

# Factors Influencing Non-Compliance Of Hospital Visitors To Visiting Time In A Tertiary Health Facility

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## Abstract

Hospitals, most often, have specific periods for visitors to see admitted patients. Adherence of visitors to the visiting time varies widely. This study was conducted to determine the factors influencing non-compliance of visitors to hospital policy on visiting time at University of Ilorin Teaching Hospital, Ilorin, Nigeria.

A cross-sectional survey was conducted. Three hundred visitors who did not comply with the hospital visiting time were randomly selected and interviewed using semi-structured questionnaires. The results revealed that most of the visitors not complying with the visiting time were aware of the hospital policy. Hospital visitors not complying cut across all levels of education. The most common reason for not complying with the hospital visiting time is the inconvenience of the period. The median period of stay for the visitors is one hour while the mean period of stay is  $2 \pm 3.6$  hours. Three-quarter (75.4%) of the visitors claim they provided the patients with some form of care during their visit

Hospital policies on visiting time have their merits and de-merits. Such policies, however, need to be reviewed regularly based on changes in internal and external, social and environmental factors related to the health institutions. The policies should be such that compliance will not be difficult and can be duly enforced.

**Key words:** Hospital, visiting time, policy, non-compliance

## Introduction

Hospitals most often have policies on visiting time for visitors to see admitted patients.<sup>1,4</sup> Adherence of visitors to the visiting time varies widely. Visit to patients while on hospital no doubt has benefits to the patients. Hospitals make provision for a specific time

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to allow visitors to see patients so that outside this time hospital workers and patients will not be disturbed. Patients and their families have great expectations and demand greater involvement in care.<sup>5,6</sup>

A disproportionate number of positive comments on current visiting restrictions were received from both patients and staff in a hospital in Ottawa, USA. In the absence of evidence on which to base future visitor policy development, objective input from healthcare workers, patients and families is invaluable<sup>1</sup>. There is a practice commonly found in many Chinese hospitals called 'accompany the sick' (pei ban). It means that many patients' relatives or friends 'live' with patients in the hospital. Such practice can benefit patients in that the visitors are providing psychological support and carrying out some bedside nursing care to the patients. However, it also creates many problems to nurses and hospitals such as overcrowding, an over-demand of hospital resources, and maintaining quality care<sup>2</sup>.

Factors influencing non-compliance with hospital policy on visiting time have not been studied in this institution. There is a dearth of literature on non-compliance to hospital visiting time in developing countries. Knowledge of these factors associated with non-compliance may be useful in reviewing hospital visiting time policies. This study examined the factors influencing non-compliance to hospital policy on visiting time.

## Materials and methods

This descriptive cross-sectional study was conducted at University of Ilorin Teaching Hospital. It is a Federal Government owned tertiary health facility located in Ilorin, the capital of Kwara State, Nigeria. The hospital receives patients from Kwara and the surrounding States. The study was conducted in the General wing of the hospital and excluded the Maternity wing that is located in a different geographical location. Also, the Adult and Paediatric emergency wards were excluded from the study.

A total of 300 hundred semi-structured questionnaires were administered by three trained research assistants on patients' visitors that visited outside the hospital visiting hours of 4 - 6 pm. The questionnaires were administered over a period of 3

weeks at different periods of the day excluding the visiting hours. Respondents were selected by simple random sampling through balloting (visitors that pick YES are interviewed while those that pick NO were not interviewed) until the desired sample size was obtained.

One of the questionnaires was not properly filled by the research assistant and so withdrawn. The rest 299 were entered and analyzed using Epi-info version 6.04-computer software from where descriptive statistics including central tendencies, standard deviation were computed.

## Results

Majority of the visitors interviewed (70.5%) were aged between 20- 49 years. The sex ratio was 1:1. One hundred and sixty-seven (55.9%) were married while one-third (33.1%) were single. They represent various educational statuses: 40 (13.4%) had no formal and primary education, 101(33.8%) had secondary and 118(39.5%) had post-secondary education. Two hundred and thirty-one (77.3%) were living in Ilorin and the remaining 68 (22.7%) were residing outside Ilorin. One hundred and thirty-four (45.0%) were immediate relation of the patient on admission, 72 (24.2%) were distant relations, 57 (19.1) were friends and 28 (9.4%) were co-workers of the patient and the rest 8 did not specify their relationship with the patient.

About three-quarter (74.6%) were aware of the visiting time policy. Out of the 223 that were aware of visiting time, 207(92.8%) knew the correct visiting time. Two hundred and forty-two (81.2%) felt there is need to restrict visitors to the visiting time while 57 (18.8%) did not feel so. About half (50.7%) of the visitors felt visiting at the wrong time will affect the patient.

The common reasons for non-compliance with the hospital visiting time were; inconvenience of the time 109 (36.5%), because they were allowed in at that time 93 (31.1%), and 13 (5.7%) were visiting at that time because of the patients' needs, like food.

The median period of stay for the visitors was 1 hour while the mean period of stay was  $2 \pm 3.6$  hours. About a quarter (23.7%) visit once a week, about a third (32.2%) visits twice and majority (44.0%) visits at least 3 times a week. The mean number of visits among the respondents was  $3.6 \pm 8.2$  per week.

Three-quarter (75.4%) of the visitors claimed that they provided the patients with some form of care during their visit. The types of care provided included; 139 (61.8%) taking care of the patients' welfare - bath, clean, feed, dress etc, 96 (42.7%) gave

money and gift, 100 (44.4%) were there to offer prayers and 84 (37.3%) brought food for the patient. Eighty-five (38.4%) visitors believed their patients would suffer if they were not there to provide the care. Among the visitors, 48 (16.1%) slept in the hospital overnight to take care of their patients.

## Discussion

The opportunity of visiting patients on admission is an important component of the patients' welfare. There is variation from one health facility to the other and among individuals of different cultures. In most cultures it is important to visit and care for the sick. Hospitals, therefore, make provisions for visiting hours as a policy. The degree of compliance with this policy varies widely. At the University of Ilorin Teaching Hospital, the visiting time is daily, from 4- 6 pm. However, several visitors do not adhere to this time for visiting patients on admission. Majority of respondents were aware of the hospital policy on visiting time and the time they are allowed to visit, but many choose not to comply at their own convenience and the belief that if they are not around to provide care, their patients may suffer.

This study shows that the practice of non-compliance to visiting time does not exclude any level of education and age of the visitors. The majority (69.2%) of these visitors are patients' relations. In a similar study, Echer et al reported that 88% of hospital visitors are patients' relatives.<sup>7</sup> Family members offer support and comfort to patients during critical illness.<sup>6</sup> Even though most of the visitors were aware of the hospital policy on visiting time few of them knew the reasons for such a policy. Poor knowledge of reasons for such policies can continue to encourage non-compliance to the visiting time. However, the study also showed that, the higher the level of education of the visitors, the more their awareness that non-compliance with visiting time affects the patients and disturbs hospital staff.

One of the common reasons for non-compliance with the visiting time was that, visitors play some positive roles in the care of patients. In this study over half of these visitors see to the welfare of their patients in form of washing, bathing, feeding and also to comfort, encourage and empathize with them. Asian patients who are hospitalized expect relatives to visit them often, provide support, wash and tend to them.<sup>2,8</sup> This appears to be the same in the African culture. The respondents in this study feel their patient will suffer if they do not provide the care they rendered.

While the cares the patients receive from their visitors have its benefits, particularly in health

**Table 1: Awareness on visiting time**

Factor	Yes	No	Don't Know
Aware of visiting time	223 (74.6)	76(25.4)	-
Mentioned correct visiting time	207 (92.8)	16 (7.2)	-
Non-compliance affect patient	149 (49.8)	145(48.5)	5(1.7)
Non-compliance disturb health workers	177(59.2)	122 (40.8)	-

**Table 2: Respondents' perception on visiting time**

Variable	No (%)
<b>Reasons for hospital visiting time n=299</b>	
Not to disturb patients and health workers	85 (28.4)
To allow patients to rest	93 (31.1)
Not to loiter around hospital	26 (8.7)
For patient and hospital security	21 (7.0)
Do not know	73 (24.4)
<b>Reasons for non-compliance with visiting time n =299</b>	
Visiting time not convenient	109 (36.5)
Allowed in by hospital staff	93 (31.1)
Nature of work of visitor	20 (6.7)
Others (distance, staying overnight, unaware of VT, etc)	5 (1.7)
No specific reason	66 (22.0)
<b>Reasons against visiting time n = 56</b>	
Visiting time inconvenient	9 (16.1)
Patient needs attention of visitors	6 (10.7)
To provide patients their needs	30 (53.6)
Others	15 (26.8)
<b>Visitors empathy-need to stay around patient</b>	
Patient will suffer if not around	85 (38.4)
Patient will not suffer	188 (62.9)
Indifferent	26 (8.7)

**Table 3: Practices related to visiting**

Factors	No (%)	
<b>Usual frequency of visit per week</b>		
Once	70 (23.7)	mean(SD) = 3.64 ± 8.1 median = 2
Twice	95 (32.3)	
Thrice	52 (17.6)	
At least 4 times	78 (26.4)	
<b>Average period of stay while visiting (mins) n = 298</b>		
< 60	93 (31.2)	mean(SD) =231.4 ± 216 median = 120
60 – 119	86 (28.9)	
120 – 240	95 (31.9)	
241 +	24 (8.0)	
<b>Types of care provided to patients by visitors n=225</b>		
Keep company, encourage, sympathize	117 (52.0)	
Offer prayers	100 (44.4)	
Give money / Gift	96 (42.7)	
See to welfare (bath, wash cloth, feed, etc)	139 (61.8)	
Provide food	84 (37.3)	
Give traditional medication	7 (3.1)	
Others	13 (5.8)	

institutions that are short of adequate bedside nursing staff, it has its negative effects. Visiting at wrong periods certainly disturbs patients and hospital staff. There is a feeling that some visitors are disturbing the patient with noise, invasion of space and privacy. This may be detrimental to patients' recovery.<sup>3</sup> Frequent and long duration of visits may also expose the visitors to nosocomial infections. Sulmasy and Rahn found that patient relations spent more time with the patients than hospital staff.<sup>9</sup> Such practices also cause overcrowding, increased demand on hospital resources and affects quality of care.<sup>2</sup>

The extent to which hospital staff enforces the policy on visiting time varies. This study showed that about a third of these visitors choose to come at such time because they are allowed into the wards by hospital staff (Table 2). In some situations the hospital would have no choice than to allow some visitors access to their patients when they are there to provide some needs. The strong belief in the efficiency of prayers also makes it difficult for hospital staff not to allow groups who come to pray for patients to do so. Visiting time policies must be influenced by the type of care. For example patients in intensive care unit (ICU) have minimal provision for visiting. Brown showed that ten minutes visiting period every hour for twelve hours creates stressful effect on the blood pressure and heart rate of cardiac patients in the coronary care unit.<sup>10</sup> Such policies need to also consider variations in duration of visiting time. In a study in United Kingdom, a quarter of hospitals surveyed permitted visiting for an average of 2 hours a day or less and just over a third allowed visiting for more than 5 hours a day.<sup>11</sup>

Hospital policies on visiting time have their merit and de-merits. Such policies however need to be reviewed regularly based on changes in internal and external social and environmental factors as related to the health institutions. Some of these factors include inability of hospitals to provide total care due to low nursing staff: patient ratio as well socio-cultural factors. Visiting time policy should consider the need to promote patients' rest, and prevent physiological and psychological stress. The policies should be such that compliance will not be difficult for the visitors and can be easily enforced by the hospital staff.

## Acknowledgement

We acknowledge the contribution and support of the research assistants, patients and their visitors as well as staff of the University of Ilorin Teaching Hospital for their cooperation during the process of data collection.

## References

1. Quinlan B, Loughrey S, Nicklin W, Roth VR. Restrictive visitor policies: feedback from healthcare workers, patients and families. *Hosp Q.* 2003; 7 (1): 33-7.
2. Lee D. Accompany the sick: a unique practice in Chinese hospitals by patients' relatives and friends. *Contemp Nurse.* 2001 Jun; 10 (3-4): 136-41.
3. Gass A. What are the visiting times: A survey of patient and staff expectations of visiting hours on George Ward. *Nursing Progress*; 1999 Issue 7;
4. Tee N., Struthers C. It's time to change policies in critical care units. *Can Nurse* 1995; 91 (11): 22 7.
5. Marfell J., Garcia J.S., Contracted visiting hours in the coronary care unit. A patient-centred quality improvement project. *Nursing Clinical North America* 1995; 30 (1): 87 96.
6. Gurley M.J., Determining CU visiting hours. *MedSurg Nursing* 1995; 2 (1): 40 43.
7. Echer I.C., Onzi M.R., da Cruz Ade M., Ben G.M., Fernandes T.S., Bruxel V.M. Visitors opinion on the system of patient visits in an intensive care unit. *Rev Gaucha Enferm.* 1999; 20 (1): 57 67.
8. Blakemore K., Boneham M., Age, Race and Ethnicity, a comparative approach. Buckingham: Open University Press 1996.
9. Sulmasy D.P., Rahn M. I was sick and you came to visit me: time spent at the bedsides of seriously ill patients with poor prognoses. *Am J Med* 2001; 111 (5): 414 6.
10. Brown A.J. Effect of family visits on the blood pressure and heart rate of patients in the coronary care unit. *Heart Lung.* 1976; 5 (2): 291 6.
11. Griffith D.N. Hospital visiting hours: time for improvement. *Br Med J (Clin Res Ed).* 1988; 296 ( 6 6 3 2 ) : 1 3 0 3 4 .