

Visitors Effect in Patient Care in A Military Hospital

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ABSTRACT

Background: Visitors are an important part of the recovery process and are welcome in hospitals. But too many visitors or disorganised visits bring about a tremendous bad effect on the health of patient and efficient delivery of hospital care services. The more visitors the more chances of catching another disease. Uncontrolled Visitors may also create problems for the patient and deteriorate working environment for the health care provider. The objectives of the study was to identify problems and asses impact in patient care due to excess flow of visitors in a military hospital.

Materials and methods: This descriptive cross sectional study was conducted at Combined Military Hospital (CMH) Rangpur from January 2018 to June 2018. Study populations were admitted patient, visitors and hospital staffs. Data were collected by face to face direct interview using a self administered questionnaire.

Results: CMH Rangpur visited daily by an average 500 visitors. Bed occupancy rate was 100% and Patient-Visitors ratio was 1:4. Visitors used to stay average 2 hours in each visit. 23% visitors attended during visiting hour and 77% visited during non- visiting hour. 50% of the visit were due to boost up or give psychological support to the patient. 60% of hospital staff opined visitors creates problem for the hospital and patient care, 30% opined visitors are helpful for the patient but create problems in patient care and 10% given opinion that visitors are helpful for both the hospital and patient. 30% patient feels disturb in taking rest, 50% feels uncomfortable and 20% feels tired due to presence of visitors.

Conclusion: Too many visitors tire patients also create disturbances, deteriorate working atmosphere for health care providers and increases risk of cross infection. Mechanism to be evolves as to control visitors, systematized, organized and purposeful. There should be a midline between the visitors, patients and hospital staff. Considering the situation visitors need to be allowed with limitations and there should be synchronised rhythm. Once the rhythm is established hospital can serve the community in the true sense. Community people should have confidence upon hospital care services.

Key words : Hospital Visitor; Patient care; Visiting hour.

Introduction

Patients are in hospital because they are ill, not for a rest or enjoy holiday. But there is no “rest” for patients in hospital these days. Too many visitors tire patients. Human relationships is generally regarded as one of the most important areas in life and Hospital as an integral part of the society and a place for treatment and recovery. Hospitals typically restrict visiting hours to ensure a restful environment for patients and to allow clinical staff to work¹. Hospitals are organised for the convenience of patient and staff. Visitors are an important part of the recovery process and are welcome in hospitals. Visitors can help people recover faster and also help to reduce their anxiety and stress. It is important to keep to a hospital’s visiting hours, so patients can get plenty of rest. Visitors must respect hospital policies and visiting hours. Usually Hospital has three sets of people

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frequently its premises viz, the patients, the hospital staffs and the visitors of the patient to deal with. The third set of people are those who accompany and support the patient, sometimes that’s need hospital can’t provide. As such they can’t be denied access to the hospital premises, usually a visitor would like to visit hospital for-to accompany a patient for admission and treatment, to see admitted patients, to provide assistance and moral support to the patients and to meet the staff of the hospital².

Visitors of all kinds and descriptions come to the hospitals daily. No matter who the visitors may be or what the nature of his visit, he should be treated with courtesy and consideration. Visitors must not be antagonized by any means³. Despite of many directives and recommendations that have been made by the different hospital authorities at different situation and places on amount of visiting that should be taken into considerations. There is also variation in the way in which staff in different units react and respond to visitors. Visitors create problems and staff must learn how to cope with them⁴.

Patients are usually eager to see their visitors and presence of loved ones and close friends is beneficial to recovery. Care given by the relatives of the patient, no matter how small, could act as a valuable means of support in a ward that is often understaffed. On contrary, prolonged and

disorganized visit certainly hamper the working atmosphere of the hospital and exhaust the patient and annoying the staffs. Naturally several objections are raised against the visitors. All hospitals have visiting restrictions. Such restrictions are not only for the benefit of the patient but also for the convenience of the staffs too. They can efficiently discharge their duties. In some hospital only two visitors are permitted at a time. However the hospital regulations are meant for the better patient care. Necessary measures needed to be taken if the rules were broken⁵. But whatever the rules are, its limitations and implications, facts remains that a patient needs to see his friends and relatives. There are plenty of evidence to show that a patient's recovery of health, as well as his feeling of wellbeing while in hospital, is closely related to peace of mind. One of the most effective ways of achieving this is through positive use of visiting arrangements⁶. There are two forms of medical decision: In the technical sense, Patients might benefit from long periods of rest and sleep, as this is most likely to aid their recovery. In the contextual sense, Patients might prefer to have friends and family visit whenever choose and might also be better for them emotionally⁷.

Materials and methods

This descriptive cross-sectional study was conducted among the admitted patients, visitors attending those patients and the hospital staff of Combined Military Hospital of Rangpur, from January 2018 to June 2018. Total 498 respondents that included 298 patients, 150 visitors and 50 Hospital staffs were interviewed. Patients aged more than 18 years, irrespective of sex and willing to participate were selected. Patients with severe physical and mental illness were excluded from the study. Counting of visitors were done in different entry points for 07 days, period covering 0600 hours-0600 hours of the next day as to observe the total number of visitors per day. Hospital staffs of different status and levels were selected purposively and they were interviewed according to the requirement. A set of structured questionnaire each for patients, visitors and hospital staffs were used. Collected data were analysed. Data were expressed as frequency and percentage.

Results

The study revealed that average 500 visitors attended in CMH Rangpur per day. Out of 500 visitors 115(23%) visited during scheduled visiting hour and 385(77%) visited during non-visiting hour. Maximum 113(22.6%) visitors visited between 1600-1800 hrs. Average patient –visitors' ratio was 1:4. In this study out of 498 respondents 298 were admitted patient, 150 visitors and 50 were hospital staff. Table-I showed, 47(31%) visitors spent time 1-2 hours/visit. 71(47%) visitors were family members of their patient. 50(33%) visitor visited for mental support to the patient. 69(46%) visitors visited once daily and all the visitors were aware of hospital visiting time.

Table-II showed, maximum 113(37.91%) patient stayed in hospital 4-6 days. The entire patient expressed they need

visit of their family members or near ones. 89(30%) patient opined they need visit for mental boost up or psychological support. 22(74.55%) patient expressed they were facing problem occasionally.

Table-III showed, Hospital staffs given opinion that there were excess number of visitors. As per 30(60%) staff, excess visitors create problem for hospital and patient. 20(40%) staff opined visitors create disturb to other patient.

Table I : Distribution of visitors by visiting hour, Time spent by visitor, patient-visitor relationship, purpose of visit, frequency of visit & awareness of hospital visiting hour.

		Frequency	Percentage
Visiting hour	Visiting hour	115	23%
	Non visiting hour	385	77%
Number of Visitors by time	0600 – 0800 hrs	34	6.8%
	0800 – 1200 hrs	112	22.4%
	1200 - 1400 hrs	54	10.8%
	1400 – 1600 hrs	64	12.8%
	1600 – 1800 hrs	113	22.6%
	1800 – 2200 hrs	92	18.4%
	2200- 0600 hrs (Next day)	31	6.2%
Time spent/visit n=150	Up to 30 minute	16	11%
	30m – 01 hr	26	17%
	01 hr – 02 hr	47	31%
	02 hr – 03 hr	23	15%
	03 hr – 04 hr	12	8%
	12 hr – 24 hr	26	18%
Visitor by relation n=150	Family member	71	47%
	Relatives	60	40%
	Friend	16	11%
	Neighbour	3	2%
Purpose of visit n=150	To give mental support	50	33%
	Supply medicine	40	26.7%
	Supply food	30	20%
	Any other	30	20%
Frequency of visit n=150	Once daily	69	47%
	Twice daily	24	16%
	As & when required	57	38%
Aware of visiting time	Yes	150	100%
	No	0	0

Table II : Distribution of patients by duration of hospital stay, patients' need of visitors, reasons of visit, facing problems and nature of problems by visitors.

		Frequency	Percentage
Hospital stay n=298	1 – 3 days	87	29.19%
	4 – 6 days	113	37.91%
	7 – 10 days	65	21.81%
	10 – 15 days	33	11.07%
Patients' need visitors	Yes	298	100%
	No	0	0%

		Frequency	Percentage
Reasons for visit n=298	Psychological support	89	29.86%
	Helps in nursing care	89	29.86%
	Supply food	60	20.13%
	Supply medicine	60	20.13%
Facing problems n=298	Yes	76	25.50%
	No	0	0%
	Occasional	222	74.50%
Nature of problem n=298	Feels uncomfortable	149	50%
	Feels tired	60	20.13%
	Disturb in taking rest	89	29.86%

Table III : Distribution of opinions of Hospital staff regarding number of visitor, effect of visit, nature of problem created by visitors.

		Frequency	Percentage
Opinion regarding number of visitor	Excess	50	100%
	Normal	-	-
	Low	-	-
Opinion regarding effect of visit n=50	Helpful for the hospital & Patient	5	10%
	Create problem for hospital & patient	30	60%
	Both helpful & Create problem	15	30%
Nature of problem N=50	Make hospital unclean	10	20%
	Deteriorate working atmosphere	12	25%
	Threat to security	3	5%
	Change of cross infection	5	10%
	Disturb other patient	20	40%

Table IV : Patient-Visitors ratio.

	Day	Visitor	Patient	Ratio
	1 st day of 1 st week January 2018	551	110	1:4
	2 nd day of 1 st week January 2018	500	135	1:4
	3 rd day of 1 st week January 2018	449	129	1:4
	4 th day of 1 st week January 2018	589	117	1:5
	5 th day of 1 st week January 2018	411	102	1:4
	6 th day of 1 st week January 2018	530	132	1:4
	7 th day of 1 st week January 2018	470	156	1:3
Patient – visitor ratio	1 st day of 4 th week March 2018	480	120	1:4
	2 nd day of 4 th week March 2018	520	130	1:4
	3 rd day of 4 th week March 2018	465	116	1:4
	4 th day of 4 th week March 2018	535	133	1:4
	5 th day of 4 th week March 2018	485	121	1:4
	6 th day of 4 th week March 2018	515	128	1:4
	7 th day of 4 th week March 2018	389	129	1:3

Discussion

In this study the respondents were categorised into three groups, viz visitors, patients and hospital staff. The total number of visitors attended the hospital in scheduled visiting hour and non- visiting hour in a day were estimated by counting the visitors in all the two entry points of CMH Rangpur from 0600 hours to 0600 hours of the next day for 07 days. It was found that an average 500 visitors attended in CMH Rangpur daily. Out of them only 23% visited in scheduled visiting hour and rest 77% visited in non-visiting hour (Table I). The enormous number of visitors to see the ailing patients during non-visiting hour hampered hospital care services which consistent with the study done by Hoque M Shahidul⁸.

This study revealed that patient-visitors ratio was 4 visitors per patient per day (Table I). A study done by Capt J. E stone that a patient is allowed to have 6 visitors per day but not more than 2 at a time, which is consistent with the study⁹.

In fact hospital staffs neither have any record nor any idea about the estimated number of visitors attending daily in CMH Rangpur. But they have the opinion that the number of visitors are unusually high (Table I).

This study revealed that all the respondent that included Patient, visitors and hospital staff of this study realized that excess number of visitors create problems. In a study done by Jacqui salt found that the increased number of visitors leads to overcrowd. Noisy wards hindering rest and carrying out care, which is consistent with this study¹⁰.

Family members and relatives are always worried for the welfare of the patient. This study also revealed that family members constitute the bulk of the visitors (Table I)

Visitors attended daily once, twice or as and when required (Table I) as to provide psychological support, nursing care, to supply food and medicine according to opinion of visitors (Table I) of patients (Table II). In this study it is found that neighbour are least in number among the visitors which depicts the picture of segregated life of the urban population. Schedule visiting hour of CMH Rangpur is, In Summer (15 April-14 October): 1700 hours to 1900 hours and in Winter (15 October to 14 April):1600 hours to 1800 hours and in holidays it is 0900 hours to 1100 hours.

Presence of visitors from 1400-1600 hours was probably due to influx of huge number of visitors before the start of schedule visiting time and to stay a longer period with the patient.

Professors and other specialist doctors usually go round the wards between 0900 hours to 1000 hours and give necessary advice to the patient. Visitors can procure those prescribed non- available medicines (In case of CNE and RE patients) items from outside. A huge number of visitors found present in between 0800 hours to 1200 hours were probably to meet those requirements.

Visitors attended in between 1200 to 1400 hours and 1800 hours to 2000 hours found carrying foods for their patients. Patients usually do not like the hospital diet and prefer to take food cooked in their home.

In this study majority of the hospital staff with variety percentage from all status expressed regarding implication of rule to control visitors. In a study by Ruth Hawker found that in the interest of the patient, the visitors and the hospital visit only be made under certain regulation⁵. Which is consistent with this study.

Conclusion

Visitors must respect the rules and policies of the hospital and respect wishes of the patient. Visitors should keep in mind to avoid anything that create problems, disturbances to the patient, deteriorate working environment for health care providers and increase risk of cross infection. Considering the influx of visitors the management of hospital need support from the visitors for early recovery of patients and to keep the environment clean. Mechanism to be evolves as to control visitors, more systematized, organized and purposeful. However there should be a midline between the visitors, patients and hospital staff. In view of the present situation, visitors need to be allowed with limitation and there should be synchronised rhythm. And once the rhythm is established hospital can serve the community in the true sense. Community people should have confidence upon hospital care services. Now a days, hospital is not an isolated institution rather a part of community. Therefore to build rapport, there is need to allow visitors within the frame work of Hospital ethics.

Disclosure

The author declared no competing interests.

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