THE CASE FOR BUILDING RESIDENTIAL FACILITIES (SARAIS') FOR PATIENT VISITORS. IF NOT NOW, WHEN?

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ABSTRACT

Objective: To gather the opinion of attendants accompanying admitted patients in CMH Lahore about their satisfaction with existing eating and sleeping arrangements.

Study Design: Cross sectional survey.

Place and Duration of Study: Combined Military Hospital Lahore Pakistan, from Jul to Aug 2016.

Material and Methods: For this descriptive observational study attendants of patients admitted in the hospital for more than 24 hours were administered a questionnaire. Only one family member per patient was surveyed.

Results: Three hundred attendants were interviewed for the study of which 162 were males. One hundred and twenty eight 128 (42.7%) came from within the city. One hundred and eighty seven (62.3%) intended to stay with the patients till the time they were discharged. A total of 185 (61.7%) patients had only one attendant whereas 59 (19%) of patients had no attendants available. Two hundred and thirty one (77%) attendants were blood relatives. The hospital canteen served food to 140 (46.7%) attendants. Only 25 (4.3%) attendants were satisfied with their existing eating arrangements. One hundred and seventy eight (59.3%) of attendants slept inside the hospital wards whereas 54 (18%) slept within hospital premises. One third of them were satisfied with their sleeping arrangements whereas the remaining desired more comfortable residential facilities or 'Sarais' which were affiliated with the hospital. Sixty four (52%) attendants experienced difficulties in affording their boarding and lodging expenses.

Conclusion: Patients and families bear the emotional and financial cost of illness. Findings suggest that attendants are not satisfied with their existing sleeping and eating arrangements.

Keywords: Attendants, CMH Lahore, Hospital visitation policy, Patient visitors.

INTRODUCTION

Internationally, hospital visitors are categorized into four groups: patient visitors (family and friends); public visitors (philanthropists, entertainers, tourists and clergy); house visitors (involved with management and governance of the hospital) and official visitors (dignitaries and those having inspectorial responsibilities)[1]. Patient visitors are popularly called patient attendants in our part of the world. They are the significant people in the lives of our patients. They are often the latter's' family members and friends who serve as a bridge between patients and healthcare professionals who rely on them for provision of valuable patient related information on allergies, medicine intake, family history etc. Their role enlarges further in case of unresponsive patients admitted in the intensive care units (ICUs) as they give consent on behalf of their patient for complicated procedures & even approving termination of life support efforts[2,3]. In our society, family support carries abundant significance. The practice of visiting relatives, friends and acquaintances while they are admitted in hospitals as patients is commonly accepted as a sociable and thoughtful act[4]. Historically, attendants have been an understudied constituency 1 of late; health care professionals have begun to view patient's friends and family as an integral part of the healing process who positively contribute to the well-being of patients especially in the ICUs.

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Measurement of family satisfaction is one of the several quality indicators of care[5-7]. We live in an era where total quality management is the norm and the task at hand for clinicians and administrators is not limited to meeting the needs of patients and their attendants but exceeding them to achieve customer delight. High-quality medical care is patient-oriented, family-centered and holistic and it demands that satisfaction of patients' attendants with the hospital related experience should be considered alongwith their patients[8-10]. We conducted this study to gauge the issues faced by attendants accompanying admitted patients in CMH Lahore and gather their recommendations about solving these problems.

PATIENTS AND METHODS

This prospective, questionnaire-based cross sectional survey was conducted at Combined Military Hospital Lahore which is a 1000 bed tertiary care hospital located in Central Punjab, Pakistan. CMH Lahore is a dieted hospital which caters to the health care needs of the entitled clientele as well as private patients. The descriptive, observational study spanned a period from July 2016 to August 2016. Attendants of patients admitted in various hospital wards constituted the study population. World Health Organization's online sample size calculator was used which yielded a sample size of 300 (for a population size of 1000 and a confidence level of 5%). Attendants of patients who were admitted in the various wards of CMH Lahore for more than 24 hours were included in the study. This cut off point was chosen to ensure that the attendants had adequate time and exposure to the hospital setting. After consultation with the patient, only one family member in each patient family who could converse in Urdu was identified as spokesperson and surveyed. Family members <15 years of age were excluded. The study units were selected through non probability convenient sampling, guided by pre-set inclusion and exclusion criteria.

Our operational Definitions were as follows:

Attendants: A spouse, parent, grandparent, adult child, adult grandchild (older than 15 years), friend, sibling or identified adult significant other whose length of stay with the patient in the ward was at least 24 hours.

Satisfaction: Attendants affirmative response to the questions "Are you satisfied with existing eating / sleeping arrangements?"

The study instrument was a questionnaire which included the demographic details of attendants like age, gender, residence, number of attendants, length of stay, relationship, sleeping arrangements, eating arrangements, daily expenses, costs borne, major problems faced as well as their recommendations for improvement for which additional space was provided. The questionnaire was administered to attendants upon completion of 24 hours stay in the hospital. Selected house officers were recruited as data collectors and imparted training in a three hour workshop. Pre-testing was conducted with 10 family members of patients admitted in the hospital to check if the instrument was able to collect valid information as desired and whether it was of the appropriate length. The participants in the pilot study were not included in the main study. The data was collected using this modified questionnaire. The response rate exceeded 95% due to the fact that the questionnaire was easy to administer and data collectors were trained. Collected data for all the parameters were coded and analyzed with the statistical software SPSS 20.0 (SPSS IBM, USA). Descriptive statistics were calculated to describe the distributions of individual items and the summary scores. Means, standard deviations, frequency tables, rates, and proportions were computed to describe the answers for each question and each category. Percentage of positive responses for each item was also computed. All participants were thoroughly informed about the study. The respondents were informed that participation was voluntary, and consent was implied by the completion of the survey. Privacy was ensured

while filling in the questionnaire. All participants were specifically assured that results would be kept confidential Names were not used for participants identification, instead unique form numbers were used for identification. All rights of the participants such as freedom to participate or not, withdraw from the study, freedom of not answering some questions were addressed and

Table: Summary of findings (in a decreasing order of frequency).

Attributes	Details	Total, (%)	Male (n, %)	Female (n, %)	Responses missing (n, %)
Participants		300 (100)	153 (51)	139 (46.3)	8 (3.7)
Age	21-40 yrs	162 (54)	79 (48.8)	83 (51.2)	0 (00)
	More than 60 yrs	62 (20.6)	30 (48.4)	24 (38.7)	8 (12.9)
	41-60 yrs	50 (16.7)	28 (56)	22 (44)	0 (00)
	Up to 20 yrs	26 (8.7)	16 (61.5)	10 (38.5)	0 (00)
Residence	Punjab	134 (44.7)	68 (50.7)	61 (45.5)	5 (3.7)
	Within the city	128 (42.7)	60 (46.9)	66 (51.6)	2 (1.6)
	KPK	15 (5)	11 (73.3)	4 (26.7)	0 (00)
	Sindh	10 (3.3)	7 (70)	3 (30)	0 (00)
	Other areas	8 (2.6)	3 (37.5)	5 (62.5)	0 (00)
	Baluchistan	5 (1.7)	4 (80)	0 (00)	1 (20)
No of attendants	One	185 (61.7)	87 (47)	98 (53)	0 (00)
	None	59 (19.7)	40 (67.8)	11 (18.6)	8 (13.6)
	Two	46 (15.3)	21 (45.7)	25 (54.3)	0 (00)
	More than two	10 (3.3)	5 (50)	5 (50)	0 (00)
Intended length of stay	Till discharge	187 (62.3)	89 (47.6)	98 (54.4)	0 (00)
	1-2 days	41 (13.7)	20 (48.8)	18 (43.9)	3 (12.3)
	3-4 days	37 (12.3)	19 (51.4)	16 (43.2)	2 (5.4)
	Not staying further	27 (9)	19 (70.4)	5 (18.5)	3 (11.1)
	5-6 days	8 (2.7)	6 (75)	2 (25)	0 (00)
Relationship with patient	Blood relatives	231 (77)	109 (47.2)	120 (52)	2 (0.8)
	Appointed by unit	23 (7.7)	21 (91.3)	1 (4.3)	1 (4.4)
	Distant relatives	17 (5.7)	6 (35.3)	10 (58.8)	1 (6)
	Friends	16 (5.3)	9 (56.3)	3 (18.7)	4 (25)
	Neighbors	8 (2.6)	7 (87.5)	1 (12.5)	0 (00)
	Maids/ NCBs	5 (1.7)	1 (20)	4 (80)	0 (00)
Eating arrangement	From hospital canteen	140 (46.7)	79 (56.4)	61 (43.6)	0 (00)
	Own arrangements	113 (37.7)	49 (43.4)	61 (54)	3 (2.6)
	Charity/ NGOs etc	34 (11.3)	18 (52.9)	11 (32.4)	5 (14.7)
	Nearby hotels/ shops	13 (4.3)	7 (53.8)	6 (46.2)	0 (00)
Sleeping arrangement	Inside hospital ward	178 (59.3)	85 (47.8)	91 (51.1)	2 (1.1)
	Hospital premises	54 (18)	24 (44.4)	29 (53.7)	1 (1.9)
	Hotels/welfare shelters	43 (14.3)	27 (63.8)	13 (30.2)	3 (7)
	Own homes	25 (8.4)	17 (68)	6 (24)	2 (8)
Expenses	≤Rs. 500/day	187 (62.3)	78 (41.7)	107 (57.2)	2 (1.1)
	Rs. 500-1000/day	104 (34.7)	73 (70.2)	25 (24)	6 (5.8)
	>Rs 1000/day	9 (3)	2 (22.2)	7 (77.8)	0 (00)
Expenses borne by	Patient	200 (66.7)	96 (48)	96 (48)	8 (4)
	Attendants	51 (17)	24 (47)	27 (53)	0 (00)
	Patient/attendant families	37 (12.3)	26 (70.3)	11 (29.7)	0 (00)
	Patient & attendant sharing	7 (2.3)	5 (71.4)	2 (28.6)	0 (00)
	Charity/ NGOs	5 (1.7)	2 (40)	3 (60)	0 (00)

observed. Permission for the survey was obtained from the hospital research review board.

RESULTS

Of the total 300 attendants interviewed for the study half were males. Of these, 62 (20.6) were more than 60 years of age. Nearly half 153 (51%) were males. Age distribution, residence, number of attendants, intended length of stay, relationship with patients, satisfaction with eating arrangements, satisfaction with sleeping arrangements, expenses incurred and expenses borne are depicted in table. Only 25 (4.3%) attendants were comfortable with their existing eating arrangements of which nearly two thirds were females. Only one third of the attendants were fully satisfied with their sleeping arrangements. More than 50% of them were females. The rest desired more comfortable sleeping quarters or 'Sarais' which were affiliated with the hospital.

DISCUSSION

By conducting this study we wanted to gain first-hand knowledge about the problems faced by patients' attendants who accompanied their admitted dear ones in CMH Lahore. We also wanted to gather their suggestions about solving those issues. Globally, the debate between liberal (open) and restrictive hospital visitation policies goes on. Open visitation policies are claimed to lead to patient and attendant satisfaction being more in line with the current concepts of patients' rights; patient and family satisfaction and quicker healing[11,12]. However, open visitation policies may not hold good for hospitals in our part of the world. Our poor healthcare statistics (0.6 bed available for 1000 persons and 3.8 nurses/ lady health workers for 10,000 population); the country's ongoing war on terror; law and order situation; the literacy of our patients and added risk of infections warrant that unrestricted and unidentified entry into the hospital must be kept under check for safety, security and sanitary reasons [13-16]. The cultural, traditional and religious norms of Pakistani society; our family structure and coping mechanisms dictate accompanying and providing care and comfort to our near and dear ones who are not well. As per our findings, more than 60% attendants intended to stay with their patients till the time of discharge. A study conducted in Taiwan and China has reported that it is customary to provide company to their loved ones during hospitalization 24/7[17]. Most Pakistani hospitals allow one attendant to stay with the patient 24/7 while others visit during hospital or ward appointed hours. However, in most hospitals the visitation policies are either non-existent or not followed in true letter and spirit. As in most hospitals of the country, our hospital also permits one same-gender attendant to stay with their patient over night. Efforts are made to provide a bed, couch or sofa cum bed to them, but when the wards operate at full capacity, the arrangements may fall short. The total number of patients admitted in CMH Lahore during 2016 was approximately 35,000[18]. According to our study 18.6% patients had two or more attendants who resided with them. Since 57.3% attendants came from either different cities of the province or other provinces of the country. With no proper residential arrangements, they crowded the hospital wards, corridors and lawns. Undoubtedly, 2/3 desired more comfortable sleeping quarters or 'Sarais' affiliated with the hospital. The complexity of these issues is increased manifold in case of female, ill affording and outstation attendants. The primary needs identified by our study included eating arrangements 95.7% attendants expressed dissatisfaction with their eating arrangements while 2/3 of the attendants were not satisfied with their existing sleeping arrangements. Attendant dissatisfaction has also been expressed with amenities for visiting attendants in German[19] and Canadian[20] studies. Research has shown that attendants have cognitive, emotional, social and practical needs but the healthcare professionals underestimate all of them and do not do enough to meet these needs[21]. Health care professionals have lately begun to view family members as an integral part of the healing process in view of their positive contribution in

the well-being of patients[1] Attendants grievances are multiple, sizeable and understandable since they bear the emotional, financial as well as the logistic costs of the illness of their dear ones. This is important from a hospital administrators' point of view, since provision of quality services as well as redress of grievances is their responsibility. It is time they craft policies and take concrete steps to address the pressing needs of patient attendants, truly following their hospital's quality policy. CMH Lahore is one of the largest Army hospitals. The findings have the potential to hold true for other Army hospitals in the country.

LIMITATION OF THE STUDY

Our study has a few limitations. First, we have included only Urdu speaking relatives of admitted patients which could have resulted into a relative under representation of other ethnicities in our study. Second, our data pertains to a dieted, Army Hospital. More studies are needed before generalizing results to hospitals in the civil set up.

CONCLUSION

Patients and families bear the emotional and financial cost of illness. Findings suggest that attendants are not satisfied with their existing sleeping and eating arrangements.

RECOMMENDATIONS

Policy makers need to debate the issue of having open or restrictive hospital visit policy in due consultation with all stake holders.

- Our cultural norms, nurse shortages, transferred/ referred cases and the spirit of quality demand constructing and/ or hiring accommodations for patients' attendants in or near hospitals. This is especially true for large, tertiary care referral hospitals. These can be short term, low-cost housing where daily housekeeping services, meals and concierge services are provided. Alternatively these may be may be self-catering or linked with subsidized cafes on the premises. Contracts with nearby food vendors, local hotels or shops offering a reduced price to attendants admitted in the hospital vicinity may be explored. Till the time this materializes, comfortably boarding and lodging one same-gender attendant with a patient in the ward must be ensured.
- Hospital waiting areas and toilets facilities for attendants need to be given due weight.
- Hospital security personnel need to check unauthorized entries of persons. Visiting cards and passes must be issued to all within the hospital premises in any capacity.
- All internationally well known and few local hospitals display updated information on their websites and booklets for consumption by patients and their attendants regarding hotels, restaurants, cafes, low rent accommodations in the hospital vicinity, bus routes along with driving directions. We need to upgrade our websites on these issues which are of importance to our clientele.

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CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

REFERENCES

1. Mooney G, Reinarz J. Hospital and asylum visiting in historical perspective: themes and issues. Clio Med 2009; 86: 7-30.
2. Van R. Factors influencing family function and the health of family members. Hanson SMH Family Health Care Nursing: Theory, Practice and Research. 2. Philadelphia: FA Davis 2001: 122–45.
3. Heyland DK, Rocker GM, Dodek PM, Kutsogiannis DJ, Konopad E, Cook DJ, et al. Family satisfaction with care in the intensive care unit: Results of a multiple center study. Crit Care Med 2002; 30: 1413–8.
4. Sidhartha S, Sharma RK. A study of hospital visitors' policy in a large tertiary care superspeciality hospital. Indian J Comm Med 1999; 34: 158-66.
5. Nolen KB, Warren NA. Meeting the needs of family members of ICU patients. Crit Care Nurs Q 2014; 37(4): 393-406.
6. de Vos M, Graafmans W, Keesman E, Westert G, van der Voort PH. Quality measurement at intensive care units: Which indicators should we use? J Crit Care 2007; 22: 267–74.

7. Price AM. Intensive care nurses' experiences of assessing and dealing with patients' psychological needs. Nurs Crit Care 2004; 9: 134–42.
8. Venkataraman R, Ranganathan L, Rajnibala V, Abraham BK, Rajagopalan S, Ramakrishnan N. Critical care: Are we customer friendly? Indian J Crit Care Med 2015; 19(9): 507–12.
9. Maxwell K, Stuenkel D, Saylor C. Needs of family members of critically ill patients: A comparison of nurse and family perceptions. Heart & Lung 36, 367-76.
10. Gooding T, Pierce B, Flaherty K. Partnering with family members to improve the intensive care unit experience. Crit Care Nurs Q 2012; 35*(3):* 216–22.
11. Gonzalez CE, Carroll DL, Elliott JS, Fitzgerald PA, Vallent HJ. Visiting preferences of patients in the intensive care unit and in a complex care medical unit. Am J Crit Care 2004; 13: 194-8.
12. Gershengorn HB, Garland A. Who Should Be at the Bedside 24/7: Doctors, Families, Nurses? Semin Respir Crit Care Med 2016; 37(1): 107-18.
13. http://www.nationsencyclopedia.com/WorldStats/HNP-hospital-beds.html accessed on 25 April 2017.
14. http://www.who.int/workforcealliance/countries/PakistanEn.pdf?ua=1accessed on 25 April 2017.
15. Irene Koutlakis-Barron I, Hayden TA. Essentials of infection prevention in the pediatric population. Intl J Pediatr Adoles Med 2016; 3: 143-e152.
16. Guzman-Cottrill JA, Ravin KA, Bryant KA, Zerr DM,. Infection Prevention and Control in Residential Facilities for Pediatric Patients and Their Families. ICHE 2013; 34(10): 1003-41.
17. Tzeng HM, Yin CY, Tsai SL, Lin S, Yin TJ. Patient falls and open visiting hours: a case study in a Taiwanese medical center. J Nurs Care Qual 2007; 22: 145-51.
18. Personal communication of author (NB) with Stats officer CMH Lahore.
19. Schwarzkopf D, Behrend S, Skupin H, Westermann I, Riedemann NC, Pfeifer R, et al. Family satisfaction in the intensive care unit: a quantitative and qualitative analysis. Intensive Care Med 2013; 39(6): 1071-9.
20. Henrich NJ, Dodek P, Heyland D, Cook D, Rocker G, Kutsogiannis D. Qualitative analysis of an intensive care unit family satisfaction survey. Crit Care Med 2011; 39(5): 1000-5.
21. Verhaeghe S, Defloor T, Van Zuuren F, Duijnstee M, Grypdonck M. The needs and experiences of family members of adult patients in an intensive care unit: a review of the literature. J Clin Nurs 2005; 14(4): 501-9.