A comprehensive systematic review of visitation models in adult critical care units within the context of patient- and family-centred care

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CRD summary
The review concluded that flexible visiting policies in adult intensive care units in acute care hospital provided the ability to incorporate the concepts of patient- and family-centred care into practice. The authors’ conclusions are likely to be reliable but methodological weakness of the primary quantitative data should be borne in mind.

Authors’ objectives
To evaluate the effectiveness of open visiting hours in adult intensive care units in acute care hospital within the context of patient- and family-centred care.

Searching
Eighteen relevant databases (including MEDLINE, CINAHL, HealthStar and DARE) and 13 grey literature sites were searched. Searches were conducted from 1988 to 2009 for articles in English regardless of publication status. Keywords were reported. Reference lists of identified papers, key journals and Google Scholar were checked. Experts in the field were contacted. Only full-text articles were included.

Study selection
Quantitative and qualitative study designs were eligible for inclusion. Eligible studies assessed visiting hours models developed within the context of patient- and family-centred care in adult intensive care units in acute care hospitals. Studies had to describe the effects of visiting hours models on patients, families and/or nursing staff. Of interest were the effects on patients and family members including needs, stress and anxiety. Also of interest were the effects on nursing staff, particularly nurse satisfaction and interference with nursing role/procedures.

More than half of the studies were conducted in USA. Individual studies were conducted in UK, Denmark, Norway, Belgium and Spain. Participants included relatives of patients (including spouses, children and parents) and nurses. Visiting policies varied: some studies evaluated fixed visiting policies and others investigated more flexible policies.

Two reviewers independently selected studies for inclusion. Disagreements were resolved through discussion.

Assessment of study quality
Study quality was assessed using the Joanna Briggs Institute Critical Appraisal Checklist. Only studies deemed to be high quality by the reviewers were included in the review.

Two reviewers independently assessed study quality. Disagreements were resolved through discussion.

Data extraction
Data were extracted to enable analysis of the impact of different models on the affected groups. In the case of qualitative studies this included content analysis; an iterative process to identify the meaning of the content and form statements to accurately describe the content.

Two reviewers independently extracted relevant data.

Methods of synthesis
A qualitative meta-synthesis of the qualitative data was carried out based on methods of the Joanna Briggs Institute to produce an interpretive integration of the findings. Findings were categorised as unequivocal, credible or unsupported. Data from the quantitative studies were described narratively.

Results of the review
Thirteen studies were included in the review. Seven studies were quantitative in design and included six descriptive
studies and one pre-post intervention survey (with 1,000 nurses, patients and families in 35 hospitals). Six studies were qualitative by design and included two grounded theory and four descriptive studies (interviews with 11 patients, 27 family members and 46 nurses).

Twenty-eight findings were identified from the qualitative studies and grouped into 11 categories based on commonality of meaning and relevance to visiting hours in intensive care units within the context of patient- and family-centred care. Nine of these findings were unequivocal (32%), 18 were credible (65%) and one was unsupported (2%).

All of the qualitative studies reported the main synthesised finding that visiting hours were seen as guidelines rather than rules or policy, influenced by the nurse for the benefit of self and patient. Other themes also emerged. Family involvement could include participation in the physical and emotional care of the patient. Nurses cared not only for the patient but also for the family by preparing them for what took place in the unit and giving them permission to leave should the family need to rest. Families wanted explanations of what was happening in terms they could understand and the patient wanted the family to be informed. The family developed personal cues from information provided by nurses. Dignity and respect were seen as issues; other issues were supporting all patient and family decisions and privacy and confidentiality. Visiting had different meanings for the nurse, patient and family but flexibility in time and duration emerged as an important aspect. Nurses believed that flexible visiting was beneficial to patient and families but they wanted to retain control of the policy.

Results from the quantitative studies reported that visiting hour guidelines that are flexible during certain situations were most beneficial to meet the needs of the patient, family and nurse (four studies). Flexible visiting policies also enabled the transfer of valuable information between patients, family members and nurses (four studies). Other results were reported in individual studies.

**Authors’ conclusions**
Flexible visiting policies provided the ability to incorporate the concepts of patient- and family-centred care into practice. However, nurses believed that while visiting was beneficial to patients, open and/or flexible visiting hours were an impediment to practice and increased their workload.

**CRD commentary**
The review question was clear with defined inclusion criteria. A wide range of relevant sources were searched. Efforts were made to reduce publication bias. Appropriate methods to reduce reviewer error and bias were used throughout the review process. Study quality was assessed prior to selecting studies for inclusion and one study that was deemed to be of poor quality was excluded at this stage. Results of the quality appraisal for individual studies were not reported. Study designs for the quantitative data were liable to various potential biases.

A narrative synthesis was appropriate for the quantitative studies given their diversity. It appeared that an appropriate synthesis of the qualitative studies was conducted and an audit trail was provided.

This was a good quality review with an appropriate synthesis. The authors’ conclusions are likely to be reliable but methodological weakness of the primary quantitative data should be borne in mind. The recommendations for practice and further research also appear to be grounded in the results of the review.

**Implications of the review for practice and research**

**Practice:** The authors stated that visiting hours should be used as guidelines that allow flexibility dependent upon individual patient/family situation. Patient and family requests for information emerged as an unmet need that should be addressed. Preparation of families before entering the intensive care unit is required and should include information on the patient’s condition, a description of surroundings and an idea of what to expect and what is expected of the family member.

**Research:** The authors stated that further research was needed to explore best practices for giving and receiving information from the perspective of both nurses and family members. Research should explore the nature of the needs of patients, family and nursing staff and the way in which policies are implemented and their effect on nurses’ workload. Further studies should evaluate interventions of patient- and family-centred care with an emphasis on communication, co-operation and respect from the family perspective.
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