

Family Visits for Critically Ill Patients in Jordan: A Health Care Provider's Perspective

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ABSTRACT

Family visits are essential to patient care, particularly for critically ill patients in intensive care units (ICUs). Many healthcare professionals in the Middle East, including Jordan, are hesitant to introduce open visiting rules for ICU patients, citing various problems and concerns. This research presents a physician's viewpoint on the advantages and challenges of regular family visits for ICU patients in Jordan. We contend that family visits can improve patient outcomes, strengthen communication and trust, and reduce stress and exhaustion for patients and healthcare personnel. We also explore cultural norms, infection control, staff education, and family support as potential barriers and answers for establishing an open visiting policy in Jordan.

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INTRODUCTION

As health care providers, we are in constant direct contact with managing critically ill patients, observing every factor that would improve the status of our patients. A general hesitation has been running from the side of healthcare professionals regarding the implementation of open visitation policies for intensive care unit (ICU) patients in the Middle Eastern area, including Jordan. With the challenges in mind, we provide insight from a physician's perspective, advocating regular family visits for critically ill patients in Jordan.

THE CURRENT SITUATION

During the pandemic, severely restrictive regulations for family visitation to ICU patients were implemented globally [1]. Those were introduced in Jordan during the pandemic's peak, and while they eventually relieved the situation, they never returned to normal. From our experience, patients' families have expressed opposition and disagreement with what was formerly a societal norm. This impacted our patients' psychological and, as a result, overall well-being. The explanation for the patient's need for a family member, despite the existence of on-call 24-hour health care personnel, was explored in Jordan, with 'the need for assurance' being viewed as the most crucial to family members and patients [2]. This corresponds to our perception.

THE PUZZLE AND THE ANSWER

The intensive care unit (ICU) is an extremely stressful environment for both patients and their families who are dealing with serious illnesses and are experiencing worry, stress, and uncertainty. Aside from therapy's physical and medical components, patients' psychological well-being is a significant factor that might impact their recovery. Allowing family visits, which may give emotional support, comfort, and connection, is one strategy to improve patients' psychological well-being. However, family visits can provide certain problems and dangers for patients, families, and health care providers. As a result, it is critical to balance the benefits and drawbacks of family visits in the ICU, considering the patients' and their families' cultural, social, and religious backgrounds [3].

Numerous studies have consistently shown that

family visits can improve patients' outcomes in the ICU. Patients who receive regular visits from loved ones have lower stress levels, higher psychological reassurance, and a lower sense of abandonment. As patients and their families become more motivated and engaged in the treatment plan, these positive effects can translate into faster recovery times and increased cooperation. Furthermore, family members frequently play an important role in ensuring patients receive the best care possible. They can provide important information about the patient's medical history, actively participate in decision-making processes, demonstrate a deeper understanding of the patient's condition, be more open to bad news, and respect the patient's desire for closeness. These contributions, taken together, help to improve the overall quality of care provided in the ICU [4].

Jordanians are known for their emotional closeness, with families deeply bonded by genuine love and affection for one another. On the other hand, discussing end-of-life decisions and Do-Not-Attempt-Resuscitation (DNAR) directives can be difficult processes influenced by cultural, social, and religious beliefs. Recent Indian guidelines have highlighted the potential benefits of increased family involvement in end-of-life decisions, emphasizing that such involvement can foster trust among families, avoiding long-term grief [3]. Implementing strategies like flexible visiting hours and collaborative decision-making could significantly impact family satisfaction [5,6].

On the other hand, family visits can have some negative consequences for patients, families, and ICU staff. As part of our investigation, we conducted interviews with staff nurses at one of Jordan's educational hospitals' intensive care units. Many of these professionals expressed concern that frequent family visits and excessive inquiries about patients' conditions disrupted the workflow, jeopardized patient privacy, and increased the patient's risk of infection. In Jordan, 234 nurses participated in a cross-sectional study about their perceptions of open visitation policies in the country's intensive care units. It was clear that nurses generally have negative attitudes toward open visitation policies, believing that such policies can harm patients, families, and even nursing staff [7].

While safety precautions must be taken, balancing the need for family visits and ongoing health concerns is critical. Beyond medical care, the healing process includes psychological aspects often facilitated by the presence of family. As a result, visitation restrictions must be carefully calibrated, and policies must be adjusted per

health guidelines to minimize potential harm to patients and their families.

CONCLUSION

Collectively, the need for regular family visits cannot be denied, and in fact, is part of the many factors that would affect the course of critically ill patients' management. We recommend future investigations to validate the kinds of conclusions, calling for adapting innovative solutions that would consider the benefits and needs for family affirmation during such hard times while not jeopardizing the welfare of our patients.

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AUTHOR

CONTRIBUTIONS

MAJ the principal author and made a final review before submitting the paper. MAN, SA and RA participated in the discussions, drafting and critically reviewed the article.

AVAILABILITY OF DATA AND MATERIAL

All data generated or analysed during this study are included in this published article.

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