

MEDICAL PRACTICE

Hospital Topics

Hospital visiting hours: time for improvement

D N W GRIFFITH

Abstract

In a survey of hospital visiting hours in general medical and surgical wards throughout the United Kingdom a pattern of visiting emerged showing that many hospitals still have very restricted visiting. A quarter of the 404 hospitals that responded permitted visiting for an average of two hours a day or less. In contrast, just over a third of hospitals allowed visiting for more than five hours a day. There was no relation between visiting times and type of hospital, but a striking regional variation in visiting hours was found, with more liberal visiting in south east England and restricted visiting in northern England, Scotland, Wales, and Northern Ireland.

Introduction

Over 25 years ago a government paper recommended that more liberal arrangements should be adopted for visiting patients in hospital¹ after a survey showed that the commonest arrangement was to allow daily visiting of half an hour to one hour. It was noted, however, that a few hospitals had adopted unrestricted visiting or provided for visiting between the hours of 2 pm and 8 pm, and the Health Minister at that time asked all hospital authorities to review their arrangements accordingly.

Though I have worked in hospitals which allow at least six hours of visiting a day, I have recently visited several hospitals where visiting times are still restricted. In the absence of recent studies on the prevailing pattern of visiting I decided to carry out a survey of visiting hours.

Survey

Requests were sent to administrative departments in 430 general hospitals throughout the United Kingdom for details of visiting hours in general medical and surgical wards—that is all hospitals listed in the *Medical Directory* with over 50 beds and with general medical or surgical facilities. Comments on existing or proposed visiting times were not solicited but were volunteered in several instances. Visiting in paediatric, obstetric, psychiatric, and long stay wards, though important, was not addressed in this survey.

Many hospitals do not have standardised visiting hours—that is, the same visiting hours every day and for every ward. In most cases there is some variation either between medical and surgical wards or between individual wards. It is particularly common for visiting times at weekends to differ from those on weekdays, and many hospitals also stipulate differing hours on different weekdays. To try to clarify this variation in analysing the data a mean figure of hours per day was calculated for each hospital. A few hospitals simply reported “open” visiting, whereas others indicated that “open” visiting was allowed for five or six hours each day. For the calculation “open” visiting was therefore counted as six hours a day.

Results

Replies were received from 404 (94%) of the 430 hospitals. Table I gives the results for the UK, subdivided according to the number of hours of visiting permitted per day. Nearly a quarter of the hospitals replying (99; 24.5%) permitted visiting for an average of two hours a day or less. These hospitals represent a total of 41 199 beds as calculated from bed numbers stated in the *Medical Directory*. The pattern of visiting was not dependent on the type of hospital. Results were divided into 11 groups depending on hospital size (50-100 beds; over 1000 beds; and nine groups between of 101-200, 201-300, etc). Mean visiting times varied only from 3.5-4.5 hours between these groups. Some of the small hospitals reported lengthy visiting hours, while, for example, six major teaching hospitals allowed less than three hours a day. No major difference was evident between medical and surgical wards, with a mean of 4.4 hours for medical wards and 4.1 hours for surgical.

There was considerable regional variation in visiting hours. Table II gives the results according to region. Using an arbitrary figure of over five hours a day as a desirable target, it may be seen that while mean visiting times of over five hours were achieved by hospitals in seven regions, at best only 80% of

Whittington Hospital, London N19 5NF

D N W GRIFFITH, MD, MRCP, senior medical registrar

hospitals in a given region achieved this target. At the other end of the table no hospitals reached this figure in the Mersey Region or in Wales or Scotland and only one hospital in Northern Ireland. Conversely, mean visiting times of two hours or less per day were found in at least half the hospitals in these regions and in Northern Ireland in 15 of 16 of those hospitals responding. Overall, therefore, more liberal visiting hours exist in southern England, with more restricted visiting further north and in Wales, Scotland, and Northern Ireland.

TABLE I—Visiting hours in 404 hospitals in the UK

Visiting hours per day	No (%) of hospitals
0-1	11 (2.7)
1-2	88 (21.8)
2-3	49 (12.1)
3-4	51 (12.6)
4-5	58 (14.4)
5-6	112 (27.7)
>6	35 (8.7)

TABLE II—Mean visiting times per day according to region (in descending order)

Region	Mean visiting time per day (hours)	Range (hours)	No (%) of hospitals with mean visiting time over five hours a day	No (%) of hospitals with mean visiting time two hours or less a day
UK	4.2	0.8-13.0	147 (36.4)	99 (24.5)
Oxford	6.1	2.0-9.5	11 (68.8)	1 (6.3)
South East Thames	6.0	3.0-10.0	17 (63.0)	0
North West Thames	5.9	3.0-10.0	16 (80.0)	0
North East Thames	5.9	2.0-13.0	21 (75.0)	2 (7.1)
South West Thames	5.9	4.0-9.0	14 (73.7)	0
Wessex	5.8	2.4-10.0	10 (58.8)	0
South Western	5.3	2.0-10.5	11 (50.0)	1 (4.5)
Trent	4.6	1.7-10.0	6 (23.1)	3 (11.5)
East Anglia	4.4	1.5-6.0	5 (35.7)	1 (7.1)
Yorkshire	4.2	1.2-6.0	10 (33.3)	5 (16.7)
West Midlands	4.2	1.3-6.3	13 (40.6)	4 (12.5)
North Western	3.3	1.3-7.0	11 (31.4)	16 (45.7)
Northern	2.7	1.3-4.2	1 (3.7)	11 (40.7)
Scotland	2.7	1.0-5.0	0	20 (54.1)
Mersey	2.4	1.0-5.0	0	8 (50.0)
Wales	2.4	1.0-4.8	0	12 (50.0)
Northern Ireland	1.7	0.8-6.0	1 (6.3)	15 (93.8)

Finally, an attempt was made to quantify those hospitals which still have some restricted visiting. The mean values quoted above may mask restricted visiting patterns still existing in parts of a given hospital. Hospitals were therefore identified where for most of the week only limited visiting was permitted in part of the hospital. Using this criterion, 76 hospitals (18.8%) allowed one hour or less a day for the greater part of the week and a further 79 hospitals (19.6%) two hours or less per day. Visiting for only four hours a week was allowed in some wards in one large hospital in Scotland.

Discussion

Arguments in favour of more liberal and flexible hospital visiting times have been put forward elsewhere both by government committee² and by the Association of Community Health Councils for England and Wales.³ These would benefit both patients—the paramount consideration—and hospitals and their staff. With regard to patients: “There is plenty of evidence to show that a patient’s recovery of health, as well as his feeling of well-being while in hospital, is closely related to peace of mind. . . . One of the most effective ways of achieving this is through positive use of visiting arrangements.”² To accomplish this the government committee of 1976 recommended that there should be flexible visiting arrange-

ments over an extended period, particularly to accommodate people who had difficulty in visiting outside these hours.² The community health councils go further today by suggesting that “Open visiting should be introduced in all hospitals where it is not already common practice.”³

Extending the visiting hours helps not only those who are at work but also those who have transport problems. Public transport is often limited and inconvenient in urban areas as well as in rural districts. Many hospitals still limit visiting to the evenings, so that for much of the year visiting is confined to hours of darkness, which may be a problem for those people, particularly the elderly, who are frightened to venture out after dark. Extending visiting hours also helps patients who do not have many visitors, sparing them the discomfort of being conspicuously neglected during a busy visiting period.

From the point of view of the hospital more liberal visiting times enable the number of visitors to be spread over several hours, which will ease car parking problems and avoid the exhausting concentration on a limited period which often has the effect of making ward staff disappear in order to let the visitors take over. Moreover, hospital staff can make good use of the visiting time to exchange information with families and friends, thus helping in the assessment and rehabilitation of patients. Elderly people in particular can often be discharged more quickly when families are taught during visiting times how to carry on at home the rehabilitative work of the hospital.

Several of the hospitals responding to the survey gave reasons why an extension of visiting hours was thought to be impractical or undesirable. The strongest argument against these objections is the fact that so many hospitals successfully and happily encompass visiting periods of over five hours a day. This would be hard to understand if interference with hospital routine to the detriment of patient care was really a problem. It seems more likely that inertia and entrenched attitudes are the explanation for the restricted visiting which persists in many hospitals.

A further important point is that some of the hospitals with restricted visiting commented that they aimed at being flexible and would make exceptions if circumstances demanded. While such flexibility is indeed to be welcomed, and should form part of any hospital’s attitude to visiting, it is nevertheless the case that stated visiting hours imply what is expected as the norm. If flexibility genuinely embodies ready access at other times why not simply extend the stated hours?

Many hospitals have implemented or are implementing “open” visiting hours with evident success, but sadly some have returned to restricted visiting hours after a trial period of “open” visiting. Many more have not yet attempted an extension of visiting times and this should be encouraged.

Finally, to quote again from the government paper of 1962 “Generally visiting is helpful to patients in retaining their contact with their homes and with the community. For the visitors it offers the opportunity to keep in touch with the patient, to give him support, and to understand the work of the hospital. Visiting should be regarded as an important contribution to the patients recovery, and never as a concession or as an unwelcome interference with hospital routine.”¹ Twenty five years on, we still seem to have some way to go to achieve this.

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References

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- 2 Department of Health and Social Security and Welsh Office. *The organisation of the in-patient’s day*. Report of a Committee of the Central Health Services Council. London: HMSO, 1976.
- 3 Association of Community Health Councils for England and Wales. *Patients’ charter. Guidelines for good practice*. London: ACHC, 1986.

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