

RESEARCH

“To See With My Own Eyes”: Experiences of Family Visits During Phase 1 Recovery

M. Cecilia Wendler, PhD, RN, CCRN-K, NE-BC, Katherine Smith, RN, MSN, FNP, Wanda Ellenburg, RN, MAN/MHA, CPAN, Rita Gill, RN, BSN, Lea Anderson, RN, BSN, Kim Spiegel-Thayer, RN, BSN

Purpose: Long separations are a characteristic of the day of surgery, keeping patients and their family members waiting and apart. At a time of high vulnerability, these separations can cause anxiety and worry. The purpose of this study was to identify the outcomes and experiences of patients and family members who engaged in a 5- to 10-minute supervised family visit during phase I postanesthesia recovery.

Design: This was a descriptive, single-group, mixed-methods study.

Methods: Quantitative data, gathered on the day of surgery, was obtained from patients (vital signs, state anxiety scores) and their designated family members (state anxiety scores); satisfaction with the visit was also measured. An optional second, qualitative phase included a semi-structured interview examining the remembered experiences of patients and family members.

Finding: A statistically significant drop in state anxiety was discovered after the visit, and satisfaction with the visit was exceedingly high. Qualitatively, patients and family members described their overwhelming relief to be able “to see with my own eyes” how well each was doing.

Conclusions: This study supports that family visits in the postanesthesia care unit are safe and profoundly important as an independent nursing intervention. Recommendations include implementation of family visits during postanesthesia care unit recovery for all patients and family members who desire them.

Keywords: PACU, family visitation, postanesthesia recovery.

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M. Cecilia Wendler, PhD, RN, CCRN-K, NE-BC, Director, Nursing Research and Academic Partnerships, Memorial Medical Center, Springfield, IL; Katherine Smith, RN, MSN, FNP, Former Charge RN and Clinical Nurse II, PACU, Memorial Medical Center, Springfield, IL; Wanda Ellenburg, RN, MAN/MHA, CPAN, Former Nurse Manager, PACU, Memorial Medical Center, Springfield, IL; Rita Gill, RN, BSN, Clinical Nurse III, PACU, Springfield, IL; Lea Anderson, RN, BSN, Clinical Nurse II, Springfield, IL; and Kim Spiegel-Thayer, RN, BSN, Former: Clinical Nurse II, PACU, Springfield, IL.

Conflict of interest: None to report.

Address correspondence to M. Cecilia Wendler, Nursing Research and Academic Partnerships, Memorial Medical Center, 701 N. First Street, Mail Code 11, Springfield, IL 62781-0001; e-mail address: wendler.cecilia@mbsil.com.

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LESS THAN 20% OF AMERICAN postanesthesia care units (PACUs) allow family visitation in the first hour after surgery despite strong advocacy by researchers and the American Society of PeriAnesthesia Nurses for patient/family visits.¹⁻³ Restricting visitation during the recovery phase is in conflict with the needs of family members who, in one study, identified the need to visit a family member soon after surgery as one of their top two needs.⁴ Indeed, families “have consistently indicated strong support for visitation ... [because of their need to know] that their loved one is safe and comfortable.”¹

Despite the evidence that supports PACU visitation,² including the safety and efficacy of such visits, family visits were not routine at this 500-bed Magnet-

designated facility in the Midwest. Anecdotally, the nursing staff wondered: Were phase 1 visits safe for the patient and family member? And would these visits reduce anxiety and increase satisfaction with care? The purpose of this study was to close the research-practice gap and identify the outcomes and experiences of patients and family members who engaged in a 5- to 10-minute supervised family visit during phase I postanesthesia recovery.

Background

The usual surgical experience for patients in American hospitals means long separations from families and waiting while preparing for the procedure, during the procedure, and during recovery. In this hospital, patients and family members may be separated from one to several hours, a time filled with stress. Researchers have found that separation of patients from their loved ones during the surgical process involves feelings of anxiety, fear, hopelessness, and helplessness, and family members described their wait as distressing, horrible, frustrating, stressful, brutal, and difficult.^{5,6} Researchers found that waiting family members endeavored to maintain a balance between negative and positive feelings from the time of separation to the time of reunion after surgery.⁶

A solution to these negative experiences might be early family visitation postoperatively, preferably within the first hour.² Smykowski and Rodriguez⁷ found that family visitation during the PACU stay improved overall patient and family satisfaction. Farber⁸ suggested that “allowing patients and their family members to be connected throughout the perioperative experience is a powerful nursing intervention.” William Johnson, system director for the patient experience in this study hospital (e-mail communication, September 2011), supported this notion:

Bringing the family bedside with their loved one in the PACU provides the unique opportunity of not only providing information but also allows the family to see, speak to and touch their loved one. This brief but critically important patient and family focused moment along their journey strongly influences overall satisfaction and perceived quality of care.

While discussing potential family visits with staff in this hospital, nurses wondered if such visits were

safe for patients and their family members, and concerns arose about what *might* happen during the visit. These concerns included potential harm to the patients through disrupting vital signs (VSS) or untoward family responses, such as fainting or nausea/vomiting. Concerns about patient privacy were also raised. None of these concerns were found in the literature; however, the literature did reveal benefits of early family visits.² This research study was specifically designed to address staff nurse questions and provide them with an experience of family visitation under controlled circumstances to evaluate the feasibility and patient/family outcomes of such visits.

Purpose

The purpose of this study was to discover and describe the experiences of total joint replacement patients and their family members who participated in a brief family visit during phase 1 recovery. Using a descriptive and mixed-methods design,⁹ we chose a 5- to 10-minute supervised phase 1 family visit and selected patient and family outcomes for patients ($n = 62$ dyads) undergoing total hip and knee replacement with spinal anesthesia, along with their selected family members. Spinal anesthesia patients were chosen because of their prolonged spinal anesthesia recovery process without the need for intubation/extubation; these patients are alert on arrival in the PACU and usually stay between 90 and 120 minutes. The three research questions were as follows:

1. What is the description of phase 1 family visit related to *patients'* state anxiety, mean blood pressure, and heart rate (HR) over time and satisfaction with the visit?
2. What is the description of phase 1 family visit related to *family members'* state anxiety and satisfaction with the visit?
3. What is the description of what it is like for both patients and family members who experience phase 1 family visit in the PACU?

Review of the Literature

Patient and Family State Anxiety

DeLeskey³ found that “patients in the PACU are in a highly dependent and vulnerable state.” In the presence of danger, anxiety helps the individual avoid coping.¹⁰ State anxiety is an emotional state

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