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Visitor Restrictions and Patient- and Family-Centered Care in Pediatric Nursing

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Abstract

This research proposal will explore the impacts of visiting restrictions on the ability of pediatric nurses to provide patient- and family-centered care (PFCC). Literature evaluated will pertain to the benefits of PFCC for patients, families, and staff in terms of both emotional and physical outcomes, as well as the impacts of recent visitor restrictions, largely implemented due to the Coronavirus pandemic. The purpose of this study is to determine the current perceptions of pediatric nurses on their ability to provide PFCC to patients, and how this has changed before and after visitation restrictions were put into place. The proposed study involves a quantitative descriptive study, which will be administered as an online survey structured in the style of a likert scale, which will be administered to 100 pediatric nurses in the San Francisco Bay Area. Results will be analyzed for correlation between visitor policies and the nurse's perceptions of care.

Keywords: Patient- and Family-Centered Care, PFCC, Pediatric Nursing, Visitor Restrictions, Covid-19, Coronavirus Pandemic

Introduction

One of the most important aspects of the role of a registered nurse is the implementation of Patient- and Family-Centered Care (PFCC). Through this type of care, nurses are able to not only provide care for their individual patient, but to support the family unit as a whole.

According to the Institute of Patient and Family Centered Care (IPFCC), Patient and Family Centered Care is defined as “an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings” (*Patient- and Family-Centered Care*). There are also several core concepts of PFCC, which include dignity & respect, information sharing, participation, and collaboration. Through the use of these concepts, it is possible to allow families to participate in decision making, maintain control of care, and feel personally supported through the hospitalization process (*Patient- and Family-Centered Care*). PFCC became more prevalent in the later 20th century, as it was becoming more apparent that children’s needs must be met both psycho-socially and developmentally, and that families play a key role in promoting the child’s well-being. The Institute for Family Centered Care was founded in 1992 to support the development of these relationships between families, patients, and healthcare providers, though the organization has now been renamed the Institute for Patient- and Family- Centered Care (Deepika).

Patient and Family Centered Care is provided in many different ways and implemented in almost every aspect of pediatric nursing care, and has been found to benefit both the patients, families, and even the staff. In high stress situations, such as those when a child is hospitalized, PFCC can provide an immense amount of comfort to the children and their caregivers. In

pediatrics specifically, these bonds are very strong, and many children may be dependent on family members in ways that adult patients would not similarly experience. Because of this, PFCC supports childhood development and allows patients and families to receive the support they need (McBride, 2021). It is also important to consider that caregivers are often making many of the healthcare decisions for pediatric patients, and that the combination of having families present and having nurses provide PFCC can make it easier for family members to be both fully informed, and to even be involved with care (Deepika, 2020).

Unfortunately, significant obstacles face nurses in their ability to provide Patient- and Family-Centered Care, especially in light of the COVID-19 Pandemic. This has been clearly revealed through the implementation of visitor restrictions in most hospitals at this time. Since the spread of this respiratory virus began, there have certainly been risks to having visitors present in the hospital during the time of the pandemic. One of the greatest fears is that infected visitors may bring covid-19 or other illnesses into the hospitals, thereby exposing patients and staff. However, another concern is that visitors may contract illnesses from their time in the hospital, if they are exposed to patients or healthcare workers who may be carrying certain illnesses. It should also be noted that many nurses are juggling complex patient loads, which can make it difficult to devote the ideal amount of time to PFCC, especially in times of the coronavirus pandemic. In a recent interview of ten nurses employed in pediatric intensive care units, most nurses that were surveyed reported that, despite the positive effects of PFCC, there are also challenges that should be addressed and improved. Many nurses reported a struggle to balance critical care for a child along with the needs of the family, stating that more knowledge on this balancing may be needed (Coats et al., 2018). It was also found difficult for many nurses to interact with parents who have been informed from unreliable sources, including the internet.

Due to the increase in time that must be spent educating family members, time is often lost that could be spent working directly with the patient or communicating with other nurses, thereby influencing, and potentially reducing, the direct patient care (Coats et al., 2018).

When PFCC is unable to be provided, it impacts patients and families medically and emotionally. Mental health consequences of reduced PFCC include increased loneliness, depressive symptoms, aggression, and more, while physical health consequences can include diminished food intake, decreased ADLs, and increased symptoms such as pain (McBride, 2021). These conditions also impact families as a whole, as they are unable to be as involved with making decisions and caring for their children. Additionally, these conditions disproportionately affect single parents and families of lower socioeconomic status, because when visitor restrictions are implemented, families with multiple children are generally unable to bring other siblings to the bedside, and may not be able to afford childcare (Raphael et al., 2021).

By obtaining further knowledge of the ability of a nurse to provide PFCC and the influence of PFCC on pediatric patients, it will be possible to implement policies and practices that support the highest possible quality of care. The purpose of this study is to analyze the impact of visitor restrictions on a pediatric nurse's ability to provide Patient- and Family-Centered Care (PFCC).

Literature Review

The objective of this literature review is to further understand the impact PFCC has on improved outcomes for patients, families, and staff, while also gaining a greater understanding of the way visitor restrictions and modern situations have affected the ability to provide this level of care. In searching for relevant articles regarding this topic, databases consisted of the Cumulative Index to Nursing and Allied Healthcare Literature (CINAHL), Journal of Pediatric Nursing

(JPN), Google Scholar, and PubMed. Keywords included “pediatric”, “nurs*”, “visit*”, “visitation”, “covid”, and “family centered care”. Articles were chosen based on recency, relevance to study, and similarity to conditions in the San Francisco Bay Area (where the proposed study is set to take place). By reading abstracts, examining methods of data collection, and considering relation of results to the intended study findings, literature was found to support this study, 5 articles of which are critically reviewed here. The five articles are broken down into two categories, the first of which focuses on the implementation of PFCC in nursing practice, and the second which focuses on changes on pediatric floors since the onset of Covid-19, and other visitor restrictions that may have been implemented.

Category 1: Importance of Patient- and Family-Centered Care in Nursing Practice

“Nurses’ Reflections on Benefits and Challenges of Implementing Family-Centered Care in Pediatric Intensive Care Units” (Coats et al., 2018).

The title for this study accurately reflects the intended purpose of the study, which is to learn more about the ways nurses are faced with challenges when providing PFCC, as well as understanding the ways it can be beneficial. The study was a qualitative design that involved semi-structured interviews that occurred one time. The purpose was to create a descriptive analysis that contributes to knowledge on the experiences of pediatric families who have a child hospitalized in a PICU for over a week. It largely focused on both the stresses and the support these families felt they had.

A purposeful sample was chosen to be as representative as possible of different nursing experiences between the PICU, Cardiac ICU, and Neonatal ICU. Ten nurses were selected from these floors, with varying levels of experience, and one nurse from each floor was a charge nurse. They were asked questions involving four general areas, which were “the ICU

environment and its relationship to the delivery of critical care, stressors for nurses and families, communication challenges and strategies, and involvement of families in the care and decision making process” (Coats et al., 2018). Variables were clearly defined, and well suited to the research design. The choice of using a purposeful sample combined with the selection of nurses with varying experience and levels of authority are useful in painting a broader picture of nursing experiences, which can help these findings to be more generalizable. However, because of the small sample size it can be difficult to know how individualized these findings are and how they relate to the experiences of other nurses in other regions. Evidence of subject review from participants as well as the Hospital Institutional Review Board was discussed. Conventional content analysis was chosen for the analysis of data, and four team members read and coded transcripts of the interviews, which were then compared and characterized into categories.

The problem is clearly defined, and relevant background information is included to uphold reasoning for the study. The study is justified by explaining both the complexity of caring for patients with critical conditions, the ways changes in PFCC impact the hospital environment, and the nurse’s role in providing PFCC. This problem is in fact researchable, though the qualitative nature of the study can be slightly more difficult to analyze than quantitative data would be. A theoretical framework was not identified. All literature cited was critically reviewed, with sources both classic and current. The literature review was logically organized to provide background information for the relevance of the study. The purpose of this study was clearly defined as wanting to describe the ways nurses perceive their challenges and positive outcomes when providing PFCC.

Results found that nurses viewed the transition to PFCC as being valuable for families, though the change to this type of care also brought challenges to the nurses in their daily jobs.

Visitor policies that allow families to be present 24 hours a day with their children are beneficial as they create chances to build trust and involve families with care. However, many nurses also described drawbacks to having families present for 24 hours a day, as it could become exhausting and distracting at times, and culture shifts exposed them to families unhappy with their individual nursing styles or situations where they were expected to accommodate families' preferences despite the fact that patient care is their main priority. Within the physical environment of the ICU, the implementation of individual rooms were found to reduce the rate of patient infection and stressful stimuli, while also providing privacy for families. However, these also made it more difficult for nurses to support each other and provide backup when nearby nurses needed assistance. This also became relevant when nurses had multiple patients, but could only view one patient at a time, and made it more difficult for less experienced nurses to learn the same variety of skills they could when surrounded by greater numbers of patients at a time. It was also found that, in individual rooms, nurses sometimes worried more for their own safety when handling family members who were hostile, threatening, or inappropriate. These results accurately reflected the research question, and aligned with many of the expected findings of the study. All findings were related back to the purpose of the study, and it was shown that many nurses felt they required more skills and knowledge in knowing how to balance caring for children in critical conditions with the demands and needs of the families.

“Assessment of an Educational Tool for Pediatric Cardiac Nurses on Individualized Family-Centered Developmental Care” (Dean et al., 2021).

The title for this study is a bit lengthy, but incorporates each important aspect of the study and the research goal itself. The type of nursing is highlighted through the focus on “Pediatric Cardiac Nurses”, and the focus on both families and supporting childhood development is

emphasized through the use of the term “Family-Centered Developmental Care”. It is also made clear that the independent variable, the introduction of an educational tool, will be assessed for its impact on the dependent variable, family-centered developmental care.

Relevant background information is provided for this study, and the problem and aim of the study are clearly stated. The justification includes the necessity of individualized family-centered developmental care (IFDC) for reducing stress in NICUs and improving outcomes in patients, and emphasizes the current need for education on implementing IFDC in nursing practice. This problem is incredibly significant to nursing as it has a constant influence on both the daily tasks of nurses as well as the experienced outcomes for patients. There was not a significant section of literature review, though sources cited in the background of the paper were from both classical and current literature, with many studies that supported findings regarding the benefits of family-centered developmental care. A theoretical framework was not identified.

The purpose statement was clearly stated as aiming to “use a visual education tool to (1) increase nurses’ self-reported knowledge of IFDC and (2) decrease nurses’ perception of barriers to IFDC” (Dean et al., 2021). This purpose statement is appropriate for the study, and very researchable through teaching interventions.

The type of research design was identified to be a one-group pretest-posttest design, which was well suited for assessing the nurses’ knowledge levels before and after the introduction of the educational tool. The target population was clearly described as nurses from both inpatient and procedural units in a cardiac center. Education was provided to staff during pre-shift huddles for inpatient nurses and one-on-one for procedural staff. The sample who completed the pretest survey was 44 inpatient and 9 procedural nurses, which made up 15% of

total inpatient nurses and 22% of the total procedural nurses. The sample who completed the posttest survey included 64 inpatient nurses (22% of the total inpatient population) and 16 procedural nurses (40% of the total population). Beyond working as a registered nurse on these units, specific inclusion and exclusion criteria were not discussed. These procedures were structured to include as many nurses as possible in the facility, though the low participation rates (especially in the pretest surveys) may make it more difficult to generalize results.

Instruments used to collect data were well suited to the research question, as survey questions closely assessed the nurses' individual perceptions and knowledge of IFDC. Because the survey was adapted and modified from a previous questionnaire, validity may need to be verified for this particular instrument. The scoring of questions was assessed through frequencies and percentages, and pretest and posttest responses were compared using X² and Fisher tests. This choice of statistical analysis was appropriate for the chosen instrument, as it allows data to be quantified and easily compared. It was stated that "because this clinical education project evaluated a local education initiative without generating generalizable knowledge, our institution did not require institutional review board oversight" (Dean et al., 2021).

The characteristics of the sample were described, and the inpatient nurses generally had under five experience and were females below the age of 50, while the procedural nurses were generally females over the age of 40 with more than 5 years of nursing experience. Research questions were answered, and it was found that the tools were considered to have been helpful by 41% of inpatient and 81% of procedural nurses. Tables and charts were used to illustrate findings, and results detailed the nursing interventions that were found to be improved or unchanged. Qualitative feedback was positive overall, and many nurses reported that repetition for further education would be useful.

Limitations noted in this study include the reliance on self-report by nurses, which may be less accurate than actually measuring nursing knowledge. Additionally, the low number of responses, especially for the pretest survey, may not be representative of the overall experiences of nurses. The greater number of posttest responses could also indicate respondent bias. Other limitations of the study include the fact that, despite promoting knowledge within the staff, the interventions taken didn't have a significant impact on the care practices that are actually implemented on the floor. It is also important to note that this study was specific to the individual facility, and the ability to generalize findings may be limited. Additionally, the inpatient and procedural nurses have different tasks throughout their practices, and survey questions that applied to one group were not always relevant to the other.

Generalizations were not made beyond the scope of the clinic in the study, due to the fact that this study was only representative of the experiences of employees there. However, the importance of both family centered care and nursing education were emphasized overall. For future use in nursing practice, it was found beneficial to focus on making interventions more consistent, as well as making teaching tools more interactive and specific for individual patients.

Category 2: Visitor Restrictions and Covid-19 Pandemic

“Visitor Restriction Policy on Pediatric Wards During Novel Coronavirus (Covid-19) Outbreak: A Survey Study Across Northern America” (Kitano et al., 2020).

The study title accurately describes the topic of this study, as it clearly stated what the subject matter was, how current events have shaped these conditions, and provided insight on how and where the study took place (Kitano et al., 2020). Because this study was a survey that did not involve the altering of any variables, it did not include any independent variables.

However, factors that may have influenced outcomes of this study throughout different regions include covid infection rates in specific regions, specific family situations, and more. The dependent variable was the visitor restriction policies at the time of survey, which were compared with previous visitor restriction policies before the time of the COVID-19 pandemic. The population surveyed were infection preventionists from pediatric hospitals and wards located in Canada and the United States.

The problem was clearly stated, and significant background information was given to inform the reader of factors related to the transmission of the Coronavirus, the implications that has for hospital care, and what most hospital care looked like before the pandemic began. This is an incredibly important and relevant topic for study, as most hospital and healthcare policies created at this time were done so expeditiously, without the time to conduct research to determine the specifics of the virus and what types of care could still be possible while preventing it's transmission. This problem is incredibly significant to the field of nursing, as nurses are consistently present with both patients and family members, and their ability to provide family-centered care is greatly impacted by the presence of a patient's loved ones. The issue is researchable, and this data is revealing of the significant impact COVID-19 has had on visitation restrictions.

The literature cited focused on the prevention of infectious diseases, visitor policies, and the needs of both patients and family members. Current citations were used, with four of the ten citations published in 2020. There were also studies published in both 2003 and 2004, though all other citations were from the past five years. Literature was reviewed in a way that made findings very clear, and provided substantial rationale for why the study was necessary. This study included a clear and appropriate purpose statement, which declared the objective of

identifying and comparing various visitor restriction policies across pediatric institutions in North America, and the research questions (and hypotheses) were clearly stated.

This research was structured as a self-administered online survey that was given to infection preventionists representing 36 pediatric hospitals in the United States and Canada. Questions included asking which visitor policies were in place before the coronavirus pandemic, and how COVID-19 had impacted the number of visitors, screening policies, and need for PPE. All 36 hospitals were found to have a change in visitor policy, with most hospitals allowing at least one caregiver to remain with the hospitalized child. However, regulations varied between sites in regards to the screening measures, PPE, and ability to leave the patient's rooms.

This study effectively described the methods of survey that were conducted, and which questions were used to measure each individual hospital's policy. However, individual variables were not obviously defined. The type of research design identified was a survey study, which appropriately fit the variables of the study. It is also important to note that due to the circumstances at the time of the study, conducting this survey virtually, through an online format that was sent to the hospitals, was a safe measure to take in preventing further spread of the coronavirus.

The sample was not chosen through probability, but largely had to do with the inclusion and exclusion criteria of the hospitals themselves (region, presence of pediatric units) and aimed to include as many of these sites as possible. This was appropriate for the situation, because of the descriptive and observational nature of the study. Inclusion criteria included the presence of a pediatric hospital or ward, and location in Canada or the United States. I do not think these sampling procedures threatened the validity of the study, as they were relevant and meaningful to the type of research and the context of the time. All subjects of the study approved of the study,

and were willing to participate on behalf of the hospitals they represented. Issues of subject anonymity and confidentiality were not specifically addressed, though the specific sites/subjects were not identified. However, IRB approval was not acknowledged throughout the course of the report. The choice of statistical procedures were appropriate for this methodology, and included the total percentage for each category as well as the N.

One limitation of this study was the low rate of participation due to a low response rate, which may have led to some reporting bias due to the fact that the hospitals that participated in the study may have done so due to the fact that they did experience a change in visitor policy. The researchers also acknowledged the fact that local levels of COVID-19 within the region of each hospital was not studied, but may have had an impact on the policy at each institution.

All of the findings were related to the problem, referring to both the purpose of the study and the pertinence in its application in a clinical setting. I believe that the suggestions and recommendations made by the researcher were incredibly relevant to nursing practice, and implications for nursing practice were thoroughly discussed. Not only were the current and previous visitor policies highlighted, but discussions about how prevalent hospital visitors may be in spreading nosocomial infections was also discussed. The impacts that visitor restrictions may have on patient care were also highlighted, as these policies can be one of the greatest barriers a nurse faces in providing family-centered care.

“COVID-19 Lockdown Impacts the Wellbeing of Parents with Infants on a Dutch Neonatal ICU” (Meesters et al., 2021)

This title was clear and easily understood by readers, and effectively related what the study would focus on. Major variables mentioned in this section include the parental well being of families with infants in the NICU, and impacts of the COVID-19 lockdown. The problem

statement clearly defines the issue at hand, and sufficient information was given on the stress NICU hospitalization can cause for both parents and neonates, the benefits of families being able to visit these patients at any given time, and the ways visitor restrictions implemented in the Spring of 2020 in Europe, specifically after the onset of COVID-19, can create additional stress in the lives of these families. These factors justify the need for research on the subject, and the topic is one with deep significance to nursing as nurses are the ones spending the most time with hospitalized neonates, especially when families are unable to be present at the bedside.

Literature reviewed consisted almost entirely of citations from the past ten years, with the exception of the parental stressor scale which was developed in 1993. Studies cited supported the findings on the benefits of parental participation in NICU care, and evidenced the recent circumstances in regards to COVID-19. The literature review concluded with a summary of the findings, and a statement regarding the importance of this research in nursing practice, as well as its relevance in the proposed study.

The purpose of the study was clearly stated, and goals were to “describe the impact of COVID-19-related visitation restrictions at the NICU on parents’ wellbeing” (Meesters et al., 2021), and the declarative statement was appropriate for the study. The research study was defined as a cross-sectional design, which took place from April 21 to June 31 of 2020 on a NICU at a Children’s Hospital in Rotterdam, Netherlands. The choice of a cross-sectional research design was appropriate for the variables and purpose of the study, as it allows researchers to gain an understanding of the experiences of patients at that particular moment in time, when COVID-19 restrictions were strictly enforced and little was known about the virus itself.

The sample included parents of patients who were either admitted when restrictions were imposed, or who were admitted during the time period the study took place. Patients must have been admitted for at least seven days, and parents who could not read Dutch were excluded from the study. These sampling procedures allowed findings to be pretty generalizable, as they were representative of the population of parents present at the Neonatal ICU at this site.

Instruments of data collection included surveying parents through an online questionnaire, asking questions related to parental demographics, indication of parental stress levels using a visual analogue scale, asking questions from The Parental Stressor Scale: Neonatal Intensive Care Unit (PSS:NICU), and eight additional questions specifically related to Covid-19. These methods are reliable and incredibly relevant to the research question, though questions specifically related to Covid-19 may need to be validated as they were newly developed at the time of this study. Detailed reports were given on how data was scored and analyzed using Windows software. It was stated that “The institutional ethics review board waived the need for approval because the study was judged to be an observational study without the exposure to procedures or additional rules of behavior” (Meesters et al., 2021).

The parents of 48 neonates were eligible for inclusion in the study, and 18 couples agreed to complete the questionnaires. Data was represented through the summary of findings, as well as through the use of tables, charts, and graphs. Stress level scores relating to hospitalization in the NICU were higher than Covid-related stress, and some of the most stressful factors were found to be separation from the babies and changes in parental roles. Many of these stressors were found to directly correlate to covid restrictions, and many family members expressed concern and distress at the fact that siblings and other family members were unable to meet the neonates. Family members also expressed that speaking about their feelings with family

members or psychologists was one of the most effective ways of coping for these parents. It was also found that a large majority of parents did not feel the restrictions were communicated clearly or consistently.

Limitations of the study were stated to include the inability to compare with a historical control group, as data for this situation was not collected before the onset of the Covid-19 pandemic. Additionally, this specific VAS stress scale was not able to be validated, and the study involved a small sample size with patients that had a relatively large range of postnatal ages at the time of data collection. The researcher did an acceptable job relating findings to the purpose of the study, emphasizing the importance of supporting families and supporting the need for further research on the long-term consequences for these patients and parents.

“The Impact of Visitor Restrictions During the COVID-19 Pandemic on Pediatric Patients” (McBride, 2021).

The title of this piece clearly indicated the research question, which was to analyze the impact pediatric patients felt after visitor restrictions were implemented during the COVID-19 pandemic. The abstract also clearly stated the importance of this question, purpose of the study, and gave a good overview of the situation, though little was said in either the title or abstract that showed the reader this was a systematic review rather than another type of study.

The clinical question was clearly expressed, and background information was provided to educate readers on the dependence children have on caregivers, the impact visitor restrictions have on pediatric patients, and also the necessary role these restrictions play in reducing the spread of the virus. The objectives of the research were clearly stated, and the importance of understanding this complex situation was evident. In this case, search criteria was not clearly

identified, and search terms and strategies were not included in the writing. Publication bias was also not included.

Key elements including the population, sampling process, and other elements of design were included for each referenced study. Summaries of the literature began with topics relating to newly implemented visitor restrictions in North America, first focusing on studies that painted an overall picture of what specific components these policies included. This section discussed not only who could visit and how often, but other factors such as whether they were from the same household as the patient, if they had to wear PPE, and what kind of PPE or other symptom testing was required. Next, the consequences of these caregiver policies were discussed. The distress and psychological burdens for all parties were discussed as well as the physical consequences patients may experience. It was also acknowledged that caregiver restrictions disproportionately impact single parents and those of lower socioeconomic status. The burden placed on nurses and other healthcare providers was focused on next, as well as the challenges and benefits of finding more creative methods of communication with families, such as video calls.

The report concluded with a discussion of the overall impact of visitor restrictions on hospitalized children, highlighting the trauma that can be caused by lack of parents at the bedside. Limitations of the review were not discussed, though they likely include the recency of the Covid-19 pandemic and the limited amount of literature available at the time the report was written. It then discussed the current gap in literature, and the need for longitudinal studies to gain more evidence on the ways in which the separation of families during hospitalization can have long term impacts.

Discussion

Through the review of current literature, the true importance of PFCC has been shown through the many different ways it can benefit every person involved in the life of a hospitalized child. It has also been found that the inability to support children and families at this time, as has occurred due to hospital policies and the Coronavirus pandemic, can be a significant stressor and ultimately prevent the patients from achieving the best possible outcome. It is important to note that, at this time, much research still needs to be done in regards to these topics, specifically those related to the recent onset of Covid-19. However, this evidence can still be useful in guiding nursing practice, and in inspiring future studies.

Proposal for Further Study

Through careful consideration of current literature on this subject, it has been found that, despite PFCC being a relatively well established concept, there is still a significant amount of work that needs to be done to support nurses in their application of this type of care. Especially due to the fact that the COVID-19 pandemic is a relatively recent occurrence, there is still much to be learned about both the level of care provided during this time and how policies and other conditions impact this care. Some research exists on trauma experienced by adult patients who are unable to have loved ones present at the bedside, though similar data does not currently exist for pediatrics. Additionally, while there is evidence that supports the benefits of Patient- and Family- Centered Care, more long-term studies will be useful to truly understand its lasting effects. The proposed study relates to this literature review because it will create insight into the experiences of nurses both before and after the onset of the COVID-19 pandemic, highlighting both the nurses' abilities to provide care as well as the patient outcomes they have witnessed.

Theoretical Framework

This study will be structured according to the Bowen's Family Systems theory model. It was developed by Dr. Murray Bowen in the mid-20th century, and focuses on the idea that humans are deeply emotionally dependent on the members of their family. This connection impacts every aspect of a person's activity, and different aspects of family dynamics are passed through generations. The theory involves eight core concepts, which are triangles, differentiation of self, nuclear family emotional process, family projection process, multigenerational transmission process, emotional cutoff, sibling position, and societal emotional process (Introduction to the Eight Concepts).

The Bowen's Family Systems theoretical framework is extremely suitable for the development of this study, as it emphasizes the relationships found within the family unit. When a patient is hospitalized,, their relationship with their family members is incredibly influential on their hospitalization experience. Some relationships become strained at this time, while others may be strengthened and levels of deep closeness will be experienced. This is even more prevalent in pediatric nursing, when patients experience increased levels of dependence on caregivers due to their unique developmental stages. For nurses providing Patient- and Family-Centered Care, the goal is to support the patient and each member of the family in the ways they cope with the hospitalization process, and ultimately to guide the patient to the best possible outcome (Bowen Theory).

Research Aims and Ethical Considerations

Primary research aims include gaining a deeper understanding of a nurse's role in PFCC and the ways in which this care is able to be implemented in hospitals in the Bay Area. It is hoped that this research will provide insight on the importance of implementing and improving PFCC in nursing practice, and that PFCC will be taken into consideration as future visitor

restriction policies are put into place. Ethical considerations for this study include obtaining consent by nurses who will be interviewed, and keeping the experiences of individual nurses confidential. Patient and family identifiers will also not be used in this study, in order to maintain privacy and follow HIPAA guidelines. Ethical consent by the Institutional Review Board (IRB) will be obtained.

Design and Sample

This study will analyze visitor restrictions and the impact they have on a pediatric nurse's ability to provide family-centered care in an inpatient setting. The quantitative research will use a descriptive design, which is used to gather information without altering any variables. The purpose of the style is described as “describ[ing] the meaning of existing phenomena”, and the main elements involve enumeration and brief description of characteristics (Fain 168). It is a style of non-experimental designs, which focus on observing variables instead of manipulating them. The major purpose of these designs is “to uncover new knowledge and describe relationships among variables” (Fain 168).

This study will take place in pediatric units associated with hospitals that are located in the San Francisco Bay Area. Nurses working on these units will be invited to participate in the survey sharing their experiences working on facilities that have had visitor restrictions at any time in the past three years. The sample size will be 100 nurses, and IRB approval will be obtained. Inclusion criteria will include being a Registered Nurse, working on an inpatient pediatric floor or hospital with visitor restrictions, and having the place of work be located in the San Francisco Bay Area. Exclusion criteria will include nurses that work in outpatient or clinic settings, non-pediatric settings, and nurses that are not working full time.

Data Collection Methods and Analyses

The proposed measure of data collection for this study involves a closed-ended questionnaire that will be developed for the study and given to pediatric nurses chosen as respondents. Questions will focus on the nurse's experiences providing family centered care before visitor restrictions were put into place, if they have faced any obstacles towards providing family centered care, how they have seen this care impact patient outcomes, and then it will be assessed how the implementation of visitor restriction policies have changed these conditions. Questions will be worded in the form of statements that will be answered on a scale of agreement or disagreement. Questions will be ordered with topics that are generally considered most important to the participants, and will be grouped based on similarities.

The survey will be developed to follow the style of a Likert scale. The scale will include Likert's five original categories, defined as "strongly agree (SA)", "agree (A)", "uncertain (U)", "disagree (D)", and "strongly disagree (SD)". In order to avoid response set biasing, some items will be worded negatively and will be balanced with positively worded questions so that responders are less likely to respond in inaccurate, uniform ways. The study will involve an ordinal level of measurement, meaning the items in the study are measured in a specific order, though there is not a defined distance between them (Fain 241).

Validity is defined as the "accuracy with which an instrument or test measures what it is supposed to measure" (Fain 250). In this scenario, content validity will be a main consideration, as this survey is being conducted and developed for the first time. Items will need to be carefully reviewed to determine whether the questions are not only valid, but are successful in determining the intended outcomes. Determination of the validity of the study will first depend on the instrument being reliable in data measurement, and it will then be considered if the factors measured are the ones focused on in the study. Reliability is defined as "the consistency with

which an instrument or test measures whatever it is supposed to measure” (Fain 245). This tool will be evaluated for Internal Consistency. This views reliability as “consistency across items of an instrument, with individual items being individual questions” (Fain 247). Because there will only be one rater gathering the data, but consistency may vary between items found within the survey, this style of reliability is the most relevant to this study. Limitations will include the fact that this survey is being developed and conducted for the first time, and has not had the time to be determined as credible by outside organizations. Other limitations involve the inconsistency different participants may have in the ways they define their understandings of Likert’s categories.

Procedures of gathering data will be conducted through an online survey, that will be administered to pediatric inpatient nurses in hospitals located in the San Francisco Bay Area. Virtual means of survey administration will be preferred at this time, rather than conducting the study in person, due to the current hospital conditions related to the spread of the coronavirus. After data is gathered, it will be analyzed through descriptive statistics, utilizing measurements such as the mean, median, and mode. Results will be recorded and logged through microsoft excel, and analyzed to find any correlations between hospitals and the level of visitor restrictions they have implemented.

Strengths and Limitations

There are strengths and limitations to every study, regardless of its structure. One strength of this proposed study is that it provides a quantifiable way of understanding a nurse’s lived experiences. While personal feelings and experiences are often gathered as qualitative data, this study uses a lichen scale to allow them to be measured in a quantitative way. It is also relatively cost effective and easy to replicate, as it mainly consists of administering surveys and analyzing

findings which can be done at little cost and on a large or small scale if needed. Another strength of this study is that it can be completed quickly and safely, especially due to the fact that it is being conducted virtually. Because the COVID-19 Pandemic is still prevalent in most places, and out of concern for the safety of participants and out of respect for the visitor restrictions many hospitals still have in place, it was determined that an individual survey would be safer for this study.

Limitations of this study include the fact that the survey is conducted using an investigator-developed questionnaire, which has not yet been validated by an outside source. This can make it difficult to know just how reliable these measures are after results have been obtained. Another limitation is the inconsistency between perceptions of individual participants, as different people may interpret the same situations in different ways, leading to inconsistencies between their responses in the survey. Additional limitations include the potential for sampling bias, due to the structure of the questionnaire. This may limit the ability to make findings of this study generalized.

Conclusion

Through the review of literature and structuring of this proposed study, it has been found that Patient- and Family-Centered Care is beneficial in many different ways, providing improved health outcomes and decreased levels of stress in patients and families. However, there are still significant changes that must be made in the nurse's understanding of and ability to implement PFCC. Additionally, the enforcement of hospital visitation restriction policies, largely due to Covid-19, have created additional obstacles and stressors in the delivery of care.

The proposed study will help to bridge the gap in research relating to visitor restrictions and the ways nurses are able to provide family centered care. Much information is still needed on

the impacts restrictions have on pediatric patients and just how much these policies influence a nurse's job. It is hoped that, in the future, this study will help to start a greater conversation on the importance of supporting the whole family through every aspect of the hospitalization experience, and that having a greater understanding of the implications of visitor restrictions will influence decision making in regards to future hospital policies.

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Authors & Publication Year	Theoretical Framework	Research Question	Study Design	Population & Sample Size	Instruments	Findings	Major Strengths & Weaknesses
Coats, et al., 2018	Unknown	“To describe nurses perceptions of the benefits and challenges of providing family-centered care in pediatric intensive units”	Qualitative content descriptive analysis with semi-structured interviews	Population : registered nurses working on PICU, CICU, or NICU Sample: 10 nurses were selected	Interview guide questions involved four general areas, which were “the ICU environment and its relationship to the delivery of critical care, stressors for nurses and families, communication challenges and strategies, and involvement of families in the care and decision making process”	Nurses viewed the transition to PFCC as valuable but it also brought daily challenges. Many nurses felt they needed more knowledge and skills for balancing critical care with PFCC.	Strengths: survey accessible to respondents, easy to complete, inexpensive to create, easy to replicate Weaknesses: small sample size, unable to get responses from every nurse,

Dean, et al., 2021	Not mentioned in article	How can visual education tools increase nurses' self-reported knowledge of IFDC and decrease nurses' perception of barriers to IFDC	A one-group pretest/post test was used. Evidence-based visual tools were created to educate nurses, and implemented in inpatient and procedural floors of a cardiac center.	Population: 290 total inpatient and 40 procedural nurses Sample: 44 inpatient nurses and 9 procedural nurses responded to the first survey. 64 inpatient and 16 procedural nurses completed the second survey.	A visual education tool was created for this study based off evidence based practice.	Tools were considered to have been helpful by 41% of inpatient and 81% of procedural nurses. Many nurses felt that further education on providing this type of care would be useful.	Strengths: ease of implementation, replicability, cost-effectiveness Weaknesses: reliance on nurses' self-reports, low number of responses, limited generalizability
Kitano et al., 2021	Not stated	Objective: to identify and compare visitor restriction policies of different pediatric institutions across North America.	Online, self-administered survey study	36 pediatric hospitals in North America (32 in US and 4 in Canada). Surveys were sent to infection preventionists.	Questions included topics such as: visitor policies before the coronavirus pandemic, COVID-19 impact on number of	All 36 hospitals were found to have a change in visitor policy, with most hospitals allowing at least one caregiver to remain with the hospitalized child. Policies	Strengths: Weaknesses: low rate of participation due to a low response rate, local covid rates were not considered.

					visitors, screening policies, and need for PPE.	varied regarding the screening measures, PPE, and ability to leave the patient's rooms.	
McBride, 2021	Unknown	Impact of Covid-19 visitor restrictions on pediatric patients	Systematic review	n/a	n/a	Summary of visitor policies in US and Canada, consequences of visitor restrictions, policies have disproportionate impacts on different patient groups, greater burdens are placed on healthcare providers.	Strengths: relevance of research, much focus is currently on this topic Limits: recency of Covid-19 onset limits the current amount of available research
Meesters et al., 2021	Not mentioned in article	How do visitor restrictions caused covid-19 impact parents in Dutch NICUs?	Cross-sectional design	Population: parents with babies admitted to NICU while restrictions were implemented. 48 eligible neonates.	Online questionnaire, with The Parental Stressor Scale: Neonatal Intensive Care Unit (PSS:NICU), and eight additional	The most stressful factors for parents were found to be separation from the babies and changes in parental roles.	Strengths: direct perspectives of parents, done at the time of the experience, cost-effective, replicable Limits: inability to compare with a historical control group, specific VAS scale is not

				Sample: 18 parents (of 22 neonates, there were 2 sets of twins)	questions specifically related to Covid-19		validated, small sample size
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