

# Development of a Formalized Pediatric Visitation Program in the PACU Through Evidence-Based Practice

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**Identification of the Problem:** *The national trend and 2003 American Society of PeriAnesthesia Nurses position statement supports visitation during Phase I care. Nurses at our institution had an inconsistent practice of rejoining families with their child during this period.*

**Purpose:** *The purpose of this project was to investigate nurses' attitudes and beliefs toward family-centered care. A formalized pediatric visitation program was also created.*

**Methodology:** *A survey was used to evaluate nurses' attitudes and beliefs regarding family-centered care. Education was provided for the nurses and patient and/or families. The formalized visitation program included updated policies, use of technological support to improve communication with families, and development of an educational pamphlet.*

**Outcomes:** *A pediatric visitation program that reunites the family and child while supporting nurses was developed and implemented.*

**Implications for Perianesthesia Nurses:** *This visitation program may be explored for replication in perianesthesia or other applicable settings.*

**Keywords:** *family-centered care, family visitation, pediatrics, evidence-based practice.*

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**THE NATIONAL TREND IS** to involve family members in patient care. There was not a formalized pediatric family visitation program in the authors'

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*Conflict of interest: None to report.*

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perianesthesia settings. In the 1990s, physician leadership supported postoperative visitation for the pediatric outpatient Phase I families. In 2003, the American Society of PeriAnesthesia Nurses (ASPAN) released a position statement supporting visitation during Phase I care.<sup>1</sup> Family visitation is an important and controversial issue for the authors' work units and throughout the country. Without a formal pediatric visitation policy, nurses and physicians had a wide range of approaches to meet pediatric patient's and family's visitation needs. Many of these approaches were based on the nurse's comfort level and judgment of the patient and family's needs. These approaches resulted in inconsistencies in visitation with reported family anxiety and dissatisfaction in their postsurgical experience. Nurses identified frustration in their ability to educate families and answer questions about expectations for postsurgery

recovery visitation. The lack of a formalized perianesthesia pediatric visitation program resulted in inconsistent nursing practice and confusion among families.

A Family Centered Care Workgroup (FCCW) was initiated to study the nursing practice in relation to family visitation similar to the process outlined by the Institute for Family-Centered Care.<sup>2</sup> This workgroup felt the reason for the inconsistent involvement of family visitation was based on each nurse's beliefs and attitudes. After a review of the literature, a survey was developed to investigate a multitude of variables that could have impacted the nurses' decision to reunite the family with their child. The purpose of this practice improvement project was to identify and incorporate the nurses' beliefs and attitudes toward family-centered care into a formalized pediatric visitation program.

### Synthesis of the Evidence

Literature addressing the topics of parental visitation or family-centered care has existed for over 20 years. As early as the 1990s, it was reported that children cried significantly less, were less restless, and were more comfortable during the parental visit. Parental presence had a calming and anxiety-reducing effect on the patients.<sup>3</sup> The most common reason for a delay of a visit was the nurses' perceptions that parents would be dissatisfied if their child was uncomfortable or already awake before their arrival into the postanesthesia care unit (PACU). Other perceptions included the need to complete the initial postoperative assessment documentation with the child awake and pain free before reuniting them with their parents.<sup>4</sup> Patients and families ranked visitation as the second most important need behind talking to the physician, whereas nurses ranked it as seventh.<sup>5</sup> The literature identified many positive reasons for reuniting and involving parents with their child throughout the perianesthesia experience.

Further review of the literature identified how several researchers addressed the benefits and barriers associated with their visitation programs. Fiorentini<sup>6</sup> implemented a new program to support pediatric parental visitation in the PACU. There was perceived resistance that could be

attributed to the belief that parents would interfere with care, reduce other patients' privacy, and increase nursing workload. They found 98% of parents believed visitation was beneficial to their child's recovery. Similarly, 89% of the staff believed the program "made the job easier." Later in the 1990s, a group of researchers identified visitors found some sights, sounds, or other aspects of a PACU experience disturbing, they still preferred having the option of visiting the patient.<sup>7</sup> A team described how they revised a disorganized visitation program into an individualized visitation plan. They identified some of the visitation barriers as visitors being unprepared for the environment, limited space, and confidentiality issues. Each PACU nurse had a different belief about visitation, and this resulted in conflict and tension among group members. After confronting change and developing goals, this PACU embraced their philosophy of "visitation is both a patient right and a beneficial tool in caring for the postoperative patient."<sup>8</sup>

Results from an e-survey of ASPAN members revealed about 20% of adult patients are allowed visitors in the PACU. The number of nurses reporting pediatric visitation in the PACU ranged from 25% to 60%. Although many nurses identified some type of visitation existed, the "visitation varies greatly from nurse to nurse."<sup>9</sup> Most employees (83.7%) would want to visit their family member during Phase I, yet only 47% of these employees felt it was appropriate for the patient family to visit.<sup>10</sup> A successful parental visitation program requires leadership support to address nurses' concerns with varied approaches. Some of these approaches included policy/procedure revisions, nurse and patient/family education needs, system improvements, and so forth.<sup>11</sup>

### Setting

The FCCW, as part of the practice improvement project, designed a survey and obtained institutional review board approval to study perianesthesia nurses' attitudes and beliefs regarding pediatric visitation. The authors' perianesthesia setting includes practice at two different facilities. One setting (site A) is an 800-bed level I trauma facility including an 85-bed children's hospital. This perianesthesia area consists of a 9-bed pediatric outpatient care area, 18-bed preoperative and/

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