

A Strategy to Preserve Family Integrity, Promote Patient and Family Centered Care and Simultaneously Support a Safe Hospital Environment for Overnight Visitation



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CONCEPTUAL FRAMEWORK

Based on Carr's theory of family vigilance, a middle range concept model was developed through identification of categories of meaning:
commitment to care- demonstrated through the family's love and advocacy for the patient; **resilience**- reflected in how family members are able to care for themselves and maintain hope; **emotional upheaval**- caused by uncertainty and anxiety over the patient's prognosis; **dynamic nexus**- family support systems as well as relationships and support derived from the health care team; and **transition**- family's ability to get back to their normal life after hospitalization.

SUPPORTIVE LITERATURE

- ❖ Fumagalli, et al. (2006) conducted an RCT comparing unrestricted versus restricted visitation on septic complications, major cardiovascular complications and changes in emotional and hormonal profiles. Unrestricted visitation did not increase septic complications and was beneficial for patients in terms of reduced cardiovascular complications and lower anxiety.
- ❖ Lee, Friedenber, Mukpo, Conray, Palmisciano, and Levy (2007) surveyed all New England regional hospital intensive care units (ICUs). Nursing viewpoints on visiting hour policies in the ICU identified: space, communication and conflict and burden. Strategies to alleviate barriers included security escorts, family meeting and sleeping area, staff education on visitor needs, guidelines on behavior for visitors with rules, policies, and procedures to contract with difficult visitors using a repercussion policy.
- ❖ Roland, Russell, Richards, and Sullivan (2001) studied a MICU and CCU to understand and meet patient and family needs for critical care visitation. Patients surveyed responded 90% visitors were very important, 85% desired family to perform personal care, 75% denied feeling fatigued after visiting, and 60% expressed the opinion that there should be no restriction on visitation. Ancillary staff and physicians 46% supported restricted visitation, and 82% expressed belief that visitors are beneficial to the patient. 23 nurses surveyed- 14 desired more open visitation, 3 desired more strict control, and 6 did not respond to this question.

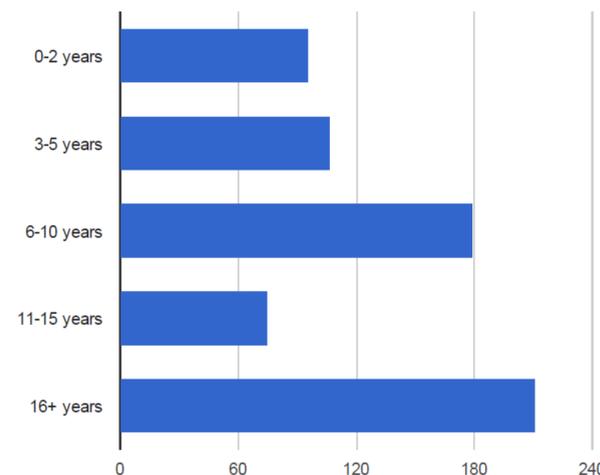
STUDY

A pre-experimental one group pre-test, post-test design using the same convenience sample of inpatient nurses. The difference being evaluated is nurses' comfort level with overnight visitation before and after implementation of the three-part intervention; a software solution to identify late and overnight visitors and educational interventions for nurses and family / visitors. Demonstrating a decrease in violence in the hospital without creating patient and family dissatisfaction would be an additional benefit.

SAMPLE

N= 673
 All inpatient nurses at 900+ bed, level 1 trauma center in Delaware
 88% Staff Nurses
 7.5% Nurse Management
 3.3% Nursing Education
 92.7% Female

Experience in Nursing



PRE-IMPLEMENTATION FINDINGS

- 60% have strong opinions about overnight visitation
- 65.7% opinion influenced by personal negative experience with overnight visitation
- 84.3% support one adult overnight visitor in private room
- 18.8% support in semi-private room
- 74% have concerns about overnight visitation
- 44% concerned about negative clinical impact
- 40.4% concerned about family getting adequate rest
- 75.3% concerned about patient getting adequate rest
- 72% concerned about family interference in care
- 45% concerned for patient confidentiality
- 74% concerned about roommate confidentiality
- 82.4% concerned about difficult family members
- 60.4% concerned about safety

Comfort with Overnight Visitation

