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Open Visitation Effects on the Critically Ill Individual

Melissa McNeilly
Gardner-Webb University

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by

Melissa McNeilly

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Submitted by:	Approved by:
_____	_____
Melissa McNeilly, BSN, RN	Dr. Cindy Miller
_____	_____
Date	Date

Abstract

The Intensive Care Unit has been known to be fast paced, stressful, and at times a loud atmosphere. Being a nurse in the ICU can be intimidating and being a patient can be frightening. Critically ill patients require close monitoring and supervision by the nursing staff. Many different aspects of care are crucial to the patients' recovery. Family members are an important part of a critically ill individual's recuperation. Different factors have an effect on the level of stress that a patient may experience while in the hospital. Critical Care Nurses were given a questionnaire to determine the beliefs and attitudes related to open visitation. The Beliefs and Attitudes Toward Visitation in ICU Questionnaire was used (BAVIQ). Forty-nine registered intensive care unit nurses volunteered to participate in the study. Those same nurses' viewpoints about concerns regarding patient care, family, and patient outcomes were examined. Results showed that nurses strongly agree that open visitation has a beneficial effect on the patient, and that visitation must be adapted for a patient's emotional needs or if the patient is dying. Those nurses also agree that open visitation hinders direct patient care but decreases the family member's anxiety.

Keywords: intensive care, visitation, open visitation, critically ill patient, patients

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Chapter I

Introduction

Stress is a factor in life that appears at times to be unavoidable. There are multiple factors which trigger stressful situations such as death, illness, hospitalization, money, weather, separation from loved ones, and many others. When individuals are sick they may need to be admitted to the hospital to recover or be treated back to health. When this occurs, a stressful situation has been introduced to the patient. Not only is being in the hospital a dilemma but illness itself can cause stress with pain, nausea, or possible surgery. Depending on the patient's diagnosis and the plan of treatment for the patient, the decision made may be to place the patient in a Critical Care Unit. These units are typically specialized areas that treat the patient with lifesaving equipment, medications, and continual cardiac monitoring. Patients in these units are subject to closer observation and perhaps multiple procedures during the critical care stay. Due to the continual care provided and the grave condition of the patient, visitors may be limited to certain visitation hours. Nurses, along with other healthcare providers, manage care based on the wellbeing and treatment plan of the patient. Is the restriction of visitation beneficial to the patient? Does the nurse feel it is in the patient's best interest to have more rest and recuperation rather than visiting time?

The purpose of the proposed research study was to determine how critical care registered nurses in an intensive care unit, with a restricted visitation policy, feel about open visitation. What are Critical Care Nurses' attitudes of open visitation on patients, families, and organization of care? Will the change in visiting hours be beneficial to the critically ill patient and to the family? What are Critical Care Nurses' attitudes toward

open visitation in the Critical Care unit? Prior studies have been done to determine whether open visitation is acceptable, and have shown to have positive effects for the patient. However, it remains to be determined why visiting hours are still restricted in some facilities if open visitation would be to the patient's advantage.

Patient care is a very complex topic. In order for any individual to maintain their health status they must meet the components of Maslow's Hierarchy of Needs. There are five categories involved, but the first three can be compromised in a critically ill patient. The individual's need for physiologic factors, safety and security, and love and belonging can be hindered when placed in the critical care area. According to Maslow, these human needs are "essential needs for survival," (Kozier, Erb, Berman, & Snyder, 2004). Any of these three categories can be addressed by Kolcaba's Theory of Comfort. Comfort has many different concepts such as, "comfort, comfort care, comfort measures, comfort needs, health-seeking behaviors, institutional integrity, and intervening variables," (McEwen & Wills, 2011, p. 234). Stress, ease, relief, satisfaction, tension, comfort, physical, and social are some concepts that are used by nursing staff to define the meaning of comfort to the patient and the patient's family members. In order for the nurse to meet the comfort needs of the critically ill individual, the family could be allowed to have open visitation instead of being restricted on the amount of time allowed to spend with their loved one. This would serve as an intervening nursing task to improve patient comfort. By improving patient comfort, the first three components of the Hierarchy of Needs would be met, thus meeting the vital requirements for survival and increasing the patient's will to live. Comfort in nursing practice is "the satisfaction (actively, passively, or co-operatively) of the basic human needs for relief, ease, or

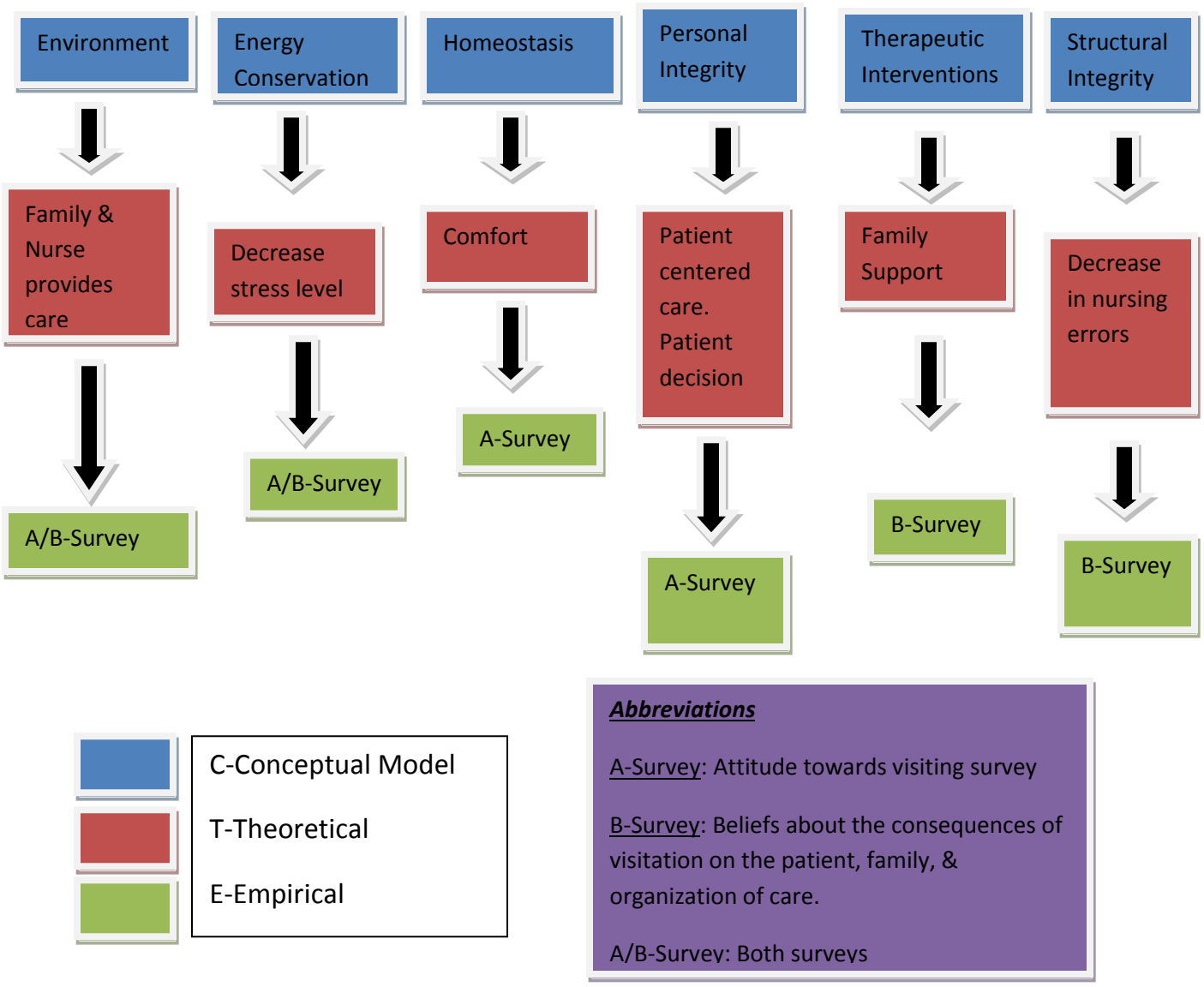
transcendence arising from health care situations that are stressful," (McEwen & Wills, 2011, p 234).

Kolcaba's Theory of Comfort and Maslow's Hierarchy of Needs are very important to all individuals, not just patients. These two theories will help to determine and measure the advantage of open visitation and the nurses' beliefs. Comfort is one of the most important elements to the critically unstable patient's peace of mind. Comfort can be addressed in many different ways whether it is food, water, oxygen, sleep, temperature maintenance, pain control, love, or support. There are many methods of comfort that a family member can perform when the nurse is not present if the nurse is comfortable with that assistance from the family member. Perhaps only the close family can provide needed support and love for the patient. Just being able to hold a loved one's hand, or provide the reassurance that they are not alone, may be all the comfort needed in order for the patient to be at ease and have improved rest.

Open visitation would allow one or two family members unlimited access to the patient. There are times when a familiar face can put a sick individual at ease. Being in a confining, unknown area can be overwhelming and stressful when left alone. By utilizing open visitation, an unnecessary stressor may be avoided. Levine's Conservation Model describes therapeutic interventions as "interventions that influence adaptation in a favorable way, enhancing the adaptive responses available to the person" (McEwen & Wills, 2011, p.151). In using Levine's Conservation Model, the beliefs and feelings of nurses on open visitation will be addressed due to the registered nurse being solely responsible for providing therapeutic interventions and the recovery of the patient. According to McEwen and Wills (2011), nursing care is based on the "effectiveness of

the intervention being measured by the maintenance of client integrity" (p.151). Some of the concepts being used are environment, energy conservation, homeostasis, personal integrity, therapeutic interventions, and structural integrity (McEwen & Wills, 2011, p. 152). Environment and personal integrity are important to the wellbeing of the individual. With a calm environment, the critically sick individual should be able to rest and recover easier. The same can be said for homeostasis and energy conservation. Adequate rest and support are important aspects involved with the concepts. These concepts will be addressed in the questionnaire given to the Critical Care Unit nurses (see Figure 1). Nurses were able to voice their opinions about whether the patient experiences more comfort, less stress, or any other occurrences with visitation. The results showed that the Critical Care nurses feel like an open visitation policy would be beneficial to their patient's condition; however they were not willing to have an open visitation policy in their unit. It was important to determine whether having an unrestricted policy on visitation in a restricted visitation unit would be agreed upon and supported by staff.

Figure 1. Conceptual-Theoretical-Empirical Diagram



Chapter II

Review of the Literature

A web-based search was performed to determine the current knowledge and reviews of critical care open visitation. The site from Gardner-Webb's library EBSCO-host was the main source used during the collection of journals, and current literature knowledge. The breadth of the search consisted of topics such as nursing allowance of visitation, critical care visitation, family visitation, open visitation, intensive care patients, chronic illness, different comfort interventions of hospital patients or critical care patients, nursing care in ICU, and the stress of critical care environment. All resources are full text articles related to concepts or patients that are in the Critical Care Unit or have illnesses that place them in the Critical Care Unit. Family, nurses, and patients were some of the focus areas of the articles reviewed. This search was conducted to determine any current gaps in knowledge based on open visitation in the critical care area, patient outcomes based on open visitation in the critical care setting, and opinions of critical care nurses. The topic of open visitation in critical care areas has been a dilemma for years. All individuals have different opinions and views about how critical care visitation should take place, who should be allowed, and how stressful it is on nurses and family members. With all the research available on how open visitation affects the patient, there are still some Intensive Care Units which restrict family involvement in patient care.

Nurse Perspectives on Visitation

In a 2007 study, the researchers "described critical care nurses experiences of close relatives within the intensive care," (Engstrom & Soderberg, 2007). The study

sample size consisted of 24 critical care nurses divided into four different focus groups. The researchers used a qualitative type discussion method to collect the data. Some of the questions were asked one by one to the groups and discussion then took place. The types of discussion questions included information pertaining to meeting with relatives who were close to the patient, ethically difficult situations, ways to support families members, and changes in the way one works with family members, (Engstrom & Soderberg, 2007). The first researcher asked the questions and prompted the discussion, while the second researcher took notes. The results showed that critical care nurses were in favor of receiving information about the patient from the close family member, and close relatives are important to the patient. The nurses agreed upon creating a good relationship with the close family member of the patient. There were several limitations to this study. An open discussion may not allow nurses to voice true opinions about the content provided. The study did not address feelings or thoughts regarding open visitation, just family support.

Another study, by six researchers in 2008, was conducted to address the nursing staff's feelings on family presence during certain nursing care, (Fisher et al., 2008). A sample of 89 staff nurses in different units of the hospital was used for the study. The researchers used a qualitative questionnaire, which contained 22 items including family behaviors, opinion of family presence during nursing care, and two open ended questions about job performance when family was present. Upon polling the staff nurses, the researchers found that nursing generally favored family presence (Fisher et al., 2008). The conclusion from the results was that nurses viewed the family as comforting to the patient, and that if the family wished they should be allowed to participate in the patient's care. During the study a number of limitations were found. All the participants were

nurses from all nursing units and backgrounds, not just critical care nurses, and open visitation was not addressed. To include nurses from the entire hospital, only a few from the entire facility were polled. There needed to be a larger number of participants included. When investigating visitation, it would be favorable to have just the critical care nurses' opinions about family members being present during patient care.

Berti, Ferdinande, and Moon, (2007) conducted a survey in order to "describe the beliefs and attitudes of intensive care unit (ICU) nurses toward visiting, visiting hours, and open visiting policies in critical care settings" (p.1060). The researchers surveyed a variety of ICUs in Belgium ranging from medical/surgical, coronary care, adult medical, burn unit, and post-cardiac surgery. In conducting the survey, a total of 531 intensive care unit nurses participated (Bertiet al., 2007, p.1062). The main design of the study was a cross-sectional, descriptive, multicenter survey (Berti et al., 2007, p. 1061). Before beginning the survey, the researchers defined the meaning of a restricted visitation policy and an open policy. The questionnaire consisted of three different parts to the survey. The first part of the survey included demographic information of the participant. The second part of the survey contained information regarding the beliefs on the different issues of open visitation on the patient, family, and organization of nursing care (Berti et al., 2007, p.1063). The last part of the survey allowed the nurse to answer questions pertaining to their attitudes toward visitation. Once completed the results showed that, "Nurses believe 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 patients' families (82.3%)" (Berti et al., 2007, p.1064). Surprisingly, a total percentage of 75.3 nurses did not wish to change their visitation polices. A

limitation to this study is that too many different intensive care units were surveyed. Another limitation to this survey is that perhaps the effects of the visitation on the patient could be discussed in more depth.

Patient Perspectives on Family Support

In 2007, a study was performed to depict family support for patients with chronic obstructive pulmonary disease (COPD) and those individuals' self-care behaviors (Kara Kasik & Alberto, 2007). The study participants must have chronic obstructive pulmonary disease (COPD) and give consent to participate. Two hundred participants with COPD were included in the study. The researchers chose a quantitative method involving a descriptive correlational design. Data included demographic, perceived social support family scale, COPD self-efficacy scale, and self-care behaviors, (Kara Kasik & Alberto, 2007). Using the scales the participants in the study completed, the questionnaires and the results were analyzed. The outcome of the study showed that there was a positive relationship between family support and the patient being able to provide self-care. Participants were in favor of having family support when a chronic disease is present. Although COPD patients are part of the critical care population, the setting was not in the critical care atmosphere. Other limitations to the study were not involving the nursing population, only looking at support for one chronic disease, and not involving the visitation aspect of care.

Family Perspectives

Kean (2010) performed a study on a group of young adults and children. The study was to include this group in the intensive care research category. The main purpose

was to learn how children or young people viewed their visitation of their family member in the intensive care unit (Kean, 2010). The sample size contained 12 young adults and 12 children with parental permission. A qualitative type method was used, and family interviews were used to gain information. A group discussion among the children and one among the young adults were recorded. Some of the findings indicated that children view the intensive care unit as a different type of environment, while young adults view the intensive care unit as a type of function. "In contrast, 'seeing' the patient in ICU is as important for children and young people as it is for adult family members to construct meaning of the critical situation," (Kean, 2010, p. 875). The study showed that it is crucial for other individuals, aside from adults, to be able to visit the family member. Some of the limitations of the study are that the nurses' views are not included, children may be too young to understand the questions asked by the researcher, and the group was small. A larger group would be needed to have a better view of the ideals of this special population.

Fitzpatrick, Hinkle, and Oskrochi, (2009) completed a study to report findings that viewed family members' outlook and nurses' viewpoints of visitation. The participants were 112 family members and 272 nurses who worked in an intensive care unit. The results were taken from six different hospitals, and all of the family members included in the study had a family member in the intensive care unit at the time of the study. The nurses were also from one of the six different locations chosen for the study, and the nurses were the ones taking care of the family members' loved ones. The data collection occurred during or after visitation times. The visitation times were different for the different intensive care units. Visiting times allowed two family members at a time

for 10 minutes each hour, another allowed two family members between noon and 8 pm, and another only allowed 10 minutes at certain times during the day. None of the units had an open visitation policy (Fitzpatrick et al., 2009). A quantitative type method was used. The method of data collection was by surveys and included the length of stay. When the results were completed, the family members and nurses agreed that emotional support (SD=0.101, SD=0.103), trust (SD=0.140, SD=0.131), facilitation of needs (SD= 0.235, SD=0.181), and information on patients (SD=0.198, SD=0.148) was important (Fitzpatrick et al., 2009). Results showed that family members viewed trust and emotions to be more important than nurses did. The study incorporated many different opinions and aspects of care but did contain some limitations. The limitations were that the views of the visitation were not discussed and the study still contained visiting hour restrictions.

Critical Care Visitation

A study on the visiting hours and open visitation was performed by Marco et al. 2006. There were 46 intensive care unit nurses who participated in the study. The individuals who took part in the study were all women. Researchers sought to examine the relationship of nurses' beliefs and attitudes towards open visitation and the effects on the patients, family, and the nurses (Marco et sl., 2006). One of the beliefs was that the reason intensive care visitation policies have been enforced is due to limited amount of knowledge on whether the family member poses a risk to the patient. A quantitative study using a descriptive correlational method was utilized. There were two different questionnaires the nurses had to take. One questionnaire involved information about the nurses' beliefs about open visitation. The other questionnaire contained queries regarding the attitudes of the staff about open visitation. In conclusion to the study, the researchers

found that a correlation did exist. Results showed a positive correlation. This meant that the nurses' beliefs and attitudes support that open visitation has a positive effect on family, patients, and the staff (Marco et al., 2006). There were a few limitations to the study. One problem is that all of the nurses were female. There needs to be more variation in the gender of participants, and needs to be a larger group studied.

An additional study performed by White and Edwards (2006), sought to promote visitation and address the needs of the patients. This study included the entire Greenville Hospital System which consisted of 1,040 beds. The employees included 7,500 individual's including respiratory therapists, nursing assistants, and 1,000 doctors. A survey method was applied. Surveys consisted of customer satisfaction, post-discharge, and surveys for staff members. Some of the stipulations in place for visiting were the hours between 9 am to 9 pm for visitors; however the visitors could only stay for 30 minutes at a time. The critical care family members had to stay overnight in the waiting area if the patient wished for them to stay. The results confirm that there was an increase in patient and staff satisfaction in the change of visiting hours to allow more time for family. The limitations for this study are that there were still restrictions on the intensive care visiting hours and the amount of time that family could spend with the patient. Nurses' views were not addressed in the study. Also the results included all patients in the hospital, not just Intensive Care patients.

Cullen, Titler, and Drahozal, (2003) conducted a study to investigate if family and pet visitation interventions could provide support. The sample size was small and consisted of only three nurses. The type of study was a qualitative questionnaire containing a total of six questions. There were five questions asked. These questions

included information such as how patients react with family members, how does ICU affect the family, how can the nurse intervene, should children be allowed to visit a sibling or parent, would pet visitation cause an increase in infections to patients, and what benefits does pet visitation provide (Cullen et al., 2003). The results revealed that promoting visitation among family members, pets, and patients provided psychological support to all members. The study contained very few participants and all the participants were nurses. Another limitation was that the patients' and the family members' opinions and thoughts were not included.

In 2001, a study by Ramsey, Cathelyn, Gugliotta, and Glenn was completed to measure and compare nurses' and visitors' satisfaction before and after implementation of a new visitation policy. The individuals that consented to the study were 52 critical care nurses and 53 visitors. The researchers used a quantitative questionnaire survey type method. There were two different surveys, one for the nurses to take and the other one for the visitors to take. Data was collected by giving the participants the survey before visiting hours changed and then one after the visiting hours had changed. The results contained the difference in the pre and post surveys from the visitors and the nurses. The study's results "point to considering visiting hour's contracts and other visitation policy alternatives such as patient-controlled visitation or even open visitation," (Ramsey et al., 2001, p.44). Family members felt they had less control over the visiting hours, but if the nurse explained why the family member could not visit, the family member stated that they felt more reassured. Some of the limitations of the study included not polling the patient for their opinion on open visitation, or giving the patient a chance to have control over who visited them. There were a limited number of individuals who took the survey,

and there were still visiting restrictions in place. By having restrictions on visiting hours, the intensive care unit was not an open visitation unit.

Comfort Interventions for Patients

A study was performed on 60 patients in the intensive care unit to determine if anxiety could have a negative effect on control over visitation and the length of stay (Hamner, 1996). A quantitative type method was used. Data were collected by using the Perceived Control Over Visitation Scale (PCVS) and the Spielberger's State-Trait Anxiety Inventory (STAI). After the completion of the study, the results showed that anxiety did contribute to the length of stay for a patient. According to Hamner (1996), the length of stay can be affected by severity of illness, state of one's anxiety, hardiness, and perceived control over visitation. This study showed that length of stay was affected by one's anxiety level (Hamner, 1996). There are a few limitations in this study. The visitation time restriction was ten minutes throughout selected times during the day only. There was not any nursing input as to how the patient tolerated the visit or signs of comfort.

Meta-Analysis

A report of a group of studies was performed by Miracle (2005) about critical care visitation. A total of three different studies were reviewed during this report. All studies performed were related to visitation and how the patient or the family viewed visiting. The first study reviewed looked at the patients' point of view over visitation. The study size was 62 patients. The patients stated that visitation offered reassurance and comfort, and produced a calming influence (Miracle, 2005). The second study was viewing the

family's needs. Visiting with a critically ill patient allows family to hope and desire to be close to their loved one (Miracle, 2005). The third study was based on the concept of family-focused care for the critically ill individual. Among these studies being evaluated, the conclusion is that the benefits of visitation include improved communication, reduction of anxiety, and improved rest periods for both patient and family (Miracle, 2005).

The researchers sought to review several articles to determine the possible barriers to open visitation, and some of the advantages (Miracle & Sims, 2006). Some of the barriers to open visitation were being tiring to patients, harmful to the patient, family becoming too tired, and interruptions in nursing care. The benefits discussed during the report were "reduction of anxiety, patients feel loved and secure when having frequent visitors, family members are more satisfied with a liberal visitation policy, better communication between staff and family members, crucial to the recovery of the patient, increase the patients' rest periods, decrease in cardiovascular complications, and lastly it can increase job satisfaction among the nursing staff," (Miracle & Sims, 2006, p.177). This report took the conclusion from all the studies and incorporated those into the barrier and benefits categories.

Davidson (2009) performed a meta-analysis of several descriptive studies related to family care of a patient in the critical care unit. Family members of patients reported that the ICU experience was a threat, which made them feel vulnerable, have intense emotions including fear, and anxiety (Davidson, 2009). The report explains that families experience stress and fear just as the patient does. Communication and visitation can easily solve this dilemma. The researcher says that for a patient-centered care model to be

operational in the ICU, family members and decision makers must be active partners in patients' care and decision making (Davidson, 2009). The researcher explains the importance of nurses taking care of the family as well as the patient. If the family is not supported and updated, then the patient may not be getting the support needed from family members. "Family members of ICU patients have a variety of needs that must be fulfilled in order to support the patients through active involvement and protect the patients through maintaining a vigil," (Davidson, 2009, p.33).

Summary of Literature Review

Information found during the review pertains to several different aspects of nursing care and visitation. Open visitation is still an issue that needs to be addressed and researched. There are still some critical care units that restrict family and visitors. Nurses viewpoints are important to the visitation and maintenance of patient care. One of the factors of an intensive care unit is stress on the patient and family. By allowing the family to spend time with the patient, stress can be decreased and a different form of comfort can be offered. Families need one another for support and reassurance. Overall, most studies have shown that when polled, most nurses agree that visitation is beneficial to the patient. However, there was a study in which the results showed that critical care nurses are still hesitant to open visitation hours and continual family visitation. In some studies with a trialed open visitation, the family member or support person was able to help decrease the patient's anxiety level. Anxiety has been shown to increase the patient's length of stay in a hospital. By allowing family to spend time with their loved one, this may decrease their anxiety level and decrease their length of stay.

There are a few gaps in the research provided. The nurses' opinions about the patients' outcome and stress levels need to be measured to determine if the beliefs support that visitation is beneficial to patients. Families feel the need to be allowed to support and provide care to their loved one. Open visitation can be used as a form of non-pharmacological comfort, decreasing medical errors, and patient centered care.

Chapter III

Methodology

This study used a quantitative design. The purpose of this study was to determine the attitudes and beliefs of Critical Care Nurses regarding open visitation. Surveys were given to the critical care nursing staff to collect the data used (see Appendix A). The nurses in the critical care unit were able to voice their own opinions about how they feel an open visitation policy would fare, and what they believe the number of visitors the patient should be limited to at one time. The nurses' attitudes and opinions were examined. The patient's level of comfort was addressed and reviewed to determine if the nurses support open visitation for that reason.

The study took place in the Critical Care Unit (CCU) for the nursing staff in that area. All subjects currently worked in the unit. During the survey, neither the patients' health nor the nurses' jobs were compromised at any time. The Critical Care Unit is part of a facility which has 245 total beds. There are 700 registered nurses currently employed in the entire facility and 55 nurses in the CCU. The Critical Care Unit contains 18 beds. The average daily census for the entire facility is 130 patients per day and 13.6 daily for the CCU. The hospital is a level three trauma center and has Joint Commission accreditation for chest pain, stroke, and joint replacement. The facility is located is the piedmont area of North Carolina.

Data was collected using the "Beliefs and Attitudes toward Visitation in ICU Questionnaire,"(BAVIQ) developed by Berti et al. (2007). There was an announcement for participation in the survey during shift starters every morning and every evening shift

(see Appendix B). There were no identifying marks made on the surveys that could be traced back to the individuals. The results were compiled based on the nurses' grouped opinions and beliefs about open visitation. The packet included a consent form with instructions pertaining to the completion and submission of the survey, how to place it in the envelope attached, and seal the envelope (see Appendix C). The surveys were placed in an envelope attached to the survey packet. The individually sealed envelope was then placed in a collection box located in the nursing staff break room. This way the collection of data returning to the researcher was anonymous and the individual answers were secure. The researcher collected the completed surveys from the box in the break room on a daily basis.

All Intensive Care Unit nurses were given a chance to voluntarily complete the survey. The nurses were given the option to complete the entire survey or parts of it. However, it was noted in the instructions that by completing the survey or answering any question on the survey, the individual gave their consent to participate. There was a deadline at the end of the week for turning in information just to keep late information from prolonging the results and the continuation of the study.

The first portion of the tool contained demographic information about the individual's education level, sex, years of experience, and age (see Appendix D). The first set of survey questions contained information related to the nurses' beliefs about how visitation affected the patient, family members, and nursing care of the patient. The second portion of the survey contained information about the nurses' attitudes about visiting hours being followed, adapted, or changed. According to Berti et al. (2007, p 4), "content validity of this questionnaire was obtained by a panel of ten experts." Also the

content of the survey used by Berti et al. (2007) was checked by "eight ICU nurses in order to assess the face validity of the questions." The Intensive Care Unit Director's permission and the IRB permission were obtained for this survey. Permission to use the survey was obtained from Dr. Phillip Moon. (See Appendix E)

Individuals were allowed to turn in their completed survey or partially completed survey anonymously. If an individual felt like the information would be able to identify them, they could choose not to answer that question on the survey. All information given was voluntarily given, and individuals not wishing to participate were not penalized in any way. No one was excluded from the study based on gender or race. All participants were able to participate if they wished to do so.

The program Statistical Packages for the Social Sciences (SPSS) version 19 was used to tally data once surveys were completed. Different analyses were performed using this software with some of the data reverse coded for the entering purposes.

Chapter IV

Results

The purpose of this study was to determine the attitudes and beliefs of Critical Care Nurses regarding open visitation. The study focused on Critical Care Nurses' perception of the consequences of open visitation on patients, families, and the organization of care, and the attitudes of those same nurses towards open visitation in the Critical Care Unit. This chapter presents the results of data analysis of participants' responses to the Beliefs and Attitudes toward Visitation in ICU Questionnaire (BAVIQ). This is a Likert scale using responses of 1, strongly disagree to 5, strongly agree. Questions were reviewed for positive orientation and reverse coded as needed.

Sample Characteristics

Only Registered Nurses who work in the Intensive Care Unit were asked to participate in this study to determine the attitudes and beliefs of Critical Care Nurses regarding open visitation. Forty nine Registered Nurses participated in the study. Of those 49, four (8.2%) were male and 45 (91.8%) were female.

The years of experience for the registered nurses ranged from a minimum of 0.5 years to a maximum of 34 years. The mean experience was 8.37 years(SD=8.36). The participants' ages ranged from 22 years to 60 years, with a mean age of 35.42 years (SD =10.129). Table 1 illustrates the statistical data for participants' age and years of experience in the Intensive Care Unit.

Table 1

Descriptive Statistics for the Participants Based on Their Age and Years of Experience in the Intensive Care Unit.

	N	Minimum	Maximum	Mean	Std. Deviation
Age	48	22	60	35.42	10.129
Experience	49	0.5	34	8.3724	8.36288

The participants were asked if they were employed only in the Intensive Care Unit, had another job elsewhere, or if they floated to other areas in the hospital. Out of the 49 participants, 59.2% worked only in the Intensive Care Unit, 14.3% had another job somewhere else, and 26.5% floated to other areas in the hospital. Results of data analysis for frequency and percentages of the Registered Nurses employment in the Intensive Care Unit are illustrated in table 2.

Table 2

Frequency and Percentage of Nurses Working in the Intensive Care Unit or in Another Area.

	Frequency	Percent	Cumulative Percent
Only ICU	29	59.2	59.2
Another Job	7	14.3	73.5
Float to other units	13	26.5	100
Total	49	100	

Of the 49 Registered Nurses participating in the study, 51% had obtained an Associate Degree, 46.9% had obtained a Bachelor's Degree, and 2% had obtained a Master's Degree. Table 3 illustrates the frequency and percentage of educational preparation for the sample.

Table 3

Frequency and Cumulative Percent of the Highest Level of Education Completed by the Registered Nurses in the Intensive Care Unit

	Frequency	Percent	Cumulative Percent
Associate Degree	25	51	51
Bachelor Degree	23	46.9	98
Master Degree	1	2	100
Total	49	100	

The Beliefs and Attitudes towards Visitation in ICU Questionnaire

The BAVIQ questionnaire examines the beliefs and attitudes of registered nurses (RNs) in the Intensive Care Unit regarding open visitation in the ICU in which they work. There were 20 questions pertaining to the beliefs about the consequences of visitation on the patient, family, and organization of care. Means and standard deviations were determined for each of the 20 questions on the BAVIQ. Results of data analysis of the nine questions, regarding the effect of open visitation on the patient, found the RN's felt strongest that visitation has a beneficial effect on the patient (M=4.02, SD=0.968) and that visitation does not hinder the patient's rest (M=3.85,SD=0.816) . The RN's did not feel that an open visitation policy is important for the recovery of the patient (M=2.47, SD=1.101) nor that an open visitation policy offers more comfort to the patient(M=2.73, SD=1.036. See table 4 for the mean and standard deviation for the two most supported

beliefs and the two least supported beliefs about the consequence of open visitation on the patient.

Table 4

The Statistical Results for the Most and Least Supported Beliefs About the Consequences of Open Visitation on the Patient.

	Minimum	Maximum	Mean	Std. Deviation
Visitation has a beneficial effect	1	5	4.02	0.968
Visitation hinders the patients rest	2	5	3.86	0.816
Open visiting policy is important for the recovery of the patient	1	5	2.47	1.101
Open visiting policy offers more comfort to the patient	1	5	2.73	1.036

The BAVIQ survey examined the nurses' beliefs about how open visitation would affect the family members of the critically ill individual utilizing three questions. The RN's beliefs were that an open visiting policy did not exhaust family, because they feel forced to be with the patient, M=3.22, SD=1.006. The RN's also felt that visitation decreased family's anxiety, M=3.55, SD=0.914 and is a helpful support for the care givers (M=3.61, SD=0.640). Table 5 illustrates the statistical data for the questions on the BAVIQ for the consequences of open visitation on families.

Table 5

The Statistical Results for the Most and Least Supported Beliefs About the Consequences of Open Visitation on Families.

	Minimum	Maximum	Mean	Standard Deviation
Open visiting policy exhausts family members	1	5	3.22	1.006
Open visitation decreases family anxiety.	1	5	3.55	0.914
Open visitation is helpful support for care givers	2	5	3.61	0.640

The BAVIQ examined the nurses' beliefs about how open visitation would affect the nurses utilizing eight questions. Analysis utilizing means and standard deviation revealed the two questions most supported by the RNs and the two questions least supported regarding the consequences of open visitation on the nurses. The RNs strongly supported the belief that an open visitation policy did not interfere with direct nursing care (M=4.35, SD=0.805). The nursing staff also believed that an open visiting policy did not make nurses spend more time in providing information to the family (M=3.84, SD= 0.825). The RNs did not support the beliefs that open visitation interfered with the humor

between nurses (M=2.90, SD=1.104). The RNs also did not support the belief that open visitation increased the risk of errors (M=2.94, SD=2.94). For more information on this area see table 6 below.

Table 6

The Statistical Results for the Most and Least Supported Beliefs About the Consequences of Open Visitation on Nursing Care.

	Minimum	Maximum	Mean	Standard Deviation
An open visitation policy interferes with direct nursing care.	2	5	4.35	0.805
Open visiting policy makes nurses spend more time in providing information to the family.	2	5	3.84	0.825
Open visiting policy interferes with humor between nurses.	1	5	2.90	1.104
Open visiting policy increases the risk of errors.	1	5	2.94	1.029

The BAVIQ also contained 14 questions related to the nurses' attitudes towards open visitation. The RNs strongly held the attitude that strict visiting hours must be adapted when the family has practical problems adhering to the policy (M=4.12, SD= 0.696). Another attitude strongly held was that strict visiting hours must be adapted when the patient had emotional needs (M=4.04, SD=0.841). RNs also strongly believed that

the visiting policy must be adapted when the patient is dying (M=4.63, SD=0.727). The RNs did not believe that the length of a visit should not be limited (M=2.02, SD=0.911), and that the number of people who are visiting the patient at the same time should not be limited (M=2.29, SD=1.369). Lastly, the RNs did not believe that an open visiting policy should be carried out in their unit (M=1.73, SD=0.930). For detailed information on the strongest and least held attitudes of RNs regarding open visitation see table 7.

Table 7

Statistical Results for the Three Highest and the Three Lowest Nurses' Attitudes on Open Visitation.

	Minimum	Maximum	Mean	Standard Deviation
Strict visiting hours must be adapted when the family has practical problems adhering to the policy.	1	5	4.12	0.696
Strict visiting hours must be adapted when the patient has emotional needs.	1	5	4.04	0.841
Visiting policy must be adapted when the patient is dying.	1	4	4.63	0.727
Length of a visit should not be limited.	2	5	2.02	0.911
Number of people who are visiting at the same time should not be limited.	2	5	2.29	1.369
An open visiting policy should be carried out in our unit.	2	5	1.73	0.930

Chapter V

Discussion

The purpose of this study was to determine the Critical Care Nurses' perceptions of the consequences of open visitation on patients, families, and the organization of care, as well as Critical Care Nurses' attitudes toward open visitation in the Critical Care Unit.

Interpretation of Findings

Demographics

The majority of the registered nurses surveyed were female, which supports the demographics of the traditional nursing work force. Of the participants that completed the survey, almost half held a Baccalaureate Degree, with the majority of the remaining holding Associate Degrees. While the high number of Baccalaureate prepared nurses is surprising, it is supported by statistics reported by the U.S. Department of Health and Human Services (2002). The mean age of the participants (35 years) is not supported by national statistics. According to the American Nurses Association (n.d.) and the U.S. Department of Health and Human Services the majority of nurses in 2008 were projected to be between 50 and 54 years of age.

Consequences on the Patient

Nurses strongly believe that visitation has a beneficial effect on the critically ill individual (SD=0.968, M=4.02), and that visitation hinders patient rest (SD=0.816, M=3.86). So while open visitation would aid in the patient's well-being and healing

process, it could decrease the amount of rest a patient obtains. Two ideas that nurses felt the least in agreement with was that open visiting policy is important to the recovery of the patient, (SD=1.101, M=2.47) and offers more comfort to the patient (SD=1.036, M=2.73). Nursing staff in the Intensive Care Unit thought that open visitation did not contribute to the recovery nor the comfort of the patient. The Critical Care Nurses believe that the recuperation of a patient did not have any bearing on the patient having access to open visitation. Results show that the majority of the nurses were in agreement with the two highest and the two lowest supported beliefs on the consequences of open visitation on the patient.

Consequences on the Families

Critical Care Nurses were asked questions regarding the beliefs on the consequences of open visitation on family members. Of those questions asked, the question with the highest score was that open visitation is helpful support for care givers (SD=0.640, Mean=3.61). Nurses felt that open visitation provides support to family members, who are the care givers of the patient. Another belief is that open visitation decreases family anxiety (SD=0.914, M=3.55). Nursing staff of the Intensive Care Unit are in agreement that open visitation and unlimited access to the critically ill individual would provide the family with a low amount of anxiety. Being able to spend time with the loved one, and being able to view the care a loved one receives, decreases a family member's anxiety level. The least supported belief for family members is the statement that open visitation exhausts family members (SD=1.006, M=3.22). Nursing staff disagree with the statement that open visitation tires family members. Critical Care

Nurses believe that open visitation would be helpful in decreasing family anxiety and would not make the family members tired.

Consequences on Nursing Care

Critical Care Nurses were asked how open visitation would impact nursing care of the critically ill individual. The two most supported beliefs about open visitation and nursing care were that an open visitation policy interferes with direct nursing care (SD=0.805, M=4.35) and makes nurses spend more time in providing information to the family (SD=0.825, M=3.84). Nurses strongly agreed with the statement that unlimited visitation would interfere with direct nursing care. Nurses also felt that care of the patient would be compromised due to having to provide continuous information to the patient's family members while in the patient's room. The statements that the nursing staff disagreed with were that open visiting policy interferes with humor between nurses (SD= 1.104, M=2.90) and increases the risk of errors (SD=1.029, M=2.94). Nursing staff in the Intensive Care Unit do not believe that open visitation would cause them to make errors, nor would it interfere with the way nurses act around one another. The Critical Care Nurses' beliefs about open visitation are that open visitation would cause them to spend more time with the family instead of caring for the patient, but would not make them nervous and cause them to make errors.

Attitudes of Nurses

The nursing staff that participated showed a strong belief that open visitation would have a beneficial effect on the patient, and that the visitation should be adapted when the patient has emotional needs. These findings indicate that those nurses do

believe open visitation has a positive effect on the patient. Nurses, who supported open visitation being beneficial to the patient, are addressing the patient's comfort and providing patient centered care. With open visitation being helpful in the patient's recovery, the nurse is providing the patient with a way to decrease their anxiety and focus on their healing process. Nurses also felt strongly about visitation being adapted for family when the patient is dying. This supports the idea that Intensive Care Unit nurses are aware of the family's ability to provide support, and also assists in allowing the family to cope with their loved ones death. A patient may rest better and be able to be at peace with dying when knowing they have family support. The nursing staff did believe that the visiting hours should be adapted if the patient has emotional needs. The nursing staff shows support in believing that family may aid in decreasing a patient's anxiety level or providing comfort when a patient is emotionally upset. With the current emphasis on patient satisfaction in the acute care hospital, nurses are more aware of factors influencing satisfaction scores, such as comfort and family needs.

Some of the low results show that the nursing staff felt strongly that the family may be exhausted from being forced to spend time with the patient (SD=1.006, M=3.22) and that open visitation would hinder patient rest (SD=0.816, M=3.86). This shows that nursing also believes it is important for the family and the patient to get adequate rest as well. While nursing supports the visitation having a beneficial effect on the patient, they also believe there should be a limit and a period of rest for the family and the patient. Nursing staff in the Intensive Care Unit, having an Associate's Degree in nursing, are going by Maslow's Hierarchy of Needs in that patients and family members need to feel safe, secure, loved, and have the daily essentials of life involving food, water, and sleep.

These results show that the nurse is concerned for the welfare of both parties, and still wants the patient to have support but to have rest and recuperate too.

Even though the nursing staff strongly believes that visitation has a beneficial effect on the patient, they still have a low support of having an open visitation policy in their unit (SD=0.930, M=4.02). This is interesting considering the fact that they would adapt the policy due to the patient's needs. For nursing to believe that visitation has a positive effect on the patient they would still wish to have restrictive visitation. This could contribute to their belief that open visitation hinders direct nursing care for the patient (SD= 0.805, M=4.35).

Implications of Findings

The results of this study are relevant to the delivery and implementation of patient centered care. By educating staff about the benefit of open visitation and the general nursing support, staff may understand that an open policy would be helpful to their patient. Showing the support of other reasons to allow open visitation may allow room for acceptance and understanding of open visitation.

Limitations of the Study

A limitation to this study was the small sample size, which only consisted of 49 participants. Of those participants, there were only four males. Due to the small size of the Intensive Care Unit, the information may be different in other larger areas. The data for this survey were only collected from one Intensive Care Unit in one organization. The nurses' beliefs and attitudes may be reflected on a single negative professional experience. There was not any data collection done to see if patients or family members

thought an open policy would be beneficial or if they are in support of an open visitation policy.

Implication for Further Research

For this particular study only the attitudes and beliefs of nursing staff in the Intensive Care Unit were examined. Another study could be conducted to compare patients' and family members' thoughts to the nursing staff. Also, another nursing opinion study could be conducted in a different Critical Care Unit or even another unit in this hospital. The results of additional studies could lead to changes made in policies to improve patient centered care and increase patient comfort and satisfaction. Additional research could assist the nursing staff to provide the best patient care.

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Appendix A

Beliefs and Attitudes toward Visitation in ICU Survey

Definition 'Restricted visiting policy':	Definition: **'Open visiting policy'**:
A policy that imposes restrictions on the time of visits, length of visits, and/or number of visitors.	A policy that imposes no restrictions on the time of visits, length of visits, and/or number of visitors.

Is there a restricted or open visiting policy in your intensive care unit?

☐ Restricted visiting policy

☐ Open visiting policy

BELIEFS ABOUT THE CONSEQUENCES OF VISITATION ON THE PATIENT, FAMILY AND ORGANIZATION OF CARE

		Strongly disagree	Disagree	Neither agree, nor disagree	Agree	Strongly agree
1	I believe that visitation has a beneficial effect on the patient.	☐	☐	☐	☐	☐
2	I believe that visitation hinders the patient's rest.	☐	☐	☐	☐	☐
3	I believe that visitation causes physiological stress for the patient	☐	☐	☐	☐	☐
4	I believe that visitation creates adverse hemodynamic responses in patients.	☐	☐	☐	☐	☐
5	I believe that an open visiting policy is important for the recovery of the patient.	☐	☐	☐	☐	☐
6	I believe that visitation causes psychological stress for the patient	☐	☐	☐	☐	☐
7	I believe that visitors can help the patient interpret information.	☐	☐	☐	☐	☐

8	I believe that an open visiting policy infringes upon patient's privacy.	☐	☐	☐	☐	☐
9	I believe that an open visiting policy offers more comfort to the patient.	☐	☐	☐	☐	☐
10	I believe that an open visiting policy decreases family's anxiety.	☐	☐	☐	☐	☐
11	I believe that an open visiting policy exhausts family, because they feel forced to be with the patient.	☐	☐	☐	☐	☐
12	I believe that an open visiting policy interferes with direct nursing care.	☐	☐	☐	☐	☐
13	I believe that an open visiting policy makes nurses nervous, because they are afraid to err.	☐	☐	☐	☐	☐
14	I believe that an open visiting policy makes nurses feel controlled.	☐	☐	☐	☐	☐
15	I believe that an open visiting policy hampers adequate planning of the nursing care process.	☐	☐	☐	☐	☐
16	I believe that an open visiting policy interferes with humor between nurses.	☐	☐	☐	☐	☐
17	I believe that an open visiting policy makes nurses to spend more time in providing information to the family.	☐	☐	☐	☐	☐
18	I believe that an open visiting policy increases the risk of errors.	☐	☐	☐	☐	☐
19	I believe that visitation is a helpful support for the care givers.	☐	☐	☐	☐	☐
20	I believe that an open visiting policy contributes to the improvement of patient-centred care.	☐	☐	☐	☐	☐

ATTITUDES TOWARDS VISITING

		Strongly disagree	Disagree	Neither agree, nor disagree	Agree	Strongly agree
21	I think that everyone is allowed to visit, if it is approved by the patient.	☐	☐	☐	☐	☐
22	I think that the number of visitors in a time range of 24h should not be limited.	☐	☐	☐	☐	☐
23	I think that in a time range of 24h the number of visitors should be limited to ……. persons.					
24	I think that the length of a visit should not be limited.	☐	☐	☐	☐	☐
25	I think that only ……. persons can visit the patient at the same time.					
26	I think that the number of people who are visiting the patient at the same time should not be limited.	☐	☐	☐	☐	☐
27	I think that an open visiting policy should be carried out in our unit.	☐	☐	☐	☐	☐
28	I think that strict visiting hours must be adapted when the family has practical problems adhering to the policy.	☐	☐	☐	☐	☐
29	I think that strict visiting hours must be adapted when the patient has emotional needs.	☐	☐	☐	☐	☐
30	I think that when the patient is capable, he/she should have control in when, how long and how many visitors he/she can have.	☐	☐	☐	☐	☐
31	I think that the visiting policy must be adapted to the culture/ethnicity of the patient.	☐	☐	☐	☐	☐

32	I think that a strict starting hour is important, but the length of a visit can be flexible.	☐	☐	☐	☐	☐
33	I think that the visiting policy must be flexible during the first 24h of hospitalization.	☐	☐	☐	☐	☐
34	I think that the visiting policy must be adapted when the patient is dying.	☐	☐	☐	☐	☐

Appendix B

Debriefing Statement

Debriefing Statement

This survey will provide insight to the views and opinions of critical care nurses on the subject of open visitation. Your participation in this survey is greatly appreciated. Individual surveys will remain confidential and only grouped data will be reported. Results will be available after the study has been completed. If you have any questions, comments, or concerns please contact:

Melissa McNeilly RN, BSN

704-692-9033

mmorriso@gardner-webb.edu

OR

Dr. Cindy Miller

704-406-4364

mlmiller@gardner-webb.edu

Appendix C

Consent

Consent

You are being asked to participate in a study to investigate nurse's opinions and feelings related to open visitation in the Intensive Care Unit. Taking part in this study is voluntary. Your decision on whether or not to participate will not affect your employment in the ICU in any way.

Should you choose to participate, you will be asked to complete a survey which will take approximately 20 minutes of your time.

There are no foreseeable risks associated with your participation and you will not be compensated in any way for your participation.

Participation is voluntary. You may choose not to complete the survey or you may skip any questions that you do not feel comfortable answering. ***By completing this survey you are giving your consent to participate in this study.***

All survey information received will be kept confidential. No one but the researcher will have access to the surveys and they will be kept in a secure location. All information will be reported as grouped data with no individual information given.

Melissa McNeilly is conducting this survey as part of the requirements for completion of the MSN program at Gardner-Webb University.

Thank you so much for your time, consideration, and participation.

Instructions:

The survey is attached to this consent form. Only answer the questions as asked. Do not make any identifying marks on the survey. Once the survey is completed place the survey in the individual envelope attached to this packet. Seal the envelope and place the sealed envelope in the box in the break room. The box will be checked daily and all completed surveys for the day will be picked up by Melissa McNeilly RN.

If there are any questions, comments, or concerns please contact:

Melissa McNeilly RN

704-692-9033

mmorriso@gardner-webb.edu

Dr. Cindy Miller

704-406-4364

mlmiller@gardner-webb.edu

Appendix D

Demographic and Professional Data

BAVIQ

Beliefs and Attitudes toward Visitation in ICU Questionnaire

DEMOGRAPHIC AND PROFESSIONAL DATA

Sex: ____Male

____Female

Age: ____ Years Old

What are yours hours of work: ____ Full time

____ Part Time

____ Per diem

Highest Level of Education: ____ Associate Nursing Degree

____ Bachelor Nursing Degree

____ Master of Science Nursing Degree

____ Doctoral Nursing Degree

I have _____ years experience in intensive care nursing.

Do you only work in the Intensive Care Unit? ____ Yes

____ No, I have another job elsewhere

____ No, I float to other units in the hospital

Have you worked in another Intensive Care Unit before this one? ____ Yes

____ No

If YES to the previous question, did that facility have open visitation? ____ Yes

____ No

Appendix E

Dr. Moon's Permission

From: Philip Moons [Philip.Moons@med.kuleuven.be]
Sent: Sunday, September 02, 2012 6:50 PM
To: Ms Melissa Jean Morrison
Subject: RE: ICU Visitation Questionnaire

Dear Melissa,

Thank you for your interest in the BAVIQ.

Please find attached both the BAVIQ and the questionnaire that we have used to assess current visitation policy. If you consider the BAVIQ useful for your study, I would like to ask you to complete the "Use of BAVIQ information form". Permission is granted, free of charge. I am also attaching the coding convention for the BAVIQ.

Regarding, your question about the psychometric characteristics, I am also adding a file with information. This information was included in the original version of the article, but we needed to reduce the manuscript into a brief report. I hope you find this information helpful.

If you have further questions, don't hesitate to contact me.

Best regards,
Philip Moons

Philip Moons, PhD, RN

Professor in Nursing Science

Centre for Health Services and Nursing Research

KU Leuven - University of Leuven

Kapucijnenvoer 35 P.B. 7001

B-3000 Leuven, Belgium

Tel: +32-16-336984 (direct) +32-16-336972 (secr.)

Fax: +32-16-336970

Email: Philip.Moons@med.kuleuven.be

Congenital and Structural Cardiology

University Hospitals Leuven

Herestraat 49

B-3000 Leuven, Belgium

The Heart Centre, Research & Development

Copenhagen University Hospital

Blegdamsvej 9

2100 Copenhagen, Denmark

Web transition: www.kuleuven.be/switch2

Web itch: www.itchscale.eu

From: Ms Melissa Jean Morrison [mailto:mmorriso@gardner-webb.edu]
Sent: zaterdag 1 september 2012 3:52
To: Philip Moons
Subject: ICU Visitation Questionnaire

Hello,

My name is Melissa. I am a graduate student at Gardner-Webb University. I am very interested in studying open visitation in the Intensive Care Unit. I came across your report "Beliefs and attitudes of intensive care nurses toward visits and open visiting policy," (2007). I was wondering if you could send me the questionnaire you used for this study. I would like to use it for my masters thesis if that would be acceptable for you. Thank you so much for your time.

Melissa M.
mmorriso@gardner-webb.edu