source of information and support, which enables them to plan and manage their care in a patient-oriented way. This matches the experience in paediatric intensive care where ideally nurses, physicians, and physiotherapists – the whole healthcare staff - works together with the parents in the best interests of the child. The advantage of having the parents near their child and being involved in the care is that this allows them to fulfil their unique safeguarding role as parents. This may reassure them and reduce their anxiety. Their presence at the bedside also offers the opportunity to build up a trusting relationship with the staff and may diminish their need for formal information as they are able to develop a better sense of what is happening. Parents are able to change their role from being spectators to becoming participant partners. This has the potential to be a win-win-situation for all parties. Of course, visiting in adult intensive care units differs from the situation in paediatric settings: the role and needs of relatives in intensive care are different. Nevertheless, it would be worthwhile to spend some effort in order to find out why this relationship between relatives and staff mostly works well in paediatric intensive care, and what the key elements are, that enable visitors to be seen as partners rather than as a burden. American clinical practice guidelines support the presence of the family in the patient-centred intensive care unit (Davidson et al., 2007), suggesting that:

- open visiting in the adult intensive care unit allows flexibility for patients and families and should be determined on a case to case basis
- the patient, the family and the nurse determine the visitation schedule collectively, taking into account the best interests of the patient.

CONCLUSIONS

There is sufficient evidence of the positive influence of open visiting hours for family members and close relatives in intensive care. Normally, both the patient and the family will benefit from unrestricted presence at the bed side. Patients receive emotional support from the visits of their loved ones and family members benefit from visiting by being able to be near the patient and receiving informational updates. Also, healthcare providers may be able to obtain information from them that is potentially important for individual care planning.

Restricting the visiting hours in the intensive care unit possibly increases anxiety and dissatisfaction in the critically ill patient as well as his family. In contrast, unrestricted visiting hours has been identified as one of the top needs of intensive care patients' family members. Given that most intensive care patients and their relatives experience emotional distress, fear, anxiety, and depression during the hospital stay, and that post-traumatic stress disorders may persist long after the initial event, unrestricted visiting hours may improve the quality of care (Jones et al., 2004). In order to influence a change in views about visiting policies and work towards a European consensus, the needs of patients, relatives and staff should be clearly defined, and a balance between these needs established. Additionally, a good precedent has been established in paediatric intensive care visiting practices, and their experience suggests positive benefits for all parties. Furthermore, current research evidence – though limited – supports this view.

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