



'Nursing in public': The impact of an open visiting policy on ICU nurses

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Background

- Paucity of research examining families' experiences in ICU and ICU nurses' experiences with families.
- Focus of this presentation: open visiting policies and the impact on ICU nurses
 - Restricting access to the ICU patient is contrary to family members' needs.
 - Visitation policies are mainly in the interest of organizations.
 - ICU nurses need privacy to care

The study

- **Research approach:** constructivist grounded theory (Charmaz 2006)
 - Family group interviews/ Focus groups
 - Aims: (1) gain a deeper understanding of a critical illness event in families (2) by including the children's perspective and (3) to uncover ICU nurses' perception of families.
- **Epistemological assumptions:**
 - Constructivism: assumes multiple realities
 - Knowledge and meanings are constructed by social actors as they interact, engage and interpret the world they live in.
- **Researching groups: families and nurses**
 - Advantage of group interviewing: provide access to interaction between participants and therefore offer insights into how social knowledge is produced (e.g. Green & Thorogood 2004)
 - Families – power asymmetries between adults and children
 - Nurses – power asymmetries relating to Grades and positions
- **Sample:**
 - 9 families: 12 adults, 12 children/ young people (aged 8 -25 years)
 - 20 ICU nurses in 5 focus groups (range of ICU nursing experience 6 months – 20 years)
- **Ethics:** approved by Local Research Ethics Committee

Open visiting policy

SK: So you don't restrict any -?

F1: Yeh.

F3: We say two relatives...

F1:...per bed because of the lack of space...

F3:...per bed. But with some larger families, especially from different cultures and they just sometimes manage to have 10 round the bed all the time. It's a constant battle for the nurse at the bed space, and I think that is very tiring [] It's when you've got to walk twice the distance round the bed 'cause you can't get in to the bed. []

And it's o.k. for an hour, but on an 11 or 12 hour shift, you're just about in tears because you can't – you can't do it!

Open visiting policy

- The unit had an 'open visiting policy' which did not restrict the number of visitors coming in or the time of day.
 - The only restriction nurses tried to impose was on the number of visitors at any given time at the bed space.
 - There was also no age restriction.

- Restricting the number of visitors per bedspace is common in ICUs (Biley et al 1993, Krapohl 1995, Plowright 1996, Livesay et al 2005, Farrell et al 2005).
 - Justified by lack of physical space around the bed.
 - Nurses worked, literally, around family members, supporting them in their need of 'being near the patient'.

- The ICU is the nurses 'turf' (Heimer & Staffen 1998), they do have the power of **granting** or **denying** family members access to their critically ill family member.

Adherence to unit rules

D1: I find that a wee bit, sort of Asian families tend to just walk in because it's obviously their culture. []

D5: And say 'two to a bed'. (*group agreement*)

D3: They have massive families, I mean, they just keep coming.

D1: Yeah. You can't – it's sort of, you can't minimize who can come in because they're all extended family, so they all have to come in and you sort of-

D3: Doing relay from about 6 p.m. when everyone has finished work until about 8 p.m. and ah, every person that comes in, it's not like they go back out and chat to each other about what you've explained, you just do the same conversation. [] It's like only the nurse can tell me how he is today, we can't talk about it between ourselves.

Control over working time & patient care

E2: Somebody was saying about one patient where the husband just walked in and he said: 'why shouldn't I? I'm sitting outside all day.' But it was something like – his wife was on the bedpan or something and it's just not appropriate for them to come in. []

E5: I think, families get angry if they don't-...

E2: ...Yeh.

E5: We generally say: don't come in before 12 or 1. And if they come at 10 in the morning they get angry because they've had to wait for an 1 ½ hour outside while we wash the patients or...

E1: ...do the ward round (*group agreement*)

E5: They don't get in during the ward round because of confidentiality for every patient, not just their patient, and they don't understand that, but we tell them specifically: 'don't come in until 12.'

SK: And why do you think they come in at 10 then?

E5: No idea. (*Laughs, group agreement*)

Nursing in public

- Nurses were aware that they worked under 'constant observation', for example:

'I mean what other job – you know, you don't go and watch them in the tax office 24 hours a day and watch your taxes being done. I mean, what other job can you come in and watch somebody in the work that they do in their day-to-day life?' (D&E3)

- Nurses need for privacy in caring for ICU patients runs counter to calls from nursing scholars and policy makers that promotes a **patient-centered** service, thus directly or indirectly arguing for the integration of families into care (Lynn-McHale & Smith 1991, DoH 1997, Audit Commission 1999, Benner et al 1999, Williams 2005, SEHD 2006a, 2006b).

Impact of open visiting policy on ICU nurses

- Impact of open visiting on nurses' working conditions:
 - Families being present required nurses to attend to their needs (i.e. information needs, explaining procedures, integration into nursing care activities).
 - Nurses delayed care activities:
 - To allow the family time with their patient
 - To protect the patient's privacy while care was being carried out.

- Adherence to unit rules:
 - Visitors who 'just walked in' were a problem
 - Visitors who circumvented the rule of not more than 2 to a bedside increased the stress levels of nurses in the unit (space issue, but also potential conflict with other families)
 - Nurses 'had no problem at all' in accommodating special requests from families (i.e. prayers)

- Nursing in public:
 - Loss of privacy in caring for ICU patients
 - Being under constant observations from ICU outsiders

Families in ICU: contrasting needs?

We've talked on and on about resentment on the families' side but it's a big problem. Relatives are a big problem from our point of view and they cause a lot of resentment from our side of it. But nobody seems to care about that. Everybody cares about how the families feel rather than how we feel.

(Intensive care nurse)

You know, I really, really believe that people in intensive care, if the family can cope with being there and helping out, it can only be good for the patient, the family and staff.

(Susan, family 4)

Conclusion

- Overall study provides evidence underlining the importance of integrating the families into ICU.
- However, focusing exclusively on the needs of families marginalized the needs of nurses to care in privacy.
- Way forward: is the ***negotiated family care in intensive care*** under the leadership of nurses.
- Nurses must take the leadership because:
 - Family care is part of nursing
 - Nurses are the health care 'insiders' while families are 'outsiders' (power issues)
 - Nursing is the only profession that is based at the bedside around the clock and is affected by the presence of families directly.

...and finally

Many thanks for your time!