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BRIEF REPORT

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Beliefs and attitudes of intensive care nurses toward visits and open visiting policy

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Abstract *Objective:* To describe the beliefs and attitudes of intensive care unit (ICU) nurses toward visiting, visiting hours, and open visiting policies in critical care settings. *Design:* A descriptive, cross-sectional, multicenter survey. *Setting:* Seventeen hospitals in Flanders (Dutch-speaking Belgium), including 30 ICUs. Sixteen mixed adult medical/surgical ICUs, three medical ICUs, five surgical ICUs, three coronary care units, two post-cardiac surgery ICUs, and one burn unit. *Participants:* A total of 531 intensive care nurses. *Measurements and results:* We devised a questionnaire comprising 20 items assessing beliefs and 14 items assessing attitudes. Nurses indicated their level of agreement for each statement on a five-point rating scale. Nurses believed that open visiting hampers planning of adequate nursing care (75.2%), interferes with direct nursing care (73.8%), and causes nurses to spend more time in providing information to the patients' families (82.3%). The presumed effects of visits on the patients and families were contradictory. Most nurses (75.3%) did not want to liberalize the visiting policy of their unit. *Conclusions:* ICU nurses have rather skeptical beliefs and attitudes toward visiting and open visiting policy. This suggests that the culture at Flemish ICUs is not ready for a drastic liberalization of the visiting policy.

Keywords Attitude · Beliefs · Intensive care units · Open visiting policy · Restricted visiting policy

Introduction

In Europe, most intensive care units (ICUs) have restricted visiting policies [1–4]. Hospitals favor restricted visits, because excessive visits are presumed to be detrimental to the patients (e. g. patients not getting enough rest) and to the organization of care (e. g. interruption of nursing care delivery by visits). However, an open visiting policy, defined as a policy that imposes no restrictions on the time of visits, length of visits, and/or number of visitors, seems to be more suited to patient and family needs [5–11]. An overview of the advantages and disadvantages of an open visiting policy can be found in Table 1 [6, 8, 12–17]. Furthermore, a randomized controlled trial revealed that an unrestricted ICU visiting policy is associated with reduced cardio-circulatory complications, possibly because visits reduce patient anxiety and promote a more favorable hormonal profile [18]. These findings support shifting from restricted visiting policies to those that are more open.

Since successful adoption and implementation of open visiting policies depends on nurses' beliefs and attitudes about and satisfaction with visitation and visiting poli-

Table 1 Advantages and disadvantages of an open visiting policy

	Advantages of an open visiting policy	Disadvantages of an open visiting policy
For the patient	– Increasing patient satisfaction [8] – Promoting patient recovery, by reducing stress and fosters calmness [6, 8, 15] – Positive psychological effect [6, 14, 16] – Positive effects on cardiovascular measures [6]	– Not getting enough rest [6, 13, 15] – Nurses have less time for the patient [14] – Harmful physiological consequences [8, 14, 15, 17]
For family	– Decreased stress [12, 13] – Decreased anxiety [12] – Able to visit whenever they want [6] – Better informed [6]	– Become exhausted, feel obliged to stay [12–14]
For the health-care worker	– Increasing nurses' job satisfaction by providing positive feedback from family members [8] – Family as a helpful support structure, increasing opportunities for patient and family education and facilitating communication between patient and health professionals [12, 16] – Enhances nursing care delivery; valuable information is obtained [12, 14, 16] – Better working relationship between staff and family [12]	– Families' need for continuous information [13, 14] – Increased nursing stress [6, 13, 14] – Adversely affects nursing care delivery (distracts nurses, makes nurses feel uneasy, nurses can't express themselves, . . .) [14, 16] – Closer emotional involvement [15]
For the organisation of care		– Adversely affects the functioning of the unit (chaos, confusion, visitors get in the way) [6, 14, 15, 17] – Interrupts or postpones nursing care delivery, especially procedures [6, 14, 16]

cies [16, 19], it is important to explore nurses' views on visitation. The aim of our survey was to study the beliefs and attitudes of ICU nurses toward visitation, visiting hours, and open visiting policies in critical care settings.

Methods

Study population

Nurses and head nurses working in an adult medical, surgical, specialized, or mixed ICU in Flanders (Dutch-speaking Belgium) could be included in this study. Overall, 23 hospitals were asked to participate in this survey. Seventeen hospitals agreed to participate, 16 of which were regional hospitals and 1 university hospital, representing 30 ICUs. A total of 923 nurses were employed at the participating ICUs. Overall, 531 nurses completed the questionnaires anonymously and voluntarily, counting for a response rate of 57.5%.

Variables and measurement

Based on an extensive review of the literature [4, 6, 13, 15, 17, 19], we devised two questionnaires. The first questionnaire investigated the current visitation practices of each participating ICU. The second questionnaire, named the Beliefs and Attitudes toward Visitation in ICU Questionnaire (BAVIQ), assessed the beliefs and attitudes of the ICU nurses toward visitation and visiting hours. The full questionnaire can be found in Appendix 1. Respondents rated their level of agreement on a five-point scale. Content validity was obtained by submitting the questionnaires to a panel of ten experts (seven ICU head nurses and three Masters-prepared ICU nurses). Subsequently, eight intensive care nurses checked the new questionnaire to assess its face validity, i. e., evaluating clarity and ease of use.

The questionnaires were completed during a 3- or 4-week period before being returned to the head nurse. The questionnaires required 10–15 min to complete. The Institutional Review Board approved the study protocol.

Statistical analysis

Descriptive statistics for nominal data were expressed in proportions. Medians and quartiles were calculated for continuous variables that were not normally distributed. The level of significance was set at $p < 0.05$.

The questionnaire contained both positively and negatively formulated questions. To calculate an overall score for the nurses' beliefs, we recoded the responses on the negatively formulated questions. Subsequently, we computed the average score over all the belief items. A score of zero corresponded with beliefs that are strongly opposed to open visitation and a score of 4 corresponded with beliefs that are strongly in favor of open visitation.

Results

Visitation policy

All (96.7%) but one of the ICUs used restricted visiting-hour policies, allowing visits during two or three pre-assigned periods. The maximum visiting period was mostly (63.3%) limited to 30–45 min per visit. The majority of the ICUs adapted their policy when the patient was dying (96.7%), when the family had practical problems in complying with the policy (93.3%), and when the patient had emotional needs (76.7%). All of the ICUs had restrictions on the number of people visiting the patient at any one time, ranging from two (53.3%) to three (46.7%) visitors. Visitation policy in the six hospitals that did not participate in this study did not differ significantly from that in the participating centers.

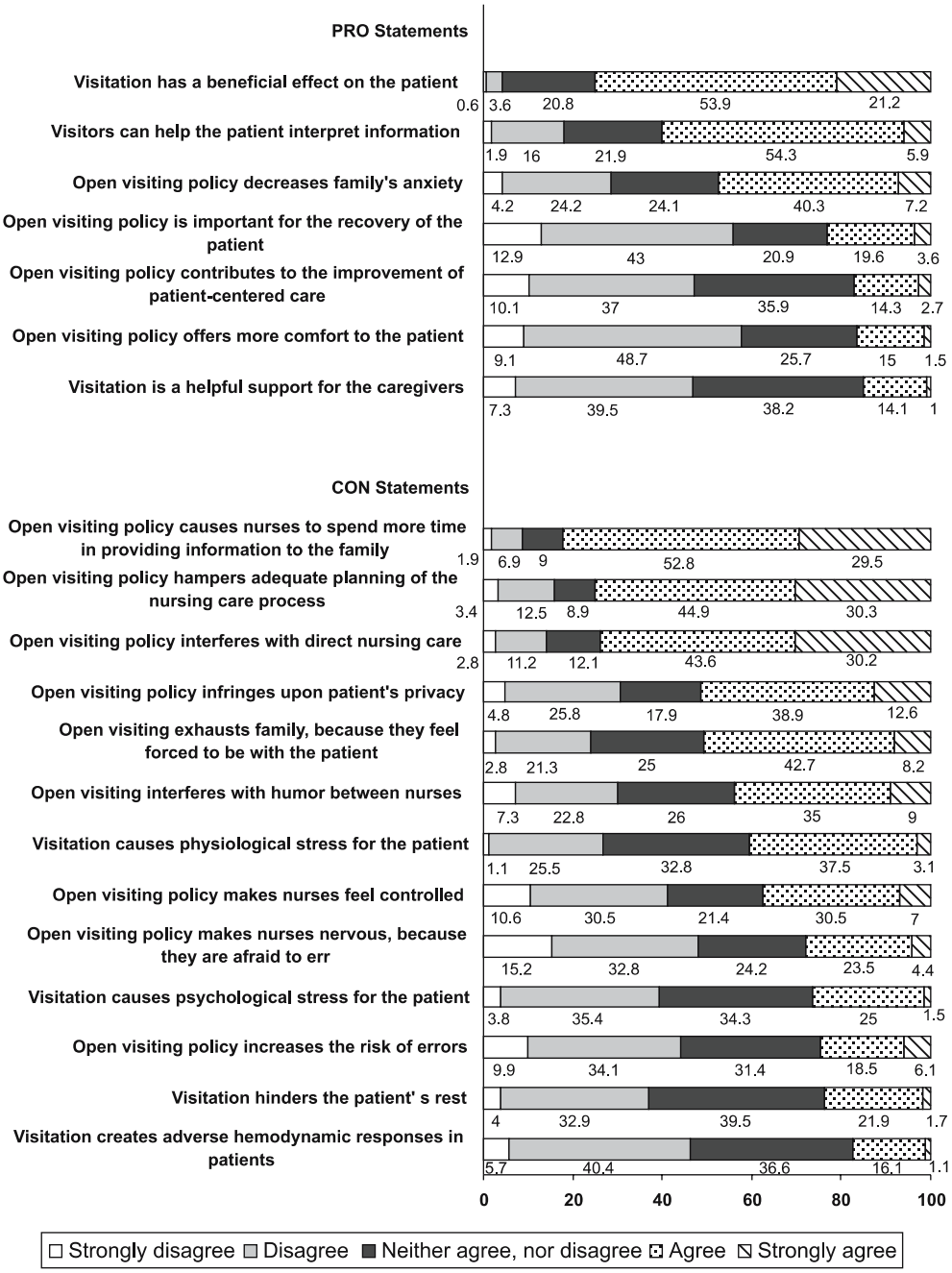

Fig. 1 Nurses' beliefs about how visiting affects the patient, family, and organization of care

Beliefs about the consequences of visiting on the patient, family, and unit

Most nurses believed that visitation has a beneficial effect on the patient (75.1%) and that visitors can help the patient to interpret information (60.2%) (Fig. 1). Interestingly, nurses did not believe that an open visiting policy was important for the recovery of the patient (55.9%) or that it offered more comfort to the patient (57.8%). Most nurses believed that open visiting impeded adequate planning of the nursing care process, that it interfered with direct nursing care (73.8%), and that it caused nurses to spend more time in providing information to the family (82.3%).

The overall score on this scale was 1.87 (SD = 0.5), indicating that nurses tended to be slightly skeptical toward unrestricted visitation. Recall that a score of zero corresponded to 'strongly opposed to open visitation' and a score of 4 to 'strongly in favor of open visitation'.

Attitudes toward visiting

Nurses were in favor of exceptions to a restricted policy when the patient was dying (98.7%), when the family had practical problems complying with the policy (83.8%), and when the patient had emotional needs (70.2%) (Fig. 2). A slight majority (57.2%) wanted the visiting policy to be flexible during the first 24 h of a patient's hospitalization.

On the other hand, nurses were against giving the patient control over the time of visits, the duration of visits, and the number of visitors allowed (70.4%). In cases in which restrictions existed on when visitation hours started (72.4%), nurses still wanted the length of visits to be limited at all times (88.9%). Most nurses did not want to liberalize the policies on the number of visitors within a 24-h period (86.9%) and the number of visitors visiting the patient at the same time (96.9%). The majority of the nurses did not want an open visiting policy in their unit (75.3%).

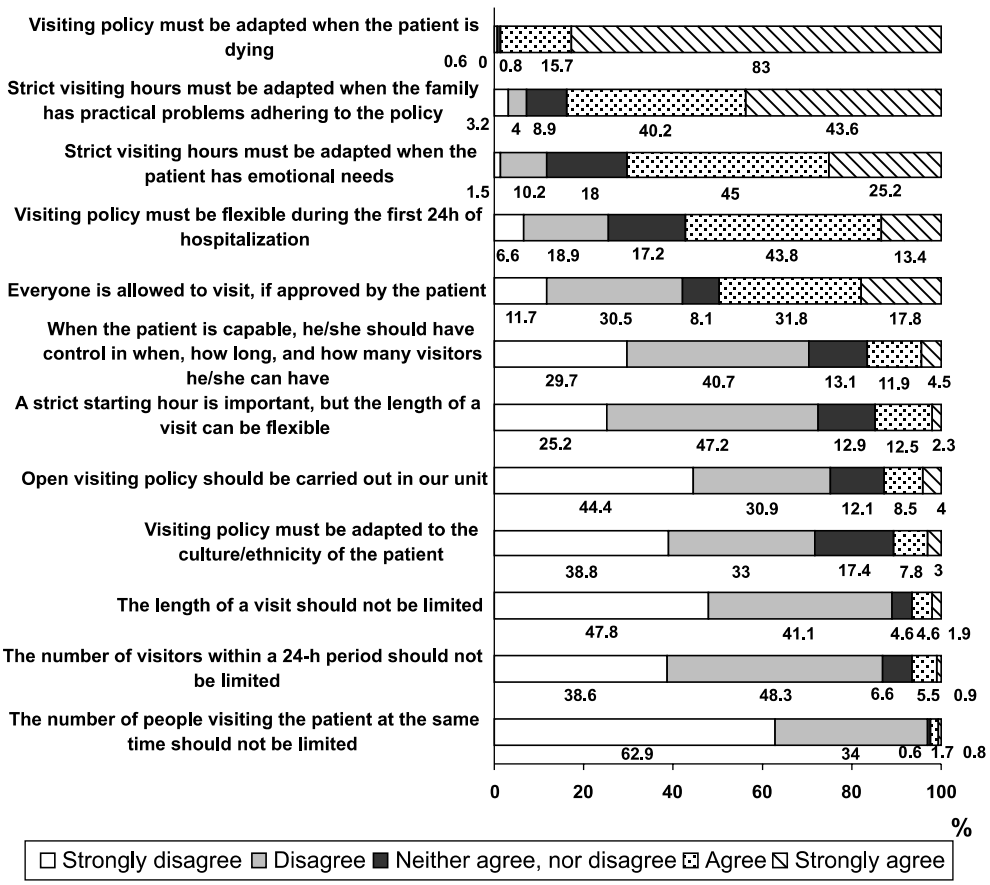

Fig. 2 Attitudes toward visiting

Discussion

Although empirical data indicate that unrestricted visitation is associated with fewer cardio-circulatory complications [18], the present survey suggested that ICU nurses tend to be skeptical toward an open visiting policy. The majority of the ICU nurses believed that open visiting policies interfered with the nursing care process, namely by hampering adequate nursing care planning, by interfering with direct nursing care, by making the nurses spend more time in providing information to the family, and by being of no help to support caregivers. Some articles largely support our findings of rather negative beliefs toward visitation and its impact on the care process [14, 20], while others reveal more positive beliefs of nurses on the effect of visitation on the quality of nursing care [3, 13, 21]. A consistent finding was the belief that including the family in the healing process enhanced nursing care because of the valuable information obtained [3, 14, 16]. Visitors provide information that helps nurses to better understand the patient's personality and coping style [5]. Conversely, receiving information was the most important need of relatives of ICU patients [22].

The literature [3, 23] indicates that nurses preferred a visitation policy that includes some restriction of hours and time, but allows for individualization based on special circumstances and on evaluation of the needs of the patient and families. The conservative attitudes toward the number of persons visiting a patient may be attributed to environmental and practical aspects, such as limited space in the patient's room, guaranteeing the privacy of other patients, limiting the noise on the unit, the number of patients per nurse, and other various factors.

Implications

The results of this study suggest that the culture in Flemish ICUs is not receptive to open visitation. Hence, it is advised to inform nurses about the available empirical evidence to make them aware about the benefits of less restricted visiting hours. Imposing an open visitation policy against nurses' beliefs is not indicated, because it could result in a higher perceived stress by nurses.

This study investigated nurses' beliefs and attitudes. Hence, intensive care physicians were not included in this survey. However, the results are also relevant for them, because this study might be an opportunity

for doctors and nurses to reflect on their policy and on how information is delivered to relatives. In other words, the performance of the ICU team with respect to patient- and family-centered care can be evaluated.

Limitations

Despite the large sample, there were a significant number of non-responders, which tempers the generalizability of the results. Also, although the results are based on a wide sampling of ICUs in Flanders, the interviewed nurses may not be representative of general ICU nurses in the rest of Belgium or in other countries. Indeed, the restricted policies applied in the participating ICUs might have impacted on the answers. For instance, nurses might tend to defend their current visitation policy.

The hospitals were not randomly selected; instead, selection was based on their cooperation with the Centre for Health Services and Nursing Research of the University of Leuven. This fact may have led to a selection bias in that only hospitals were included that had common practices and beliefs and that were directed by one particular university.

Although the instrument was comprehensive, it requires further validation and reliability testing. Indeed, some apparent inconsistencies in the results could be found. For instance "the nurses believed that visitation had a beneficial effect"; however, at the same time "they report that the visitation was not important for patient recovery". The source of these contradictions could be the way how the questions in the instruments are constructed.

Conclusion

This study suggests that ICU nurses have slightly skeptical beliefs and attitudes toward an open visiting policy. This will be a substantial barrier when hospitals want to liberalize their visiting policy, according to the new empirical evidence.

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References

1. Biley FC, Millar BJ, Wilson AM (1993) Issues in intensive care visiting. Intensive Crit Care Nurs 9:75–81
2. Plowright CI (1996) Revisiting visiting in the intensive therapy unit. Intensive Crit Care Nurs 12:231–232
3. Plowright CI (1998) Intensive therapy unit nurses' beliefs about and attitudes towards visiting in three district general hospitals. Intensive Crit Care Nurs 14:262–270
4. Quinio P, Savry C, Deghelt A, Guilloux M, Catineau J, Tinténiac AD (2002) A multicenter survey of visiting policies in French intensive care units. Intensive Care Med 28:1389–1394

5. Gonzalez CE, Carroll DL, Elliot JS, Fitzgerald PA, Vallent HJ (2004) Visiting preferences of patients in the intensive care unit and in a complex care medical unit. Am J Crit Care 13:194–198
6. Halm MA, Titler MG (1990) Appropriateness of critical care visitation: perceptions of patients, families, nurses, and physicians. J Nurs Qual Assur 5:25–37
7. Leske JS (1991) Internal psychometric properties of the critical care family needs inventory. Heart Lung 20:236–244
8. Roland P, Russel J, Richards KC, Sullivan SC (2001) Visitation in critical care: processes and outcomes of a performance improvement initiative. J Nurs Care Qual 15:18–26
9. Solovy A (2004) All the time you need. Hosp Health Netw 78:32
10. Stillwell SB (1984) Importance of visitation needs as perceived by family members of patients in the intensive care unit. Heart Lung 13:238–242
11. Stockdale LL, Hughes JP (1988) Critical care unit visiting policies: A survey. Focus Crit Care 15:45–48
12. Berwick DM, Kotagal BA (2004) Restricted visiting hours in ICUs. Time to change. JAMA 292:736–737
13. Henneman EA, Cardin S, Papillo J (1989) Open visiting hours in the intensive care setting – effect on nursing staff. Heart Lung 18:291–292
14. Kirchhoff KT, Pugh E, Reynolds N (1993) Nurses's beliefs and attitudes toward visitingin adult critical care setting. Am J Crit Care 2:238–245
15. Lewandowski LA (1994) Nursing grand rounds. J Cardiovasc Nurs 9:54–60
16. Simpson T, Wilson D, Mucken N, Martin S, West E, Guinn N (1996) Implementation and evaluation of a liberalized visiting policy. Am J Crit Care 5:420–426
17. Youngner SJ, Coulton C, Welton R, Juknialis B, Jackson DL (1984) ICU visiting policies. Crit Care Med 12:606–608
18. Fumagalli S, Boncinelli L, Lo Nostro A, Valoti P, Baldereschi G, Di Bari M et al. (2006) Reduced cardiocirculatory complications with unrestrictive visiting policy in an intensive care unit. Circulation 113:946–952
19. Livesay S, Gilliam A, Mokracek M, Sebastian S, Hickley JV (2005) Nurses' perceptions of open visiting hours in neuroscience intensive care unit. J Nurs Care Qual 20:182–189
20. Marco L, Bermejillo I, Garayalde N, Sarrate I, Margall A, Asiain C (2006) Intensive care nurses' beliefs and attitudes towards the effect of open visiting on patients, family and nurses. Nurs Crit Care 11:33–41
21. Hickey M, Lewandowski LA (1988) Critical Care nurses' role with families: a descriptive study. Heart Lung 17:670–676
22. Bijttebier P, Vanoost S, Delva D, Ferdinande P, Frans E (2001) Needs of relatives of critical care patients: perceptions of relatives, physicians and nurses. Intensive Care Med 27:160–165
23. Simon SK, Phillips K, Badalamenti S, Ohlert J, Krumberger J (1997) Current practices regarding visitation policies in critical care units. Am J Crit Care 6:210–217