

LETTER



# Impact of different visiting policies on family satisfaction in two Spanish ICUs before and during COVID-19

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Dear Editor,

Engaging relatives in the care of critically ill patients is associated with better outcomes. This reflects the importance of family-centred care (FCC) to deliver high-quality care in intensive care units (ICUs) [1]. Restricted visiting in ICU during the coronavirus disease 2019 (COVID-19) pandemic has left family members unable to visit their loved ones [2, 3]. In our cross-sectional study, designed to validate the EMpowerment of PATients in THE Intensive Care-Family (EMPATHIC-F) questionnaire, we collected data in two Spanish ICUs between November 2019 and May 2020 [4]. Here, we report a secondary analysis demonstrating the impact of restricted visiting policies during COVID-19 on family satisfaction and providing evidence to support the ICU team to return, or change, to open visiting policies.

Before the COVID-19 pandemic, visiting policies varied between the two ICUs. ICU-1 had restricted visiting of 1-h twice a day at mealtimes. ICU-2 had an open visiting policy, where relatives could stay with their next-of-kin most of the time except at night and during morning rounds. When Spain was hit by COVID-19 pandemic in March 2020, visiting policies changed in both ICUs towards a restricted policy of 1-h a day and only one relative. Simultaneously, daily telephone updates and video calls made by intensivists and nurses were implemented. Despite these changes and in line with our study protocol,

we continued data collection until May 2020. The primary outcome was family satisfaction measured by the validated EMPATHIC-F questionnaire and presented as median scores [4]. The detailed study methods are provided in electronic supplementary material (ESM-1).

During the 6-month study period, 270 family members were recruited and 262 (97%) completed the EMPATHIC-F questionnaire. Family members reported higher satisfaction with care in ICU-2 ( $p=0.010$ ), particularly in the domains *organization* ( $p=0.031$ ) and *care and treatment* ( $p=0.019$ ) (Table 1). During COVID-19 pandemic visiting restrictions, median scores in the domain *family participation* were lower in both ICUs, and significantly lower in ICU-2 (5.83 vs. 5.67,  $p=0.016$ ) (ESM-2).

Family-centred care has been defined as an approach to healthcare that is respectful of and responsive to individual families' needs and values [1]. Using the EMPATHIC-F questionnaire covering five FCC domains (information, organization, care and treatment, professional attitude, and parent participation) [4], we observed that open visiting policies enhance family satisfaction. According to previous reports, COVID-19 pandemic has challenged FCC practices in ICUs [5]. We have demonstrated that this has impacted on family satisfaction in an ICU with open visiting and where family members actively participate in patients' care.

Although strategies have been implemented to improve communication with relatives of ICU patients [5], we believe that under current circumstances (better knowledge of the disease, availability of resources, and increasing vaccination rates), ICUs should be reopened to families. Family satisfaction outcomes can support

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**Table 1 Differences in EMPATHIC-F domains between two ICUs**

Domain	ICU-1				ICU-2				p-value
	n	Median	IQR	95% CI	N	Median	IQR	95% CI	
Professional attitude	146	6.00	5.50–6.00	5.83–6.00	116	6.00	5.66–6.00	5.83–6.00	0.306
Organization	146	5.80	5.20–6.00	5.60–6.00	116	6.00	5.60–6.00	5.80–6.00	0.031
Care and Treatment	146	5.62	5.25–6.00	5.43–5.72	116	5.85	5.37–6.00	5.75–6.00	0.019
Information	146	5.80	5.23–6.00	5.60–6.00	116	6.00	5.40–6.00	5.80–6.00	0.101
Family participation	146	5.67	5.00–6.00	5.50–5.83	116	5.80	5.33–6.00	5.67–5.83	0.126
Satisfaction total items	146	5.66	5.30–5.90	5.56–5.75	116	5.82	5.53–5.96	5.73–5.87	0.010

Data are expressed as the median (interquartile range). *p* values calculated by Mann–Whitney *U* test. Statistically significant difference between groups: *p* < 0.05  
*IQR* interquartile range, *CI* confidence interval, *EMPATHIC-F* empowerment of patients in the intensive care-family

strategies to promptly return to FCC and open visiting. The sample size of our study was small, limiting the generalisability. Therefore, ICU staff need to assess their own FCC practices to ensure that temporary changes implemented during the pandemic do not undermine the role that families play in patient recovery.

#### Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1007/s00134-021-06485-0>.

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#### Author contributions

Conceptualization: ERR, JML, and ARN; methodology: ERR, MCI, and AEG; formal analysis and investigation: MCI and AEG; writing original draft preparation: ERR and JML; review and editing: ERR, JML, and ARN; supervision: JML and ARN.

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#### Availability of data and material

Data are available upon reasonable request.

#### Declarations

#### Conflicts of interest

There are no conflicts of interest to declare.

#### Ethical approval

The study was conducted in accordance with the amended Declaration of Helsinki. The Research Ethics Committee of Santiago-Lugo approved the study (Ref. No. CAEG 2019/461).

#### Consent to participate

A written informed consent was obtained from all participants.

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