Visiting All Hours?  
The Views of Hospice Staff on the Visiting Policy

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Background
Over the past 20 years visiting policies within adult care settings have progressed from strictly enforced times to more flexible arrangements. For hospices, the Care Commission in Scotland encourages open visiting where no restriction is placed on visiting times (1). However, little research has been carried out to test the assumption that an open visiting policy in a hospice is of benefit to patients and carers and improves the quality of care (2). The first strand of a qualitative exploratory study evaluated the impact of open visiting on patients in a hospice (3): patients acknowledged the benefits of keeping in touch with family and friends, but also reported a need for more personal/staff control of visiting arrangements, particularly in relation to timing, visitor numbers and restrictions on who could visit. This data contributed to a second strand which sought the views of staff in the same hospice.

Aim of Study
To assess the impact open visiting has on the ability of the staff to meet the needs of patients in the hospice.

Methods
This was an exploratory study using a qualitative approach to interview 3 multi-disciplinary focus groups of hospice staff involved in patient care. Following ethical approval, a purposeful recruitment approach was adopted to ensure representation from all staff groups. The interviews were conducted by a facilitator using a semi-structured interview schedule. The interviews were recorded and transcribed verbatim. Each focus group interview lasted around one hour. A total of 25 staff were interviewed.

Results
Five main themes were identified from the interviews following a grounded theory approach and thematic analysis (4):

1. Valuing the Family
2. Involving the Family
3. Patients Feel Powerless Over Visiting
4. Shared Rooms
5. Advocacy and Gatekeeping

Theme 1 - Valuing the Family
Staff identified the importance of visitors to patients, particularly as time was precious.

"Visitors are important especially family at a time like this, so it is very important to have visitors, [if] is what you want to have around you" (participant (P) 7)

"I think it gives a patient a sense of keeping in touch with the outside world, when their world is slowly coming to an end – it keeps them in touch." (P9)

A need for flexibility in visiting arrangements was identified to meet the needs of some visitors:

"...a lot of our patients aren’t local some of them are quite a journey away and have to get transport or whatever and it might actually be easier to get buses and to travel at a decent time of day, maybe late morning or early afternoon — as opposed to busier times or in the winter when it is dark for elderly people." (P4)

Some family members did feel pressurised to visit:

"A lady was admitted last week and her daughter really needed a break as well, but her Mum, because of open visiting was saying ‘you can come in and stay all day’ and the daughter felt she couldn’t say no. She actually ended up not having any time to herself and she really needed it - she felt guilty - she felt she had to be there." (P18)

Theme 2 - Involving the Family
Staff felt that involving the family in care could create a sense of belonging:

"The advantage of open visiting [is] you can form a bond with the relatives because they are there and they are as much part of the care as you are.” (P17)

Owing control back to relatives was also felt to be important:

"I have seen that lack of control, sometimes you are giving back a sense of control to the families. I think as well as patients losing control... they [families] lose that sense of being able to do what is right for their loved one. I think open visiting as a concept is quite a relief." (P23)

There could be negative aspects to involving the family:

"There would be times when I wanted time alone with a patient and I felt strongly the patient needed time alone but the relatives or friends needed to be there. It was their need that had a precedence. You end up caring for the relatives when you should be caring for the patient.” (P20)

Theme 3 - Patients Feel Powerless Over Visiting
Staff felt that patients were sometimes not in control of who visited, when visitors came and how long they stayed:

"And after their meal as well a lot of them would like a rest but they’ve got visitors coming so they don’t have a rest and they’re intimidated (exhausted)” (P5)

"Recently I was on night duty and there were 3 or 4 family members who were not going to go until the person they were visiting was tucked in up in bed, and that person really wanted them to go home” (P21)

Patients could be fearful of causing offence to their visitors:

"……people are sometimes tired and they need their sleep but they don’t like to say to people (their visitors) ‘I’m tired I need a rest I found that with a lot of patients.” (P9)

Theme 4 - Shared Rooms
A number of issues were identified in relation to patients in multi-occupancy rooms, especially in relation to patient privacy:

"you know if they are in a 4 bedded or 3 bedded room and another patient wanted to use the commode or is being inconvenient, if there was a great hustle of visitors round the next bed you are very conscious of that and surely the patient is aware of their own dignity” (P11)

"One of the main ones/challenges is... a bunch of visitors can not only impact on the patient but other people too and you could have a scenario where you have a nice family who take over the room and it does impact on other patients - it’s about trying to get a balance.” (P7)

However, shared rooms could allow some families to support each other:

"...I do think that relatives get a great deal of support from other relatives, particularly in the hospice, they do make great friendships and they’re all in the same position really. We’ve seen how they are supporting each other and are getting the comfort and friendship... they’ll sometimes go for a coffee together in the coffee room and chat over their own feelings and problems.” (P6)

Theme 5 - Advocacy and Gatekeeping
Staff indicated that they did have a role in helping to manage visiting arrangements, though didn’t always find this easy to do:

"I think most of the time we try to guide relatives in what’s good for them and what’s good for the patient because sometimes the relatives tend to sort themselves nagging along bits of things outside the hospice. So trying to run a home or whatever and be visiting five hours a day or something like that.” (P4)

"It’s hard to observation and taking responsibility to intervene and offer help to the patient if they feel that they don’t want particular people or don’t want visitors at that moment in time. It makes the onus off them I think, it’s our responsibility to be able to do that.” (P21)

"...the family were in and I was tending the patient, they didn’t actually go anywhere, they hung around and it was difficult because the patient was incontinent, it would have been nice if they just left. (There were) so many of them there” (P12)

Conclusions
Time with family and friends can be precious for patients. Open visiting can allow flexibility for visitors which may be of benefit not only to patients and visitors, but allow staff to foster therapeutic relationships with the family. Open visiting can also create opportunities for family involvement in patient care. However, staff perceive open visiting presents a number of challenges for patients and their families. Patients can feel pressured and unable to control visiting, particularly visitors who outstay their welcome. The evidence of this study amplifies that of the patient strand (3) and suggests that some modification of existing policy is needed. This will enable staff and patients together to adopt a more flexible, individualised, patient-centred approach to visiting. The benefits of open visiting should be retained, but with the help of staff support, some control should be restored to the patient.

References