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Getting the balance right: Family visitation in the Post Anaesthesia Care Unit

Abstract

The standard practice in Australia is to restrict family visitation for adult patients in the first-stage Post Anaesthesia Care Unit (PACU). While research on this topic in the Australian context is lacking, there is international evidence, particularly from the United States of America (USA), that demonstrates benefits to both patients and family members. These benefits include high satisfaction rates, reduced anxiety and an improvement in patient haemodynamic markers, pain and nausea. The facilitation of family visitation in the PACU may also enhance the delivery of not only person-centred care but also patient- and family-centred care. Despite this, the literature documents that nursing concerns regarding family visitation are common. These may include concerns about impacts on workload, patient privacy, infection control risks, physical space limitations and undesirable family responses. While these issues may indicate barriers to implementation, the literature also demonstrates that organisational guidelines and adequate resourcing may enable the successful implementation of family visitation in the first-stage PACU. This discussion paper explores the benefits of and possible risks associated with family visitation in the first-stage PACU, and hopes to inspire readers to consider implementing family visitation in the PACU as a quality improvement or research project.

Keywords: PACU, family visitation, patient-centred care, family-centred care, person-centred care

Introduction

The Post Anaesthesia Care Unit (PACU) is a specialty care unit where nursing staff perform advanced clinical care during the immediate post-operative phase.[1,2] Family visitation*[1] in the first-stage PACU has historically been restricted,[3] due to close proximity to the operating theatres, the fast-paced nature of these units, high turnover and a higher potential for emergency complications.[4] There is a lack of research which explores family visitation in the PACU in the Australian context; however, literature from the United States of America (USA) and other international perioperative settings may hold insight for future practice in the Australian perioperative setting.

The International Collaboration of PeriAnaesthesia Nurses (ICPAN) has PACU nurses from many different countries as members, including those from Australia. In an international cross-sectional study ICPAN found some differences in culture and practice between countries, including differences in education, competence and the role of PACU nurses. In Australia, PACU nurses only accept patients from medical anaesthetists while

* Significant others are included in the term 'family' as it is used in this article.

other countries also have nurse anaesthetists, and Australian PACU nurses do not extubate patients. In other countries, patients may be intubated and so have longer time in the PACU than patients in Australia.[1]

The ICPAN study also identified many similarities,[1] potentially allowing for a meaningful comparison of the Australian setting with practices reported in the international literature. Researchers in the USA have examined family visitation in the first-stage PACU since the 1980s and, in 2003, the American Society of PeriAnesthesia Nurses (ASPAN) announced a position statement endorsing family visitation in the PACU.[3] This recommendation has been ongoing[5] and recent research demonstrates benefits of family visitation in the PACU, including high satisfaction rates, reduced anxiety scores and improvement in patient haemodynamic markers, pain and nausea.[6-10] Despite this, the rate of uptake of family visitation in the USA is unknown.[11] Research surveying nurses also describes numerous concerns about family visitation[4,12] that may represent safety risks and barriers to successful implementation.

The purpose of this discussion paper is to explore historical and current evidence about and the potential risks of and barriers to the implementation of family visitation in the first-stage PACU, with a view to how these findings may be applied to the Australian context. This will be presented through the following three themes – patient considerations, family member considerations and nursing perspectives, barriers and risks. It is hoped that this paper will generate further discussion and an appetite for research into family visitation in the first-stage PACU in the Australian setting.

Discussion

Patient considerations

International research demonstrates that family visitation in the PACU has a positive effect on patient anxiety levels[3,13] and is associated with higher patient satisfaction.[2,6,7,14] The perioperative period is a time of vulnerability for the patient, involving long periods of separation from their family members.[6,11] Family visitation in the PACU – such as a supervised visit of five to 15 minutes from a prepared family member or significant other of the patient's choosing, as soon as the patient is stable and the treating nurse approves – presents as a nursing intervention to alleviate this separation.[6]

Research suggests the ideal timing of the visit is sooner than 45–60 minutes after the patient arrived in the PACU.[9,15] Research conducted by Zeraatpishe et al.[8] in 2021 demonstrated that family visitation occurred, on average, 35 minutes after extubation. Salient research by Vogelsang[13] in 1987 demonstrated that the presence of family members in the first-stage PACU reduced patient anxiety, and more recent studies have supported this finding.[2,6,7] A descriptive, single-group, mixed methods study conducted in 2016 (N=62),[6] reported that a supervised visit in the PACU of five to ten minutes from a family member resulted in a statistically significant reduction in patient anxiety scores ($p<0.01$).

A randomised controlled trial (N=60) conducted in Iran in 2021,[8] studied the effect of a family visit on adult patients in the first-stage PACU after laparoscopic cholecystectomy. The visit was 10–15 minutes, with the permission of the PACU manager, and the effect on blood pressure, heart rate, nausea and pain scores were recorded. The study found that the intervention group had statistically significant lower heart rate ($p <0.01$) and systolic blood pressure ($p <0.02$), and decreased intensity of post-operative pain ($p<0.001$) and nausea ($p<0.001$),[8] demonstrating that family visitation for patients having longer stays in the PACU may positively impact the patient's haemodynamic markers, pain and nausea levels.

Family considerations

Research has also demonstrated positive effects of family visitation in the PACU on the patient's family. Family visitation in the PACU has been found to reduce anxiety in family members,[6,9,10] provide an opportunity for sharing information[6] and increase satisfaction rates.[6,7] The process of waiting during a surgical procedure is frequently described in the literature as a stressful and anxious time for the patient's family, often marked by a need for information which is not met by health care workers.[16,17] A salient randomised controlled trial (RCT) exploring the effect of family visitation in the PACU on family member anxiety levels was conducted in 2012 (N= 45).[9] It found that the visitation group had a statistically significant ($p < 0.0001$) decrease in anxiety after visiting their loved one.[9]

In 2015, Lee et al.[7] surveyed family members of 73 patients after their PACU visitation and 89.8 per cent of respondents agreed or strongly agreed that the visit was important and beneficial. In a descriptive, single-group, mixed-methods study (N= 62), Wendler et al.[6] also demonstrated a significant reduction in family member anxiety scores ($p<0.001$) after the PACU visit and a high level of family member satisfaction. The qualitative data captured by Wendler et al.[6] further illuminated the experience of

family visitation, with themes such as appreciation, relief and the opportunity for sharing information with health care workers emerging.[6] The overarching theme that emerged was 'to see with my own eyes',[6 p.55] – a fitting representation of the family member experience of being able to see and touch their loved one after surgery.[6]

Furthermore, family visitation is congruent with patient- and family-centred care, an approach where the patient is embedded within the family system and all aspects of health care delivery are grounded in partnerships between health care providers, patients and families.[18–20] Similarly, the Australian Commission on Safety and Quality in Health Care promotes a person-centred care model, embedded in all of the *National Safety and Quality Health Service Standards*, which 'involves seeking out and understanding what is important to the patient, their families, carers and support people, fostering trust and establishing mutual respect'.[21]

The importance of the family aspect of patient- and family-centred care may be further illuminated for health care workers through reflection on personal experiences.[22] FM Fields,[23] an American nursing leader, described a positive personal experience of being granted access to visit a loved one in the PACU that was so meaningful and significant, that it facilitated reconsideration of the traditional visitation policies of the unit to allow for more flexibility for family visitation. Family visitation in the PACU considers the importance of the family experience and the family's role in the patient journey, and is aligned with a patient- and family-centred approach to care.

Nursing perspectives, barriers and risks

The literature documents concerns expressed by nursing staff about the implementation of family visitation in the first-stage PACU.[4,6,7,12,24] These include concern about family responses, such as fainting or interference in care; concern that sedation will render the patient unaware of family presence; concerns about infection control, patient privacy and lack of physical space, and concern about nursing workload.[4,6,7,12]

Voncina and Newcomb[12] surveyed a range of surgical services staff from a large hospital in North Texas during implementation of a family visitation program, and again four years after the program was implemented. They found that, while the proportion of respondents that recognised benefits of family visitation increased from 28 to 70 per cent, staff concerns about patient privacy, space limitations and family interference with patient care not only persisted, but also increased from one survey period to the next.[12]

Similarly, Walls (2009)[24] surveyed the PACU staff (N=48) in a Phase I recovery unit at a 1200-bed teaching institute in the USA six months after implementation of a family visitation policy. While the majority (83.7 per cent) of the staff surveyed expressed that they themselves would want the option to visit their family member in the PACU, less than half (47 per cent) were in favour of providing the option of family visitation for patients in their PACU.[24] The staff reported perceived barriers to visitation such as staffing issues, infection risks, patient privacy, staff anxiety, the potential for visitors to witness a resuscitation and lack of education of families.[24]

Walls[24] posited that staff support and education may prove beneficial, and Voncina and Newcomb[12] similarly noted that despite the potential benefits, family visitation is a substantial stressor for staff, and mitigation of this would require excellent education regarding organisational policies for both the patients and staff.[12] Surveys of nursing staff before and after implementation of a family visitation program demonstrate that while staff overall attitudes towards family visitation may become more favourable after implementation,[7,12] some significant staff concerns persist.[12,24] Further research into these concerns is required and sound organisational structure and targeted education is needed to support the implementation of family visitation programs.

Local organisational policies must be established to support the implementation of family visitation.[5,7] This may be achieved through the introduction of the nurse liaison model as described by both Deselms et al.[15] and Herd and Rieben.[25] The liaison nurse is a dedicated role to facilitate visitation during usual operating theatre times by meeting with family and patients pre-operatively, coordinating the visit with PACU staff and supervising the visit.[15]

The implementation of this role would require funding which may be a barrier for some facilities. While the literature demonstrates that family visitation can be successfully implemented without the nurse liaison role in place,[2,7] it may increase nursing workload and organisational support through adequate staffing would be crucial.[7] While concerns raised by nursing staff may highlight risks associated with family visitation, supportive organisational policies and

resources, as well as the provision of education regarding family and patient satisfaction rates and benefits, should help to alleviate concerns and mitigate these risks within organisations who are considering implementation of family visitation.[5–7]

Conclusion

Family visitation for adult patients in the first-stage PACU represents an opportunity for greater patient and family engagement. It is practiced to varying degrees internationally, and is congruent with a patient- and family-centred approach, but it is not currently a standard practice in Australia.

International research demonstrates numerous benefits to patients and family members. International research also describes significant concerns that nursing staff have about family visitation in first-stage PACU and it has the potential to cause stress to PACU staff. To date, there has been no research conducted in the Australian setting and as there are many differences between PACU practices in Australia and other countries, research exploring this concept in the Australian setting is required.

In other countries, appropriate preparation and planning, firm organisational support and adequate education for nursing staff as well as patients and their families has supported the implementation of family visitation in the PACU and brought benefit to patients and their families. It is hoped that such measures, along with relevant research, would allow Australian patients and families to also benefit from the introduction of family visitation for adult patients in the first-stage PACU.

Declaration of conflicting interests

The authors have declared no competing interests with respect to the research, authorship and publication of this article.

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