



A COMPARATIVE STUDY OF VISITOR CONTROL
PRACTICES IN MILITARY AND NONMILITARY
SHORT TERM GENERAL HOSPITALS

[Signature]
Director of Health

A THESIS SUBMITTED TO THE FACULTY
OF
BAYLOR UNIVERSITY
IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
MASTER OF HOSPITAL ADMINISTRATION

[Signature]
Director of Graduate Studies

Approved by the Graduate Council
Baylor University

by

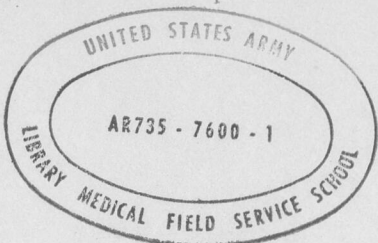
Date: May 1960 Sidney D. Cox, Jr.
Dean, Graduate School

August 1960

Th
Cox
27 Sept 62
08 67-63

Th
Cox

c.1



Approved by the Department of Administration
Army Medical Service School

LIST OF TABLES

INTRODUCTION

Howard Q. Scroggs
Director of Thesis

Chapter

I. CONTROL OF VISITING IN GENERAL AND VISITING WITHIN

The Role of the Visitor

A Library Program

The Role of the Visitor

A Department of the Army

Library and the

John R. Jones
Director of Instruction

II. CONTROL OF VISITING

A Library Program

A Department of the Army

Library and the

Library and the

Glenn H. Smith
Director of Graduate Studies

III. CONTROL OF VISITING

The University of

A Department of the Army

Library and the

IV. SUMMARY AND CONCLUSIONS

APPENDIX

BIBLIOGRAPHY

Approved by the Graduate Council
Baylor University

Date: May, 1960

Leonard P. Duce
Dean of the Graduate School

use

24 Sept. 62

DR 67-63

TABLE OF CONTENTS

	Page
LIST OF TABLES	iv
INTRODUCTION	1
 Chapter	
I. CONTROL OF VISITORS IN MEDICAL AND SURGICAL WARDS	5
The Role of the Visitor	
A Liberal Policy	
The Need for Strict Controls	
A Comparison of Military and Nonmilitary Medical and Surgical Ward Policies	
II. CONTROL OF VISITORS IN PEDIATRIC WARDS	12
A Liberal Policy	
A Strict Policy	
A Comparison of Practices in Military and Nonmilitary Pediatric Wards	
III. CONTROL OF VISITORS IN OBSTETRIC WARDS	18
The Maternity Patient	
A Comparison of Practices in Military and Nonmilitary Hospitals	
IV. SUMMARY AND CONCLUSION	22
APPENDIX	24
BIBLIOGRAPHY	26

LIST OF TABLES

Table		Page
1.	Visiting Hours in Nonmilitary Hospitals - Medical and Surgical Wards	9
2.	Visiting Hours in Military Hospitals - Medical and Surgical Wards	10
3.	Visiting Hours in Nonmilitary Hospitals - Pediatric Wards	15
4.	Visiting Hours in Military Hospitals - Pediatric Wards	16
5.	Visiting Hours in Nonmilitary Hospitals - Maternity Wards	20
6.	Visiting Hours in Military Hospitals - Maternity Wards	21

A number of hospitals report they have arrived at acceptable solutions for their particular problems. In no instance has conclusive evidence been presented upon which to base a universally acceptable policy.

I. PURPOSE AND IMPORTANCE OF THE STUDY

Purpose of the study.—It was the purpose of this study (1) to determine visitor control practices in open wards of both military and nonmilitary short term general hospitals; (2) to compare visitor control practices in the two types of institutions; and (3) to determine the considerations on which practices were predicated.

Importance of the study.—The primary reason for hospitalizing a patient is to provide medical or surgical care in a controlled environment having an able staff and the proper equipment. Visitors contaminate the physical environment. They introduce emotional influences

INTRODUCTION

Since the beginning of organized hospitals differences of opinion have existed regarding the most desirable policies in controlling visitors. Patients, visitors, and hospital staff have conflicting desires. Patients have attempted to establish visiting rules which make their confinement more pleasant. Visitors have made efforts to secure more convenient visiting rules. Hospital staffs have striven to determine visitor control practices which speed the recovery of their patients, and also make their work more efficient and pleasant. Almost every literary publication on this subject reflects a conflict of interests. A number of hospitals report they have arrived at acceptable solutions for their particular problems. In no instance has conclusive evidence been presented upon which to base a universally acceptable policy.

I. PURPOSE AND IMPORTANCE OF THE STUDY

Purpose of the study.--It was the purpose of this study (1) to determine visitor control practices in open wards of both military and nonmilitary short term general hospitals; (2) to compare visitor control practices in the two types of institutions; and (3) to determine the considerations on which practices were predicated.

Importance of the study.--The primary reason for hospitalizing a patient is to provide medical or surgical care in a controlled environment having an able staff and the proper equipment. Visitors contaminate the physical environment. They introduce emotional influences

which are not under the control of the hospital. Visitors would be excluded, for the benefit of the patient, if control of the physical environment were the only consideration. But patients have a requirement for visitors who create a healthy emotional atmosphere.

Visitors, representing the local community, exert a strong influence on the prosperity of the hospital as individuals and through organized civic groups. They cannot be excluded; hospitals must, therefore, make adequate provisions to admit and control them. The controls in effect must insure that the staff of professional workers is not hindered in carrying out the physicians' orders. It is desirable that visitors be favorably disposed toward control practices. This contributes to the formation of attitudes which result in better community support.

This study was designed to provide guidelines which will simplify the identification and evaluation of the vital factors which must be considered. It will assist the administrator in determining the visitor control requirements of his hospital.

II. DEFINITIONS OF TERMS USED

Short term hospital.--A hospital in which the average stay of patients is less than 30 days.¹

General hospital.--A hospital in which all types of diseases are treated.²

¹"Listing of Hospitals," Hospitals, (Part 2, Chicago: American Hospital Association), XXXIII (August, 1959), 16.

²Malcolm T. MacEachern, M.D., Hospital Organization and Management, (3rd ed., Chicago: Physicians' Record Company, 1957), 35.

Military hospital.--A hospital operated by a branch of the Armed Forces, i.e., United States Air Force, United States Army, or United States Navy.³

Nonmilitary hospital.--A hospital operated by an agency other than a branch of the Armed Forces.

Open ward.--A room in a hospital for the accommodation of several patients.⁴ An "open" ward, by common usage, is one which is not locked or otherwise secured to physically restrain the patients.

III. LIMITATIONS IMPOSED BY AVAILABLE LITERATURE

Literature on control practices.--Almost every article reviewed in hospital management periodicals advocates either very liberal or extremely restrictive control measures. Plans varied from one hour per day to unlimited hours for certain categories of patients. The majority of articles published within the past ten years advocate liberal practices. It was apparent that only those with extreme points of view were sufficiently motivated to publish their views.⁵ It was impossible to determine current visiting schedules through literary research alone. Additional information was required in this area to enable the researcher to complete the study.

Additional research methods.--The researcher selected fifty non-military and twenty-five military short term general hospitals listed in

³Hospitals, XXXIII, 16.

⁴MacEachern, 62-63.

⁵Based upon the references listed in the Bibliography and a summary of similar publications not listed.

the most recent issue of Hospitals.⁶ The individual institutions to be surveyed were selected at random from states in the southern, eastern, northern, and western regions of the United States. Subsequent analysis revealed that they were fairly evenly distributed from 35 to 693 beds in size. A letter with a questionnaire attached, explaining the purpose of the survey, was mailed to each hospital selected.⁷ Forty nonmilitary and twenty military hospitals replied. Data regarding semiprivate and private rooms was not used. The schedules of open wards were charted to depict actual policies in effect. Several of the hospitals did not have active pediatric and maternity wards, as indicated by the smaller number of schedules in the appropriate tables.

⁶Hospitals, XXXIII, 15-266.

⁷Appendix I

⁸Ernest W. Fair, "Visitors Are Important," Hospital Management, LXXIII (March, 1937), 3.

⁹Fred W. Schmid, "The Successful Control of Visitors - A Liberal Policy," Hospitals, LXVIII (May, 1934), 72.

community were going to hospitals in nearby cities. The hospital had difficulty in recruiting a staff. Visitors complained of the restrictions placed upon them. A community attitude of indifference prevailed.

CHAPTER I

CONTROL OF VISITORS IN MEDICAL AND SURGICAL WARDS

Visitor control regulations in military and nonmilitary medical wards are subject to the influence of visitors, patients, and hospital staffs. This portion of the study is concerned with the practices in effect and the factors which influenced the adoption of such practices. The attitudes of persons occupying similar positions in military and nonmilitary hospitals are compared. Current visiting schedules of both types of hospitals are examined and variations commented upon.

The role of the visitor.--The administrator of a nonmilitary hospital stated that the future of a hospital rests squarely in the hands of the visitors.⁸ The nonmilitary hospital depends upon people from the entire population of the community for patronage and financial support. They must be anxious to serve on the staff, and must like hospital personnel, or the hospital is likely to suffer a lack of patients and experience difficulty in recruiting a staff. This spells failure.

A liberal policy.--Schmid, administrator of a seventy-five bed nonmilitary hospital, experienced a deterioration of public relations between the community and hospital.⁹ Fund donations available in the local

⁸Ernest W. Fair, "Visitors Are Important," Hospital Management, LXXXIII (March, 1957), 6.

⁹Fred W. Schmid, "The Successful Control of Visitors - A Liberal Policy," Hospitals, XXVIII (May, 1959), 72.

community were going to hospitals in nearby cities. The hospital had difficulty in recruiting a staff. Visitors complained of the restrictions placed upon them. A community attitude of indifference prevailed.

In an attempt to recover the good will of the community, visiting hours were established at 12:00 A.M. to 8:00 P.M. Patient areas were made presentable thirty minutes before visiting time. Hospital personnel were instructed to render maximum courtesy to visitors. They were given printed instructions regarding visiting rules and their conduct while in the hospital. The visitors conducted themselves intelligently, did not congregate at bedsides, and limited their visits to a reasonable period of time. They removed themselves when requested because of necessary treatments, housekeeping functions, meals, and other activities during which their presence was not desired. They indicated approval of the quiet, business-like conduct requested in the instructions. They no longer felt they were being unnecessarily inconvenienced. Community good will was restored.

One military hospital instituted a liberal policy and found it to be acceptable. Berlow states that hospital-patient-visitor relations were greatly improved.¹⁰ Visiting hours of 10:00 A.M. to 9:00 P.M., although described as "confusion spread thinner," were not objectionable. Visitors helped to alleviate the patients' boredom, and proved to be cooperative in their conduct toward medical personnel.

The need for strict controls.—The presence of visitors introduces factors into the patients' care which are beyond the control of the physicians and the medical staff. The primary reason for limiting visiting

¹⁰ Leonard Berlow, "Hospital Visitors Unlimited?", Medical Technicians' Bulletin, VIII (November-December, 1957), 268.

hours is to shorten the time during which the environment is not under control.

The patient himself undergoes a certain amount of emotional turmoil because of the fact that he is ill enough to require hospitalization. He is likely not to react normally to this unusual environment. His abnormal behavior is detected by the visitor. This, in turn, creates an ill-at-ease feeling on the part of the visitor. Sensing the feeling of anxiety, he tries to discharge his obligation by cheering up the patient. The visitor relates similar case histories he has heard of, asks questions, and in general, tries to arrive at favorable conclusions which don't necessarily seem logical to the patient. For instance, the visitor confidently states that "you don't look bad--up and out in a couple of days." This may be obviously untrue. The patient dissects everything the visitor says, and attempts to evaluate all conversations between other persons regarding his hospitalization and illness.

Bodine, in a proposal for limiting the undesirable effects of visitors, recommended that they be limited to fifteen minutes visiting time and not more than two in number.¹¹ He suggested visitors be furnished a pamphlet entitled "A Visitor's Guide to Bedside Manners--Conversational Do's and Don'ts." Visitors would be advised to stay with small talk of pleasant things, be good listeners, indicate reasonable optimism, and try tactfully to switch the topic from the patient's illness. The visitor would be reminded not to relate similar case histories, pry into the nature of the patient's illness, or bring up business headaches or other problems temporarily beyond the ill person's control.

¹¹Walter Bodine, "The Value of Visitors," Hospital Management, LXXXIV (August, 1957), 54.

One hospital administrator stated that liberal policies resulted in unacceptable conditions.¹² Corridors were crowded with high school students. Many patients had numerous relatives and friends close by. Visitors came in such great numbers that there was not enough room to accommodate them. The crowding interfered with patient care. A system of strict control was necessary.

A schedule of one hour in the afternoon and one hour in the evening was placed into effect. A business-like, intelligent receptionist with a fetching personality and self-confidence was stationed in the lobby at visiting time. A card system, red cards for critical patients and blue for others, was instituted. The receptionist gave each visitor a card of the appropriate color showing the patient's room number, and indicating that a visiting period of from ten to fifteen minutes was allowed. Some openly expressed approval, saying they did not have the feeling of guilt sometimes experienced after a short visit to a ward with unrestricted privileges. This method of control proved completely successful, and no serious consequences developed.

A comparison of military and nonmilitary medical and surgical ward policies.—Table 1 contains visiting schedules in medical and surgical open wards of forty nonmilitary short term general hospitals. Nine hospitals allow the presence of visitors for seven hours or more per day. The median falls within the three and one half hour group. The average for hospitals allowing less than seven hours was three and one-third hours or three hours and twenty minutes. Table 2, containing schedules in medical and surgical wards of twenty military hospitals, reflects that a total

¹²J. Vinson Adams, "The Successful Control of Visitors—A Strict System," Hospitals, XXVIII (May, 1954), 73.

TABLE 1

VISITING HOURS IN NONMILITARY HOSPITALS
MEDICAL AND SURGICAL WARDS

Hosp. No.	A.M.			P.M.									Tot. Hrs.	
	10	11	12	1	2	3	4	5	6	7	8	9		
1														2
2														2
3														2
4														2
5														2½
6														2½
7														2½
8														3
9														3
10														3
11														3½
12														3½
13														3½
14														3½
15														3½
16														3½
17														3½
18														3½
19														3½
20														3½
21														3½
22														3½
23														3½
24														4
25														4
26														4
27														4
28														4
29														4
30														4½
31														5
32														7
33														9
34														9
35														9
36														9
37														9½
38														9½
39														10
40														10

attempted to satisfy local demand for less restrictive policies. Hours

TABLE 2

VISITING HOURS IN MILITARY HOSPITALS
MEDICAL AND SURGICAL WARDS

Hosp. No.	A.M.			P.M.									Tot. Hrs.	
	10	11	12	1	2	3	4	5	6	7	8	9		
1														3
2														3
3														3
4														3½
5														4
6														4
7														4
8														4
9														4
10														4
11														4
12														4
13														4
14														4
15														4
16														4
17														4
18														4
19														4
20														4

of sixteen allow exactly four hours per day. The average is slightly more than three and three-fourths hours each per day. None allow more than four hours.

The significant differences in policies may be summarized by pointing out that approximately one-fourth of the nonmilitary hospitals reporting allow visitors over a period of seven hours or more per day in contrast to military hospitals, which distribute visitors over a four hour period only. A majority follow the 2:00 P.M. to 4:00 P.M. and 6:00 P.M. to 8:00 P.M. pattern. It is apparent that many nonmilitary hospitals have attempted to satisfy local demands for less restrictive policies. Hours

have been lengthened and varied hours adopted to satisfy the particular demands of the community where they are located. The hospitals, individually, depend upon voluntary patronage and financial support of the public, and must, therefore, strive to create and maintain good will. Military hospitals acknowledge the requirement for admitting visitors, and with the exception of hospitals allowing more than six hours per day, allow more total time per day than the nonmilitary hospitals.

consideration in certain instances. It is better to arrive at an evaluation of visitor policy by necessity to consider both the physical and psychological requirements of the patient. The roles of the patient, the family, and the nursing staff members are discussed in this chapter. The various policies are evaluated in the light of the special requirements of military patients. The policies in effect in military hospitals are compared to determine whether there are any differences.

A liberal policy of visiting hours of the child, increased by transplanting the child to a more restricted environment, may outweigh the patient's desire to believe that he has been abandoned by his family. The nursing staff is unable to provide the same degree of care afforded by parents. Levers, in a report on the effect of hospitalization with unrestricted visiting hours on children, reported a comprehensive evaluation of pediatric hospitalization in this study.¹³ The benefits to the child in terms of emotional stability are a careful study. The feeling of abandonment is considered to be an

¹³Harriet Levers, "The Effect of Hospitalization on Children's Ward, Eight Years' Experience," *Journal of the American Medical Association*, (1915), 771.

CHAPTER II

CONTROL OF VISITORS IN PEDIATRIC WARDS

The needs of patients in pediatric wards are the most important consideration in establishing schedules. In order to arrive at an evaluation of visitor control measures, it is necessary to consider both the physical and psychological requirements of the patient. The roles of the patient, the parent, and hospital staff members are discussed in this chapter. Visiting schedules are examined in the light of the special requirements of the immature patient. The policies in effect in military and nonmilitary hospitals are compared to determine whether there are significant differences.

A liberal policy.--The fears and anxieties of the child, increased by transplanting him into an unfamiliar and restricted environment, may outweigh the physical illness itself. He is apt to believe that he has been abandoned by his parents because he is ill. The nursing staff is unable to provide the attention and reassurance afforded by parents. Ievers, in a report covering eight years' experience with unrestricted visiting hours in a children's ward, offers the most comprehensive evaluation of pediatric ward management reviewed in this study.¹³ The benefits to the child in treating the "whole organism" are given careful study. The feeling of security instilled in the patient is considered to be an

¹³Marion Ievers, "Unrestricted Visiting in a Children's Ward, Eight Years' Experience," The Lancet, II (5 November, 1955), 971.

The patient may be given food which interferes with the diagnostic important part of the therapy. The mother, particularly, is the person best able to provide the physical contact needed. She alone knows the feeding habits of the child. She is anxious to do something active in restoring the patient's health, and proves to be most helpful in seeing that the prescribed treatments are followed. The parent learns to do simple treatments which frees the nursing staff to give more attention to seriously ill patients. The nursing staff and the physician treating the case learn more about the patient by observing him in a more nearly normal setting. This observation is especially beneficial to the young physicians. Under these circumstances they learn to listen in an unhurried, low-stress situation, and increase their ability to arrive at a history of the present illness. They can assess the ability of the parents, which, in turn, enables them to prescribe follow-up care which the parents are capable of performing. The physicians learn to handle people better than if they limit themselves to purely clinical experiences.

A strict policy.--The consensus regarding desirable aspects of limited visiting is well summed up by Ievers.¹⁴ The case for limiting the pediatric patient's visitors is based primarily on the conduct of the visitors, the latter being, usually, parents. The overprotective parents are often oblivious of the lifesaving treatment being given and complain of the minor, and at this time, relatively insignificant, inconveniences and discomforts of the patient. In this time of dire concern for the well-being of the patient, such trivia can be very annoying to the medical personnel. The frequent interruptions of parents to ask questions require unlimited patience and a real love for humanity on the part of staff personnel.

¹⁴Ibid.

The patient may be given foods which interfere with the diagnostic and therapeutic efforts of the physician. This is not intentional; the parent may not fully comprehend the importance of a controlled diet. Also, in attempting to make a pediatric patient more comfortable, parents may move children incorrectly and interfere with the proper course of therapy.

Evidence was presented in a study by Howells which indicates that, in many emotional and mental illnesses, it is highly desirable to remove the child, temporarily, from the influence of the parents.¹⁵ The emotional stresses often emanate from parents who are handicapped by their own personalities in dealing with the child. Howells reported that, although separation from the parents is sometimes thought to cause mental illness, the amount of separation was not significantly greater for a group of neurotic children than for a group of healthy children. The findings suggested that the great majority of disturbed children became disturbed from too much contact with the ever-present parents. He stated that "It is sometimes suggested that the broken home is responsible for emotional disturbance of the child. But it is the conditions in the home before the break, rather than the break itself, that are responsible." The physician must determine, in each case, whether less presence of the parent is desirable, and secure the cooperation of the parent or risk creating a feeling of guilt on the part of the parent.

Visiting schedules in pediatric wards of forty nonmilitary hospitals are depicted by Table 3. Three wards place no limits on visitors, i.e., at least one parent is allowed free access to the ward twenty-four

¹⁵J. G. Howells, M.D., "Day Foster-care and the Nursery," The Lancet, II (December 17, 1956), 1254.

TABLE 3

VISITING HOURS IN NONMILITARY HOSPITALS
PEDIATRIC WARDS

Hosp. No.	A.M.			P.M.									Tot. Hrs.	
	10	11	12	1	2	3	4	5	6	7	8	9		
1														1
2														1
3														1
4														2
5														2
6														2
7														2
8														2
9														2
10														2½
11														2½
12														3
13														3
14														3
15														3
16														3½
17														3½
18														3½
19														3½
20														3½
21														3½
22														4½
23														4½
24														4½
25														4½
26														4½
27														4½
28														5½
29														8
30														8
31														8
32														9
33														9
34														9
35														10
36														10
37														10½
38														unl.
39														unl.
40														unl.

The difference between military and nonmilitary hospitals indicates that the latter are not greatly influenced by public pressures for extended privileges. There is no evidence that the factors upon which rules are based are any different in the two types of institutions. More liberal policies would, undoubtedly, find acceptance if given a thorough trial by military hospitals.

Hospitalization of the maternity patient is normally a planned event. This chapter is dedicated to a discussion of visitor requirements and practices in maternity wards. It will be shown that the requirements are dissimilar in several ways when compared with medical and surgical, and pediatric wards. The condition of the patient and the attitude of the relatives and friends result in a more relaxed psychological approach which tends to keep problems from developing.

The maternity patient.—The patient in a maternity ward is not "ill" in the usual sense. Hospitalization for the purpose of giving birth is the climax of several months' prenatal care. The physician and the prospective mother have planned the course of events. Unusual problems which might be expected to arise have been taken into consideration and provided for. The primary concern is whether the pregnancy of the patient will terminate with the birth of a healthy infant.

The average patient stay in maternity wards is from five to six days. In most hospitals it is a busy time for the patient, because she must feed the new baby approximately every four hours day and night. This alone takes a good portion of her free time. This, and the fact that she is undergoing an abrupt physical change and needs rest to recuperate, make it almost impossible to be bored or lonesome.

CHAPTER III

THE CONTROL OF VISITORS IN OBSTETRIC WARDS

Hospitalization of the maternity patient is normally a planned event. This chapter is dedicated to a discussion of visitor requirements and practices in maternity wards. It will be shown that the requirements are dissimilar in several ways when compared with medical and surgical, and pediatric wards. The condition of the patient and the attitude of the relatives and friends result in a more relaxed psychological approach which tends to keep problems from developing.

The maternity patient.--The patient in a maternity ward is not "ill" in the usual sense. Hospitalization for the purpose of giving birth is the climax of several months' prenatal care. The physician and the prospective mother have planned the course of events. Unusual problems which might be expected to arise have been taken into consideration and provided for. The primary concern is whether the pregnancy of the patient will terminate with the birth of a healthy infant.

The average patient stay in maternity wards is from five to six days. In most hospitals it is a busy time for the patient, because she must feed the new baby, approximately every four hours day and night. This alone takes a good portion of her free time. This, and the fact that she is undergoing an abrupt physical change and needs rest to recuperate, make it almost impossible to be bored or lonesome.

The husband of the maternity patient is a primary concern in establishing visitor control procedures. He is anxious to see the new child. The father is not allowed to handle the infant during hospitalization because of the danger of infection. He is not likely to be tense and emotionally disturbed after the delivery of the child, and therefore, is unlikely to feel the necessity of spending long hours in the hospital.

Comments taken from several replies indicate that visitors are limited to the husband of the patient and the grandparents of the newborn child.

An important consideration in the effort of most hospitals to limit visitors to the maternity ward is the danger of introducing an infectious disease. Infectious diarrhea, for instance, can quickly spread through the newborn nursery, and may necessitate the immediate closing of the entire ward.¹⁶ This is a valid reason for limiting visitors to the maternity ward.

A comparison of practices in military and nonmilitary hospitals.--

Tables 5 and 6 indicate schedules in effect in maternity wards. The controls in military maternity wards, allowing an average of only two and three-tenths hours per day, are the most restrictive controls encountered in the survey. A significant point in the nonmilitary hospitals is that only four in thirty-nine report more than five and one-half hours of visitor privileges per day. The average in nonmilitary hospitals of three hours daily does not appear to be unnecessarily restrictive. Again, it is apparent that the military hospitals studied are giving more consideration to the medical indications and staff's desire to limit visiting hours, and less consideration to public demands.

¹⁶Arthur H. Parmelee, M.D., Management of the Newborn (2nd ed.; Chicago: The Year Book Publishers, Inc., 1959), 334-336.

TABLE 5

VISITING HOURS IN NONMILITARY HOSPITALS
MATERNITY WARDS

Hosp. No.	A.M.			P.M.									Tot. Hrs.	
	10	11	12	1	2	3	4	5	6	7	8	9		
1														1
2														1
3														1
4														2
5														2
6														2
7														2
8														2½
9														2½
10														2½
11														2½
12														2½
13														3
14														3
15														3
16														3
17														3
18														3
19														3
20														3
21														3
22														3
23														3
24														3½
25														3½
26														3½
27														3½
28														3½
29														3½
30														3½
31														4
32														4
33														4½
34														5
35														5½
36														9
37														9
38														10
39														10½

TABLE 6

VISITING HOURS IN MILITARY HOSPITALS
MATERNITY WARDS

Hosp. No.	A.M.			P.M.									Tot. Hrs.		
	10	11	12	1	2	3	4	5	6	7	8	9			
1															1
2															1
3															2
4															2
5															2
6															2
7															2
8															2
9															2
10															2
11															2
12															2
13															3
14															3½
15															4
16															4
17															4

Maternity wards are the most restrictive in both types of hospitals. Only four of thirty-nine nonmilitary hospitals permit visitors over a period of more than four and one-half hours per day. This is primarily for the purpose of safeguarding patients from outside contamination. A secondary consideration is that obstetric patients have a relatively short stay filled with activity which is hindered by large numbers of outsiders.

Military hospitals, less influenced by the preferences of the community, reported even more restrictive maternity ward rules. Visitors are limited to periods totaling not more than four hours per day, and averaging less than two and one-half hours.

Conclusion.—The problem of visitors in short term military and non-military hospitals has not been solved. No single policy will meet the requirements of all hospitals.

CHAPTER IV

SUMMARY AND CONCLUSION

Summary.--Approximately one-fourth of the nonmilitary hospitals participating in the study have yielded to public pressures by establishing rules which permit visitors on medical and surgical, and pediatric wards, for more than seven hours per day. The remaining allow for one to five and one-half hours visiting per day, distributed from 10 A.M. to 9:30 P.M.

The military hospitals indicated more restrictive policies than nonmilitary hospitals, permitting exactly four hours in approximately seventy-five percent of medical and surgical, and pediatric wards. None permit more than four hours per day.

Maternity wards are the most restrictive in both types of hospitals. Only four of thirty-nine nonmilitary hospitals permit visitors over a period of more than four and one-half hours per day. This is primarily for the purpose of safeguarding patients from outside contamination. A secondary consideration is that obstetric patients have a relatively short stay filled with activity which is hindered by large numbers of outsiders.

Military hospitals, less influenced by the preferences of the community, reported even more restrictive maternity ward rules. Visitors are limited to periods totaling not more than four hours per day, and averaging less than two and one-half hours.

Conclusion.--The problem of visitors in short term military and nonmilitary hospitals has not been solved. No single policy will meet the requirements of all hospitals. There are valid dissimilar factors from

one community and one hospital to another. Many factors are common to military and nonmilitary hospitals. The significant variations in policies result from different emphasis being placed upon the factors, rather than a difference in the factors themselves.

Visitors are desirable, even necessary, from the standpoint of the patients' well-being. Patients, young and old alike, require continued close association with friends and relatives during their illness and hospitalization. They require assurance that they are not forgotten at this time.

Friends and relatives are anxious to visit with patients and ascertain their progress in regaining health. They want to relieve the patients' anxieties and help them keep in touch with the everyday world. It is a universally accepted social and moral obligation to visit one's friends and relatives when they are confined to a hospital.

Administrators of military and nonmilitary medical institutions recognize the needs of the patients and the desires of the community regarding visiting privileges. The needs of patients in the two types of institutions are essentially the same. Nonmilitary hospitals depend upon community good will and patronage for their success. More liberal policies are adopted in the nonmilitary hospitals in an attempt to foster good will. Military hospitals, although not dependent directly upon the community for financial support, prefer the good will of those they serve. This is evidenced by the fact that visitors are not unreasonably restricted as to total period of time.

The continuing problem is how to best serve the needs and desires of patients and visitors, and at the same time, maintain the optimum degree of control over the hospital environment. It is a matter which must be thoroughly evaluated and determined locally in each case.

APPENDIX

February 8, 1960

VISITOR CONTROL QUESTIONNAIRE

Visiting Hours

Dear Hospital Administrator,

Available literature on visiting hours in short term general hospitals indicates a wide variation in policies. I am conducting a survey of hospitals from which I hope to learn some interesting facts regarding current visitor control practices and policies.

May I have your assistance in completing this study? I will appreciate it very much if you will complete the enclosed brief questionnaire and return it to me in the self-addressed, stamped envelope. I will incorporate your reply into a thesis to be submitted to Baylor University, Waco, Texas, in partial fulfillment of requirements for a Master's Degree in Hospital Administration. Your hospital will not be identified. Individual replies will be treated anonymously.

Upon completion of the study, I will send you a synopsis of the findings. I will appreciate your prompt reply, which will enable me to submit my study in April. Thank you for your kind assistance.

Very truly yours,

2 Incl:
questionnaire
envelope

SIDNEY D. COX, JR.
Major, USAF (MSC)

VISITOR CONTROL QUESTIONNAIRE

Visiting Hours

Current Policy

1. Medical and Surgical Service

Open Wards _____ to _____ and _____ to _____

Semiprivate _____ to _____ and _____ to _____

Private _____ to _____ and _____ to _____

2. Pediatric Service

Open Wards _____ to _____ and _____ to _____

Semiprivate _____ to _____ and _____ to _____

Private _____ to _____ and _____ to _____

3. Obstetric Service

Open Wards _____ to _____ and _____ to _____

Semiprivate _____ to _____ and _____ to _____

Private _____ to _____ and _____ to _____

Comments

"Listing of hospitals." *Hospitals*, XXVI (November, 1952), 14-20.

Schuld, Fred W. "The Secondary Control of Visitors - A Liberal Policy," *Hospitals*, XXVII (Nov. 1953), 70.

Towlik, G. L., M.D. "A Hospital Visitor's Association," *The Lancet*, II (October 20, 1952), 422-423.

"Visitors Take Pen in Hand," *Modern Hospital*, XXI (October, 1954), 6.

White, Robert. "How to Be a Good Visitor," *Today's Health*, XXVI (November, 1952), 37-39.

BIBLIOGRAPHY

- MacEachern, Malcolm T., M.D. "The Successful Control of Visitors - A Strict Policy," Hospitals, XXVIII (May, 1954), 73-74.
- Berlow, Leonard. "Hospital Visitors Unlimited?," Medical Technician's Bulletin, VIII (November-December, 1957), 268-270.
- Bodine, Walter. "The Value of Visitors," Hospital Management, LXXXIV, No. 2 (August, 1957), 54-56.
- Bonnet, Philip D., M.D. "Visitors Are Welcome in Boston," Hospitals, XXVI (March, 1952), 48-49.
- Coffin, Margaret A. "Visiting Hours for Parents," American Journal of Nursing, LV (March, 1955), 329.
- Fair, Ernest W. "Visitors Are Important," Hospital Management, LXXXIII (March, 1957), 6.
- Hohle, Bertha M. "We Admit Parents Too," American Journal of Nursing, LVII (July, 1957), 865.
- Howells, J. G., M.D. "Day Foster-care and the Nursery," The Lancet, II (December 17, 1956), 1254.
- Ievers, Marion, S.R.N. "Unrestricted Visiting in a Children's Ward, Eight Years' Experience," The Lancet, II (November 5, 1955), 971.
- "Listing of Hospitals," Hospitals (Part 2, Chicago: American Hospital Association), XXXIII (August, 1959), 16-266.
- Schmid, Fred W. "The Successful Control of Visitors - A Liberal Policy," Hospitals, XXVIII (May, 1954), 72.
- Tewfik, G. I., M.D. "A Hospital Visitor's Association," The Lancet, II (October 20, 1956), 833-834.
- "Visitors Take Pen in Hand," Modern Hospital, XCI (October, 1958), 8.
- White, Robert. "How to Be a Good Visitor," Today's Health, XXXVI (November, 1958), 37-39.

Books

MacEachern, Malcolm T., M.D., Hospital Organization and Management,
Chicago: Physicians' Record Company, 1957.

Parmelee, Arthur H., M.D., Management of the Newborn, 2nd ed., Chicago:
The Year Book Publishers, Inc., 1959.