



Research Article

Impact of Regular Nursing Rounds on Patient Satisfaction with Nursing Care



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SUMMARY

Purpose: The purpose of the study was to determine the impact of regular nursing rounds on patient satisfaction with nursing care.

Methods: This was a controlled clinical trial in which 100 hospitalized patients in a medical surgical ward were allocated to control and experimental groups through convenience sampling. The experimental group received regular nursing rounds every 1–2 hours. Routine care was performed for the control group. Patient satisfaction with the quality of nursing care was assessed on the second and fifth days of hospitalization in both groups using Patient Satisfaction with Nursing Care Quality Questionnaire.

Results: On the second day, patient satisfaction scores of the two groups had no significant difference ($p = .499$). However, the intervention was associated with statistically significant increased patient satisfaction in the experimental group compared to the control group ($p < .001$).

Conclusion: Implementing regular nursing rounds had a positive impact on patient satisfaction. This method may hence improve patient-nurse interactions and promote the quality of nursing care and patient satisfaction.

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Introduction

While the focus has been on slowing the growth of health care costs, new emphasis is being given to improve the quality and outcomes of health care. On the other hand, to improve the quality of health care, accessible and reliable indicators of quality are needed. Various indicators such as hospital mortality, length of stay, readmission, and rate of disease recurrence are used to evaluate the quality of hospital services. Besides all these indicators, patient satisfaction scores have been used as an index for guiding quality improvement projects (Lo, Stuenkel, & Rodriguez, 2009). Thus, patient satisfaction has become an established outcome indicator of the quality and efficiency of the health care systems (Merkouris et al., 2013).

In view of the fact that nurses play a crucial role in patients' experience of hospitalization, patient satisfaction with nursing care comprises a significant part of the overall satisfaction with the

quality of provided services. Truthfully, many researchers have suggested the satisfaction with nursing care as the most important index in predicting patient satisfaction with the overall provided care (Han, Connolly, & Canham, 2003). Mrayyan (2006) defined the patient satisfaction as a degree of agreement between the expected quality of nursing care and the actual received care.

Most of studies conducted concerning patient satisfaction in Iran and other countries indicated that generally nursing services could not fully satisfy patient needs. For instance, a national study in university hospitals of selected cities in Iran showed that only 39.7% of the patients were fully satisfied with nursing services (Joolae, Givari, Taavoni, Bahrani, & Reza Pour, 2008).

The factors related to patient satisfaction are varied (Lo et al., 2009). Among different factors, effective and continuous interaction and communication are critical determinants in patients' satisfaction, hospital stay, and recovery (Chant, Jenkinson, Randle, & Russell, 2002). The perceived quality of the interactions between the patient and nurse has been found to be related to patient satisfaction (Doran, 2010).

To improve patient satisfaction, many initiatives such as training courses and coaching strategies have been developed and introduced successfully in a number of settings to teach staff about the

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necessity of establishing a connection with patient (Toma, Triner, & McNutt, 2009). In this regard, Langen, Myhren, Ekeberg, and Stokland (2006) found a positive correlation between patient satisfaction and nurses' communication with patients and their support. Woodard (2009) showed that availability and responsiveness of nurses correlated to patients' understanding of the quality of nursing care.

Nurses perform their role through communication. King believes that nurse-patient interaction is the cornerstone of nursing profession and also positive nurse-patient communication can be vital in quality of nursing care (McCabe, 2004). However, research has revealed unfavorable levels of communication between nurses and patients (Sobaski, Abraham, Fillmore, McFall, & Davidhizar, 2008). It has been claimed that only 32.8% of the care provided by nurses is direct care and 67.2% belongs to other types of care (Desjardins, Cardinal, Belzile, & McCusker, 2008).

Nursing clinical rounds allow nurses to interact with patients, respond to their concerns, and modify the unsatisfying conditions. More precisely, regular nursing rounds provide an opportunity to identify and fulfill patient needs via active nursing procedures. Although hospitals employ various methods of rounds for hospitalized patients, the main components of all rounds are pain management, toileting, changing position, and environmental management—comfort (Meade, Bursell, & Ketelsen, 2006). It seems that improving nurse-patient communication can improve patients' outcome including their satisfaction with nursing care. Therefore, this study aimed to determine the impact of regular clinical nursing rounds on patient satisfaction rate.

Methods

Study design

This clinical trial with non-equivalent control group was conducted in Shariati Hospital affiliated to Tehran University of Medical Sciences (Tehran, Iran) in 2012.

Setting and samples

The Shariati hospital serves as one of the largest teaching hospitals in Tehran, with a variety of different wards and specialties. It provides 530 active beds and its current human resources include 105 physicians and 536 full time nurses. Present study conducted in the selected medical surgical ward includes 27 full-time nurses and contains 40 active beds.

Eligible patients who consented to participate were enrolled through convenient sampling. The sample size was estimated at 50 subjects for each group (making a total of 100 participants) after a pilot study and according to the sample size formula. The inclusion criteria were more than 18 years of age, ability to communicate, staying in surgical ward for at least 72 hours, and absence of mental illnesses or treatments altering psychological and mental processes. In order to eliminate the effects of environmental factors, experience and therapeutic approaches of the medical staff, and other confounding factors, patients admitted during the first few weeks were allocated to the control group and their information was collected. After a 2-week interval (to ensure the discharge of the control group), 50 participants were selected to form the experimental group and receive the designed intervention.

Ethical considerations

The study was performed after obtaining approval from the Ethics Committee of Tehran University of Medical Science. All ethical codes of conduct were observed; including voluntary nature

of participation in the study, being free to leave the study, the risk-free nature of the intervention, not forfeiting the standard care procedure, and confidentiality.

Instruments

A self-administered questionnaire on demographics was used to assess age, sex, marital status, education level, and hospitalization frequency of participants. Patient satisfaction was evaluated by the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ). The PSNCQQ was developed and tested by Laschinger, Hall, Pedersen, and Almost (2005). The questionnaire was modified after obtaining permission to use and modify it. The modified version comprised 21 questions based on a 5-point Likert scale (weak to excellent). The total score of each questionnaire (ranging between 21 and 105) was calculated by summing up all scores. Each item of the PSNCQQ consists of a phrase to designate the content of the question or "signpost," followed by a more detailed question or "descriptor" (Reck, 2010). For example, in the first item of the instrument, "information you were given" is used as a signpost for the descriptor that follows, "How clear and complete the nurses' explanations were about tests, treatments, and what to expect." Below are a few of the other items of the questionnaire:

Attention of nurses to your condition: How often nurses checked on you and how well they kept track of how you were doing.

Nursing staff response to your calls: How quick they were to help.

Daily routine of nurses: How well they adjusted their schedules to your needs.

Coordination of care: The teamwork between nurses and other hospital staff who took care of you.

This questionnaire was used and validated in previous Iranian studies (Negarandeh, Mohammadi, Zabolypour, & Ghojeh, 2012). In order to evaluate the reliability of the PSNCQQ through test-retest, 15 patients completed it twice with a 3-day interval. The intraclass correlation coefficient of the questionnaire was confirmed with r at .91.

Data collection

PSNCQQ was completed on the second and fifth days of hospitalization for two reasons: (a) in assessing patients' satisfaction, it is necessary to let patients have enough experience with nursing services, and (b) the mean length of hospital stays of patients in this ward was 5.5 days. In the experimental group, nurses undertook regular clinical rounds as a communicative method. They individually visited patients every 1–2 hours (at least every 2 hours) from 8 a.m. until 10 p.m. They not only communicated with patients, but also assessed their needs by focusing on their pain, comfort, assistance, and training needs. The nurses were taught to perform their rounds during a 20-minute training session and were supervised by the researcher to ensure their correct performance throughout the rounds. Although the researcher presented in the ward, he remained as an observer and provided help only if necessary.

The control group received the ward's usual care. In this ward nurses provide care according to functional method. Functional nursing, sometimes referred to as task nursing, places emphasis on tasks which are distributed according to levels of expertise. This method has an inert weakness as it places emphasis on tasks rather than providing patient-centered care.

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