

# Family Visitation in the PACU: An Evidence-Based Practice Project

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**Purpose:** Evidence demonstrates that allowing visitation in the postanesthesia care unit (PACU) leads to decreased anxiety and increased satisfaction. The purpose of this project was to create a visitation policy for families of patients staying overnight in the PACU, which would lead to improved satisfaction with the surgical waiting room experience and decreased family member anxiety.

**Design:** Evidence-based practice project.

**Methods:** Survey data were sent to staff registered nurses to implement a visitation policy. On the basis of the feedback, a visitation policy was implemented. Family satisfaction was measured preimplementation and postimplementation.

**Findings:** Family satisfaction increased from a mean score of 4.5 to 9.6 and 10. Anecdotally, patients and families reported less anxiety after the visit.

**Conclusions:** Family satisfaction can be increased and anxiety decreased by allowing a brief visit in the PACU. Although registered nurses expressed concerns before the change, the new visitation policy was successfully implemented and met with enthusiasm. It continues in practice today.

**Keywords:** family visitation, satisfaction, barriers, evidence-based practice.

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**EVIDENCE DEMONSTRATES THAT ALLOWING** visitation in the postanesthesia care unit (PACU) leads to decreased anxiety and increased satisfaction in family members.<sup>1,2</sup> However, barriers to implementing safe and effective visitation policies remain.<sup>3,4</sup> Recent research reveals that although staff and family members report positive effects after implementation of family visitation, PACU staff concerns and resistance

remain,<sup>1-8</sup> which may impede a successful change in policy. Despite these barriers, evidence shows that allowing visitation in the PACU can lead to decreased anxiety for patients' family members and significant others, and increase patient, family, and nurse satisfaction.<sup>1,2</sup> Therefore, the goal of this evidence-based practice project was for families of patients staying overnight in the PACU to report decreased anxiety and improved satisfaction with the postoperative experience.

## Background

The PACU can be thought of as a specialty care unit, providing immediate postanesthesia and postoperative care. Nurses care for patients who require intense direct clinical care and frequent assessments while they are stabilized for transfer to other units.<sup>9,10</sup> On the basis of the fast-paced nature of the environment, visitation in the PACU is often met resistance from nursing staff, despite

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evidence of positive effects for patients and families.<sup>1</sup> Perceived barriers such as patient privacy concerns and the possibility for disrupting patient care often lead to restricted policies. In addition, high patient volume and quick turnover make implementing visitation policies difficult.<sup>1</sup> In fact, a survey of PACUs in the United States revealed that only 19% allowed visitation for adult patients.<sup>11</sup>

This issue affects hospitals outside the United States and across different types of nursing units. A study of nurses' perspectives of visitation in intensive care units in Greek hospitals noted that 94.4% did not want an open visitation policy on their unit and 75.5% believed visitation would hamper their nursing care.<sup>12</sup> Furthermore, a study conducted in Israel regarding use of the PACU for overflow patients noted that this area was considered protected, where a minimum number of people are allowed to visit, with most families only allowed to visit after the patient is transferred to the ward.<sup>13</sup>

Although resistance to visitation is noted in the literature, many benefits of allowing family visitation in the PACU have been shown. Noting the positive effects family visitation has had in other hospital units, one Magnet-recognized hospital implemented a visitation policy in the PACU.<sup>7</sup> After the implementation of the enhanced family visitation policy, more patients agreed that family presence benefited their recovery, increasing from 30.1% preimplementation to 69.1% postimplementation.<sup>7</sup> Family members who strongly agreed that visiting the patient would be beneficial increased from 48.7% to 89.8%.<sup>7</sup>

Additional studies have demonstrated a decrease in anxiety among family members when allowed a brief visitation. A recent study surveyed 44 family members over a 3-month time frame, using the State-Trait Anxiety Inventory (STAI). Using a pre-test, post-test design, families were randomized to either the control group, which did not include visitation, or the case group, which included a 10-minute visit to the patient in the PACU. Findings included a 67% decrease in anxiety on the post-test STAI in the case group, whereas the control group experienced a 62% increase in their post-test STAI scores. Anecdotal reports noted an overall positive response to the allowed visitation from

the case group.<sup>2</sup> These findings replicated results from earlier studies investigating family members' responses to visiting patients in the PACU.<sup>5,6</sup>

Staff members have reported positive changes to implementing a visitation policy as well. A study that surveyed PACU staff members in 2009 and again in 2013 after implementing a family visitation program found significant changes in the postimplementation cohort attitudes toward visitation. Predata showed that 72% of respondents reported their jobs were impeded by family presence. Postdata noted only 37% believed their jobs were impeded by family presence, a 35% decrease. The 2013 cohort reported feeling significantly more comfortable providing emotional support to family members.<sup>4</sup> Respondents from the 2013 cohort were also more likely to strongly agree that family members should have the option to visit patients in the PACU. Furthermore, the postimplementation cohort noted a substantial increase (from 28% to 70%) in recognizing the benefits of visitation. Although positive changes were noted after implementing the visitation policy, concerns remained. Both the precohorts and postcohorts expressed concerns regarding lack of privacy, interference with patient care, dissatisfaction with limited space, confusion, and lack of consistency in following the policy, noise, and risk of infection.<sup>4</sup>

As noted, concerns and barriers to family visitation in the PACU often linger despite noted benefits to patients and family members. An evidence-based practice project conducted in a Midwest urban teaching hospital noted staff perceived barriers to family visitation as staffing issues, possibility of exposure to infection, privacy issues, staff anxiety, lack of education for families, interfering with pain control and care, and the possibility of families witnessing resuscitation efforts.<sup>3</sup> Despite these barriers, 83.7% of staff reported that they would want to visit their own family member if they were a patient in the PACU, and only 3.1% of staff reported that their performance had been hampered by family members.<sup>3</sup>

As evidence shows, mixed feelings toward open visitation in the PACU are common and changes are often met with skepticism. As an urban safety net hospital, we serve a uniquely diverse patient population, which can add to challenges when implementing new policies. Therefore, we decided

to conduct an evidence-based practice project to address these barriers and provide a clear, consistent visitation policy. The goal of this evidence-based practice project was to create a visitation policy for families of patients staying overnight in the PACU, which could lead to improved satisfaction with the postoperative experience and decreased family member anxiety. Our policy before change implementation only allowed parents of pediatric patients or caregivers and family members of developmentally delayed patients to the bedside soon after surgery. However, guidelines were not clear, nor were they followed consistently.

## Description of the Project

### Setting

Our hospital is a large urban teaching hospital, which provides care for the most vulnerable populations in our community. We are currently a 731-bed medical center, serving as a leader in emergency and trauma care, medical and surgical specialties, family health, and community wellness. The PACU has 18 beds and a procedure room. Each bed is fully monitored and separated by either walls or curtains. Family members remain in a separate postoperative waiting area until the patient is transferred.

### Sample

The evidence-based practice project included voluntary, anonymous participation from all PACU RNs, and family members of adult patients staying overnight in the PACU. Twenty-nine RNs participated in the project (90% of PACU staff RNs) and provided guidance for creating the new policy. A total of 80 families were surveyed regarding satisfaction with the postoperative experience: 20 preintervention, and 20 for the 3 consecutive months after implementation of the new visitation policy (July, August, and September 2017).

### Methods

A review of the literature determined that sufficient evidence supported a change in policy to allow family visitation in the PACU. After receiving approval from our Knowledge and Innovation Council, and the Institutional Review Board (IRB), in May 2017,

PACU staff RNs were emailed a survey containing open-ended questions to evaluate their perceptions of the current family visitation policy. The purpose of this preimplementation survey was to gather the staff's thoughts, concerns, and ideas about family visitation. The investigator-developed survey consisted of 13 questions, based on the literature review, and including "Do you think having family back to see the patients will increase *your* stress" and "If you had surgery, would you want your family to be allowed to visit you in the PACU?" There was also an area for any additional comments.

Simultaneously, anonymous surveys were distributed to family members in the postoperative waiting room. The responses focused on the following question: On a scale of 1 to 10 where 1 is extremely dissatisfied and 10 is extremely satisfied, how would you rate your satisfaction with our current visitation policy? This served as the predata. The same surveys were distributed for three consecutive months after implementation of the new visitation policy. Postsurveys also contained one open-ended question that asked "Do you feel less anxious after visiting your loved one." Nursing staff were also then asked to indicate if they were satisfied with the new policy changes.

### Intervention

After carefully considering existing evidence and feedback from RNs and family members, changes to the visitation policy were made, effective June 2017. The policy was approved by the Perioperative Manager and the Director of Regional Perioperative Services. A short visitation was then allowed for one family member at a time for all patients. The new policy states one person, older than 18 years, can visit their family member for 5 minutes. No cell phones or food was allowed in the PACU. The family member was permitted to visit after the patient was considered recovered (awake, pain under control, and stable vital signs). All patients (excluding forensic cases) were allowed one visitor.

## Results

### Preintervention

Results of the anonymous RN survey revealed that nurses had concerns about allowing visitation (Table 1). Most of the RN barriers stemmed from

fear that family visitation would interrupt workflow and proper care of the patients, and 70% felt having family visitation in the PACU would increase their stress. Ninety-six percent of nurses were concerned about patient privacy with visitors in the PACU because most rooms are separated by curtains.

Despite these concerns, 73% stated that they would want to be with their family member in the recovery room after surgery, and 61% would want their family to visit if they had surgery. However, 54% responded that they did NOT think visiting their family member in the PACU would make their surgical experience less stressful. Most (56%) felt that family visitation would decrease patient stress, and most (57%) felt visitation would decrease family stress. When asked about visitation rules, most (83%) felt that timing of the visit should be left to the bedside nurse's discretion, and most (82%) felt there should be strict rules on how long family members could stay and age of visitors.

Nurses were also asked to write any other thoughts or ideas, which were taken into consideration when revising the visitation policy (Table 2). Ten comments were noted and taken into consideration.

Results of the preintervention survey of family members indicated low satisfaction with the current policy. The mean score was 4.5 of 10, leaving room for improvement with an evidence-based practice project. A goal was established to increase

the mean satisfaction score from 4.5 to 7 of 10 and for family members to demonstrate anecdotally that visitation decreased their anxiety.

### Postintervention

Follow up with family member satisfaction showed mean scores of 9.6 in July 2017, 10.0 in August 2017, and 9.6 in September 2017 (Figure 1). In addition, family members were asked by the nurse leading the evidence-based practice project to indicate how the visit affected their feelings of anxiety. Overwhelmingly, most family members reported feeling less anxious after visiting the patient. When nursing staff were queried by the project leader to evaluate their satisfaction with the new policy, most (94%) indicated a positive response to family visitation and were enthusiastic in their support for the project.

### Discussion

This evidence-based practice project supports that visitation in the PACU increases family satisfaction and decreases anxiety. The first randomized controlled study to investigate the effect of visitation in the PACU noted a significant decrease in family anxiety after a brief visit, and notably, an increase in anxiety in those who did not visit.<sup>2</sup> Although this was not a research study, our project found that family members verbalized increased satisfaction and less anxiety after visiting the patient. Although inferential statistical tests were

**Table 1. PACU RN Survey Prepolicy Change**

Question	Response	Percent
Do you have concerns about the privacy of other patients while family visits in the PACU?	No	4%
	Yes	96%
Do you think there should be a time limit to how long family can stay in the PACU?	No	7%
	Yes	93%
Do you think A. The bedside nurse should decide when the family member comes back, B. At 1 h postoperation, or C. At some other prespecified time?	A	83%
	B	5%
	C	12%
Would you feel comfortable having your patient's curtain closed while their family is visiting, to protect patient privacy?	No	32%
	Yes	68%
Do you think we should have strict rules on how long family can stay, how many family members can visit, and age of visitors, or should we be flexible?	Strict	82%
	Flexible	18%
How long is enough time for family to visit? A. 5 min, B. 10 min, C. 15 min?	A	32%
	B	39%
	C	28%
Do you think having family members in the PACU for a visit will increase YOUR stress?	No	30%
	Yes	70%

PACU, postanesthesia care unit; RN, registered nurse.

**Table 2. PACU RN Comments on Family Visitation in the PACU**

*"I feel patients want family to come and see them in the PACU for 10 minutes. It helps decrease stress and assures them that someone was there for them when they were in their recovery."*

*"Brief visits, 15-20 minutes, is enough time. Patients require rest and it should all be at the nurses' discretion."*

*"Definitely there should be an age restriction and only 2 people."*

*"Strict no cell phone policy."*

*"I think the family should be told by the MD or pre-op nurse that there is a possibility you will be able to see your loved one, but not a definite. It depends on the condition of the patient, room availability, and every case is different."*

MD, medical doctor; pre-op, preoperative; PACU, post-anesthesia care unit; RN, registered nurse.

not performed to definitively indicate this conclusion, evaluation of aggregate trends indicated overall increases in families' perceptions of both satisfaction and anxiety.

As noted in a study of intensive care unit visitation in Australia, allowing family members to visit patients follows the philosophy of family-centered care.<sup>14</sup> Family-centered care proposes that the family is an important social factor, which may impact patient outcomes.<sup>15</sup> Organizations must consider the role of family member presence in patient recovery when implementing visitation policies. As research has shown, family visits are a highly important nursing intervention, with noted decreases in anxiety on the part of both the patient and the family member.<sup>16</sup>

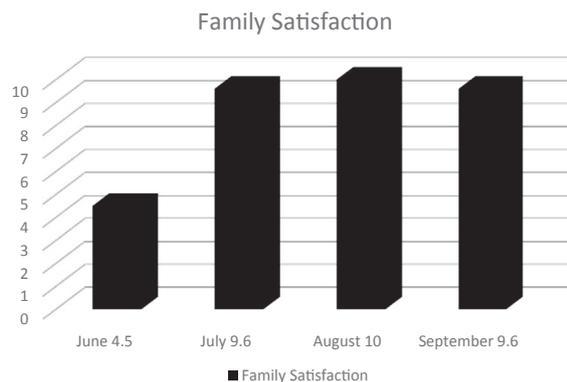


Figure 1. Family satisfaction previsitation and postvisitation policy change.

In addition to decreasing anxiety, family member satisfaction can be improved by allowing visitation in the PACU. As our project showed, satisfaction with the policy improved greatly by allowing a brief visit. Research has supported that a 5- to 10-minute visit within 2 hours of the patient transfer to the PACU is preferred.<sup>15,17</sup> Allowing even a 5-minute visit led to a large improvement in family member satisfaction, demonstrating that even a small change impacts the family's experience.

Despite the evidence, PACUs continue to struggle with the question of allowing visitation.<sup>4</sup> Recent evidence shows that fear and resistance from staff persist.<sup>3</sup> Our project supports this notion. Staff feared that allowing visitation would lead to interruption in workflow and possible issues with patient privacy. However, once our policy was changed, visitation was met with enthusiasm from staff, demonstrating that despite perceived barriers, allowing visitation can be successful. Involving staff in the process of creating the policy may have served to diminish some of these barriers, by taking suggestions to implement a time limit, allow for nurse discretion, and only allow one visitor at a time. These factors may have eliminated some fears of family presence interfering with the nurses' workflow and important patient care and contributed to the success of our project.

## Conclusions

Evidence shows most nursing units providing intense critical care do not allow visitors, and staff do not favor visitation policies.<sup>11-13</sup> Conducting an evidence-based practice project with the involvement of staff and family may be one way to successfully implement a visitation policy in these critical care areas. Despite initial hesitation and concern from staff, the policy change was well received, and family visitation continues today. Family members have expressed a decrease in anxiety after being allowed a brief visit, and satisfaction improved. Although visitation is not often allowed in the PACU, our project shows that allowing a very brief visit can have a large impact on patients and their family members. Future work in this area may also include considerations regarding use of phones to facilitate communication between family members and patients when visitation may not be feasible.

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