Postanesthesia Care Unit Visitation Decreases Family Member Anxiety

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Despite advocacy by professional nursing organizations, no randomized controlled trials (RCTs) have evaluated the response of family members to a visit with an adult patient during a postanesthesia care unit (PACU) stay. Therefore, the purpose of this RCT was to evaluate the impact of a brief PACU visitation on the anxiety of family members. The study was conducted in a phase I PACU of a large community-based hospital. Subjects were designated adult family members or significant others of an adult PACU patient who had undergone general anesthesia. A pretest-posttest RCT design was used. The dependent variable was the change in anxiety scores of the visitor after seeing his or her family member in the PACU. Student t *test (unpaired, two tailed) was used to determine if changes in anxiety scores (posttest score − pretest score) were different for the PACU visit and no visit groups. A total of 45 participants were studied over a 3-month period, with N = 24 randomly assigned to a PACU visit and N = 21 assigned to usual care (no PACU visit). Participants in the PACU visit group had a statistically significant (*P = .0001*) decrease in anxiety after the visitation period (−4.11 ± 6.4); participants in the usual care group (no PACU visit) had an increase in anxiety (+4.47 ± 6.6). The results from this study support the value and importance of PACU visitation for family members.*

Keywords: *family visitation, postanesthesia care, family needs, STAI, patient-centered care, PACU visitation, research.*

ALLOWING FAMILY AND significant others to visit hospitalized patients is a practice that is often restricted in select areas of the hospital, particularly in postanesthesia care units (PACUs). Despite a 2003 position statement by the American Society of Perianesthesia Nurses supporting visitation in PACU units[1] and supportive expert opinion,[2,3] a recent survey of visitation practices in US PACUs found that only 19% of PACUs allowed visitation by family members of adult patients during their postanesthesia recovery phase.[2]

Although several studies have addressed the issue of visitation for adult PACU patients,[4-11] almost all have been descriptive studies surveying patients, family members, and/or health care providers about their views or perceptions of whether family visitation in the PACU period would be helpful or desirable.[4-8,11] Survey findings from patients and family members

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have consistently indicated strong support for visitation practices and a need to know that their loved one is safe and comfortable.[4,5,11] Surveys of nurses found objections to the practice because of concern that family members would be disturbed or frightened by the sights/sounds of a PACU and/or the presence of family members would disrupt patient care activities.[2,5–8] This discrepancy between the perceptions of patients/family members and nurses about the relative benefits of visitation was clearly evident in a descriptive study of perceived needs of patients and families during the postanesthesia period.[5] Of a list of 10 needs of family members of PACU patients, visitation was ranked highly by family members (no. 2) but nurses ranked it low (no. 7) when asked to predict family members' perceived needs.

Despite advocacy by professional nursing organizations and individuals practicing in PACUs that allow family visitation to adult patients,[1,12,13] only two intervention studies have evaluated PACU visitation.[9,10] Both of the studies evaluated the impact of the PACU visitation on the patient and used a nonexperimental study design. To date, no randomized controlled trial (RCT) studies have evaluated the response of family members to PACU visitation of adult patients.

Purpose

The purpose of this RCT was to evaluate the impact of PACU visitation on the anxiety level of family members. The results of this study contribute to the evidence base for family visitation in PACU.

Materials and Methods

Study Design

A pretest-posttest RCT design was used to evaluate the effects of visitation in the PACU on family member anxiety. The intervention of interest was a 10-minute visit by one family member to the bedside of an adult PACU patient. The control group received a 10-minute tour of the perioperative surgical area surrounding but not including the PACU. The dependent variable was the difference between pre- and posttest anxiety scores of family members. Random assignment to groups was done using a computerized randomization scheme, with participants and investigators blinded to group assignment until after completion of the pretest anxiety measure.

Setting

The study was conducted in an 18-bed phase I PACU of a 400-bed not-for-profit community-based hospital in a large city in the midwestern United States. Usual care in the PACU included a restriction on visitation by family members during the patient's stay. Before data collection, review and approval of the study was obtained from the institutional review board of the health system. Permission was obtained from the patient in the preoperative area to approach a family member of his or her choosing for participation in the study. Informed consent was obtained from the patients and their designated family member according to Federal guidelines.[14]

Sample Selection

Participants for this study were a convenience sample of the designated adult family member or significant other of adult elective patients in the PACU after they had undergone general anesthesia. Inclusion criteria for family member/significant others included no flu-like symptoms or history of recent fever; not currently under a physician's care for an acute health care problem; not known to be pregnant; able to independently and safely walk from the waiting room to the PACU with an escort; and the patient to be visited was physiologically stable, without postoperative complications, and had no requirement for isolation while in the PACU.

A minimum sample size of 44 was determined a priori based on power analysis for statistical testing with *t* tests (effect size of 0.78, power of 0.8, and alpha of 0.05) on the primary outcome variable (difference in family member pre- and posttest anxiety scores).[15,16] Effect size was calculated and based on data from previous studies evaluating anxiety associated with PACU visitation[9,10] and assumed a 20% difference in anxiety values between the two groups.

Instruments

A standardized adult anxiety survey (Spielberger State Trait Anxiety Inventory [STAI], state version only)[17,18] was used as the pre- and posttest measure