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PERSPECTIVES ON VISITORS IN THE EMERGENCY DEPARTMENT: THEIR ROLE AND IMPORTANCE

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☐ **Abstract—Background: Visitors may play a significant role in patient care by interceding on patients' behalf and advocating proper care. Study Objectives: The objectives of this study were to determine the percentage of emergency department (ED) patients with visitors, whether this varied by gender or race, and to compare patient and visitor perspectives on the role and importance of visitors. Methods: This cross-sectional study was done in a 46,035 adult-visit, urban ED during a consecutive 96-h period. A "visitor" was defined as any non-health-care provider present in a patient's room. Perspectives of visitors' role were assessed in five domains: transportation, emotional support, physical care, communication, and advocacy. Results: Forty-two percent of patients had at least one visitor during their ED stay. Visitor presence was unaffected by patients' age, gender, or triage score; however, 57% of white patients had at least one visitor during their stay, compared to 39% for non-Whites ($p = 0.02$). When patients had one or more visitors, gender and triage score did not influence the number of visitors; however, older patients and nonwhite patients had greater numbers of visitors (age ≥ 40 years, 1.5 ± 0.8 vs. age < 40, 1.2 ± 0.6 visitors/patient; $p = 0.03$ and nonwhite patients, 1.4 ± 0.7 vs. white patients, 1.1 ± 0.3 visitors/patient; $p = 0.03$). Seventy-eight percent of patients felt that visitors were important to their care. Conclusions: Visitors represent a valuable resource for patients, and methods of partnering with visitors to improve outcomes merit further work.** © 2014 Elsevier Inc.

☐ **Keywords—visitors; quality; patient-centered; satisfaction; social support**

INTRODUCTION

Emergency department (ED) diagnosis and treatment, especially in inner cities, occur in controlled chaos, often in crowded conditions with prolonged waiting times (1). Such an environment can exacerbate stress and anxiety in an already anxious patient population (2). Visits by friends or relatives may ameliorate the stress of an ED visit and provide other services as well. Although many patients have visitors, their role in the patient's ED experience has yet to be elucidated. Patients with visitors have someone who can intercede on their behalf, provide emotional support, advocate for their proper management, assist in transportation, and help remember instructions. Physicians may better educate the patient about their medical condition by including their visitors (friends and relatives) in the educational discussion. The visitors may help the patient remember the instructions and encourage compliance with medical recommendations. Visitors may be adjunctive health care providers (HCP), and may facilitate the healing process through mechanisms of indirect psychosocial support or through direct caregiving and supervising actions.

The objectives of this study were:

1. To determine the percentage of patients who had visitors, and whether this percentage varied by gender or race of the patient.

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2. To contrast both patients' and visitors' perspectives on the role and importance of visitors to patient care.

MATERIALS AND METHODS

Study Design

This cross-sectional survey study was performed during a single, consecutive, 96-h period from August 25 to August 28, 2011. A visitor was defined as a friend, family member, or other acquaintance of the patient who was in the ED patient room with the patient during the ED visit for any amount of time. We opted for a continuous data collection pattern to capture the presence of a visitor at any point during a patient's stay in the ED. Trained research assistants worked in pairs during 8-h shifts. Practice sessions ensured that this number of research assistants could capture all patients and their visitors. All patients and visitors had informed consent, and the study was approved by the Institutional Review Board (IRB) of the hospital where the study was conducted.

Study Setting and Population

The study took place in the adult ED of a tertiary care, inner-city hospital affiliated with a medical school in a large urban Midwestern city. This ED has only single-occupancy rooms. It has an annual ED census of 46,000 adult visits per year. The Visitor's Policy at this hospital is open: visitors may come at any time of day or night, and any number may simultaneously be present. Patients may elect not to permit visitors, and visitors are asked to temporarily leave the room for various clinical reasons, and can be escorted out by security if disruptive. This 96-h study period included a weekday and a portion of a weekend. All adult patients (18 years or older) who were present in the ED or arrived during the study period were eligible. Any visitor, 18 years of age or older, was eligible to take the visitor survey. The involvement of minors (defined as those persons < 18 years old) was restricted to noting their presence at the bedside of the patient. Patients who were prisoners, patients who were critically ill requiring immediate resuscitation; and those with language or severe cognitive impairments were excluded from the survey portion of the study. The Rapid Care section of the ED (25% of the ED population) was excluded from the study for logistical reasons as it is not physically part of the main ED, and because Rapid Care patients are traditionally less ill and have shorter ED stays. Observing the presence/absence of visitors is therefore more difficult during the often short length of stay. Rapid Care was open from 11:00 AM to 11:00 PM during this time period. Patients with minor complaints were seen in the main ED outside this time interval, and these subjects were captured during this study interval.

Measurements

Anonymous survey. Prior to creation of the surveys, research assistants conducted focus group interviews with patients and visitors in the ED about their perception of social support in the ED. Five key themes emerged from these focus group interviews: transportation, emotional support, physical comfort, communication, and advocacy. A survey was designed to include questions under the identified domains.

The survey was face validated by ED physicians, nurses, and research assistants. Based on feedback, changes were incorporated into the questions and survey design. Readability was validated by persons (potential patients and their accompanying persons) in the ED waiting room. The final version of the patient survey included 34 questions. The visitor survey had 28 questions. The importance of the specified service to the subject was measured on a 4-point forced Likert scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). Subscale scores were obtained by calculating the means of the individual items for each of the 5 domains for both the patient and visitor surveys.

Patient demographics. Patient demographics of age, race, gender, and triage score were obtained for each patient during the data collection period from the electronic medical record. Visitor demographics were not collected due to IRB restrictions on the approved study protocol.

Study Protocol

Research assistants viewed each ED room every 15 min for the entire 96-h continuous study period. They recorded the presence or absence of a visitor and the number of visitors per patient. Patients with and without visitors, but fulfilling inclusion and exclusion criteria, were offered the "patient survey." Visitors were offered the "visitor survey." Each person was given the option of self-administering the survey or having the research assistant read the survey questions aloud and record the respondent's answers.

Data Analysis

Data obtained from the electronic medical records and surveys were entered into an electronic database (3). Data analysis included descriptive statistics and nonparametric tests of difference. The Likert-scale survey questions were treated as continuous variables. Descriptive statistics for these questions included means and