Journal of Pediatric Nursing (2016) **31**, e73–e82

Effects of an Educational Workshop on Pediatric Nurses' Attitudes and Beliefs About Family-Centered Bedside Rounds

Lara Montgomery MN, RN[a], Karen Benzies PhD, RN[a,*], Chantelle Barnard MD[b]

[a]*Faculty of Nursing, University of Calgary, Calgary, AB, Canada*
[b]*Department of Paediatrics, University of Calgary, Calgary, AB, Canada*

Received 4 December 2014; revised 22 September 2015; accepted 12 October 2015

Key words:
Pediatrics;
Family-centered care;
Bedside rounds;
Theory of planned behavior;
Intervention;
Nurse education

This pilot study evaluated the effects of an educational workshop on nurses' ($N = 36$) attitudes and beliefs toward family-centered bedside rounds (FBR) using a single group, pretest/posttest design on two pediatric inpatient units at an academic tertiary-care center in Western Canada. The theory of planned behavior was used to develop the *Nurses Attitudes and Behaviors about Rounds* (NABAR) questionnaire. There were statistically significant increases between pretest and posttest scores on nurses' intentions, subjective norms and perceived behavioral control related to FBR, and on providing education to families about FBR. A brief, educational workshop can positively affect nurses' attitudes and beliefs about FBR. Future research should include additional psychometric evaluation of the NABAR.

FAMILY-CENTERED BEDSIDE rounds (FBR) are "interdisciplinary work rounds at the bedside in which the patient and family share in the control of the management plan as well as in the evaluation of the process itself" (Sisterhen, Blaszak, Woods, & Smith, 2007, p. 320). The American Academy of Pediatrics and Institute for Family-Centered Care noted that the perspectives of children and families are valuable in clinical decision making to improve patient outcomes, and recommend bedside rounds with the family present as standard practice (Committee on Hospital Care, 2003). FBR are a priority in pediatric hospitals because they increase communication (Jacobowski, Girard, Mulder, & Ely, 2010; Klieber, Davenport, & Freyenberger, 2006) and active participation with family members (Latta, Dick, Parry, & Tamura, 2008; Rosen, Stenger, Bochkoris, Hannon, & Kwon, 2009) while improving family satisfaction with care (Mittal et al., 2010). Through collaboration, parents and health care providers (HCP) can develop the best treatment plan to optimize the health and safety of the child (Eichner & Johnson, 2003).

Nurse participation in FBR occurs within a complex context where (a) a history of hierarchical structures exist (Vazirani, Hays, Shapiro, & Cowan, 2005), (b) nurses experience multiple demands upon their time (from various family members, patients, timed tasks and other HCP), and (c) nurses have varying levels of education and experience. Thus, determining the reasons for nurses' attitudes and beliefs within the context of FBR is difficult. Traditionally, the primary purpose of the rounding process within a teaching hospital was to create a context where the medical plan could be developed or updated in conjunction with providing medical education for training physicians (Osler, 1982). While physician teaching remains a focus, new value has been placed on providing patient and family-centered care during rounds (Muething, Kotagal, Schoettker, Gonzalez del Rey, & DeWitt, 2007). Patient and family-centered care promotes improved communication, and having involved,

* Corresponding author: Karen Benzies, PhD, RN.
E-mail address: benzies@ucalgary.ca.

http://dx.doi.org/10.1016/j.pedn.2015.10.008
0882-5963/

informed parents can aid in the provision of safe and competent care (Mittal et al., 2010). With the transition within pediatrics to FBR, nurses need to learn to apply skills in communication, collaboration and advocacy within the complex context of FBR. The aim of this study was to evaluate the effects of an educational workshop on nurses' intention to practice FBR using the theory of planned behavior (TPB) constructs (Ajzen, 1991): attitudes, subjective norms and perceived behavioral control. The workshop targeted specific nursing practice behaviors (i.e., communication, providing up-to-date patient information, educating families, helping families ask questions, and following up with families) that contribute to fulfilling the nursing role within FBR.

Review of the Literature

The importance of the nurse's role is examined within the literature. Kuo et al. (2012) conducted a prospective study in which they defined whether or not FBR occurred within a single rounding encounter based on four of five criteria being met, one of which was the attendance of the patient's bedside nurse. Families who received FBR were more likely to report consistent medical information ($p < .001$) and the option of discussing the care plan ($p < .001$) compared with families who did not receive FBR. Mittal et al. (2010), in their survey-based, observational study, found that there was a significantly greater perception by physicians of nurse participation in FBR compared to standard conference room rounds. The authors speculated that bedside nurses were crucial members of the multidisciplinary team because they (a) had up-to-date patient information, (b) were frequently asked questions by parents, and (c) worked closely with physicians. Using a quasi-experimental design, Rosen et al. (2009) found that nurses had a higher level of satisfaction during bedside rounds compared to standard physician only rounds, and attributed this improved satisfaction to improved communication and collaboration with physicians. HCP (63% nurses) reported a greater understanding of the patient's plan of care (t *approximation* < .0001), a greater feeling of working on a team (t *approximation* < .0001), and improved communication (t *approximation* < .0001) when conducting FBR. In Latta et al.'s (2008) qualitative descriptive study, parents reported that they liked being asked to participate in bedside rounds with one parent stating that the nurse "drew her into the circle" (p. 294), which she found to be "warm, inviting, and encouraging" (p. 294). Additionally, in a case report of a quality improvement project, Muething et al. (2007) stated that efficiency of care was improved when nurses provided information regarding the patient's condition and progress toward discharge goals.

Research associated with teamwork during FBR often included the nursing discipline. Rosen et al. (2009) asserted that bedside rounds offered an environment where all team members could meet together with the family so that all points of view were heard and family concerns addressed simultaneously, which effectively fostered teamwork. Latta et al. (2008) identified three positive elements of teamwork as expressed by parents that included: (a) seeing the team working together, (b) hearing the discussion of their child by the team, and (c) participating in the team. In Mittal et al.'s (2010) study, 72% of physicians perceived effective team communication to be a benefit to FBR. Voos et al. (2011) conducted a prospective, survey-based study and found that fellows ($p < .01$) and nurse practitioners ($p < .05$) had a significant increase in their staff collaboration and satisfaction scores. There were no significant differences in the staff collaboration and satisfaction scores found for nurses, attending physicians, and residents. Overall, the majority of studies were focused on parental relationships with physicians, and nursing relationships with physicians. However, if nurses are to have an important role in FBR, it is important to understand the relational dynamics of the entire HCP team, and specifically the relationship between families and nurses related to FBR.

While the body of research related to FBR is growing, there is a general understanding that a paucity of research exists for FBR in pediatrics (Cameron, Schleien, & Morris, 2009; Klieber et al., 2006; Phipps et al., 2007; Rosen et al., 2009). The research is particularly limited for nurses and FBR. To date, there have been limited efforts to evaluate participation of nurses in FBR or the effects of education on nurses' attitudes and beliefs toward FBR. Kuo et al. (2012) reported that nurses in their study received a mandatory half-day training session. Kleiber et al. reported that nurse leaders provided in-service training for nursing staff at shift report to ensure that nurses were aware of the change in practice to FBR, as well as their role in educating parents about their inclusion in rounds. These authors did not indicate whether the workshop or in-service training was evaluated. Licata et al. (2013) conducted education sessions for physicians and nurses to promote interdisciplinary bedside rounds, outside of the patient's room, in the pediatric intensive care unit. Following the implementation of the new rounding process, nurses' participation in rounds increased by 19%. Nurses' communication of important overnight events and identification of discrepancies in physicians' orders increased by 57% and 26%, respectively. Sharma et al. (2014) also provided a 1-hour educational workshop aimed at increasing nurse participation in FBR, but found no increase in nurse participation following the workshop. They did however note an attendance increase from 47 percent to 80 percent following the implementation of a hands free communication device for contacting the nurse prior to the beginning of FBR. A limitation to this study was the lack of a control group, and the implementation of the workshop followed by the implementation of the communication device, not allowing for the assessment of the synergistic impact of the two interventions.

The purpose of this study was to evaluate an educational workshop designed to enhance nursing practices during FBR. Specifically, we asked: What is the impact of a workshop on nurses' (a) attitudes, (b) subjective norms, (c) perceived behavioral control, and (d) intentions to practice