

# Perspectives of Nurses, Nurse Leaders, and Women Regarding Anticipatory Rounds in the Postpartum Period

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## ABSTRACT

**Objective:** To obtain the perspectives of staff nurses, nurse leaders, and women with regard to the relevance and timing of nursing interactions during anticipatory rounds in the postpartum period.

**Design:** A qualitative descriptive design using focus groups.

**Setting:** A hospital with 405 beds that serves a Midwestern U.S. community of approximately 256,000 people.

**Participants:** A purposive sample of 12 staff nurses, 6 nurse leaders, and 15 women attended a total of 10 focus groups.

**Methods:** We conducted 10 semistructured focus groups: 6 with staff nurses, 1 with nurse leaders, and 3 with women. Each participant attended one focus group. Sessions were recorded and transcribed. Investigators independently coded transcripts and identified themes collectively.

**Results:** Participants identified one overarching theme, *Taking the Whole Picture Into Account*, and five subthemes that were reflective of relevant nursing interactions: *Help With Newborn Feeding*, *Managing Patient Comfort*, *Appreciating the Need for Safety*, *Being There*, and *Knowing Ahead of Time*. Participants agreed that conducting rounds once every 2 to 3 hours was the most appropriate time frame.

**Conclusion:** Participants identified important nursing interactions and their timing. Moreover, anticipatory rounding for women after birth includes more than completion of simple tasks or checklists. These findings indicate beginning evidence for what should occur during anticipatory rounds on the mother–baby unit. Timing of rounds can be flexible based on each woman's unique needs, thus reinforcing patient-centered care. However, interactions and timing should take place only when the whole picture is taken into account.

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Nurses play a key role in addressing patient safety and the quality of health care, and the practice of anticipatory rounds has received considerable attention in the last decade as a strategy that nurses can use to ensure patient safety (Flowers et al., 2016; Forde-Johnston, 2014; Harrington et al., 2013; Neville, DiBona, & Mahler, 2016). Meade, Bursell, and Ketelsen (2006) were the first to evaluate the benefits of purposeful rounding through which nurses attended to the three Ps (pain, potty, and positioning) on an hourly basis. They reported that the frequency of call light use decreased and patient satisfaction scores increased after initiation of the rounding practice.

In a review of published research, Mitchell, Lavenberg, Trotta, and Umscheid (2014) found

that the use of anticipatory rounds, also known as intentional, hourly, or comfort rounds, was successful in a variety of patient care settings. However, minimal research has been conducted to understand the practice of anticipatory rounds for women during hospitalization after birth. It is possible that these women require a different set of nursing interactions than other patients in the hospital. The purpose of our study was to obtain the perspectives of nurses, nurse leaders, and women with regard to important nursing interactions that occur in the postpartum period and their timing.

## Background

Different terms and time frames have been used to describe the practice of anticipatory rounds

## Minimal research has been conducted about the practice of anticipatory rounds for women during hospitalization after childbirth.

(Harrington et al., 2013; Rondinelli, Ecker, Crawford, Seelinger, & Omery, 2012). Daniels (2016) used the term *purposeful and timely nursing rounds*, Forde-Johnston (2014) used the term *intentional rounding*, and Neville et al. (2016) used the term *patient rounds*. Irrespective of terminology, the concept of anticipatory rounding in our study was consistent with the definition proposed by Meade et al. (2006): "Nursing rounds are conducted on a regular schedule by nursing staff who perform a specific set of actions" (p. 60).

The reported frequency of rounding varies as well. Meade et al. (2006) reported the required frequency of rounds by time of day: every hour between the hours of 6 a.m. and 10 p.m. and every 2 hours between 10 p.m. and 6 a.m. More recently, researchers indicated that the most common time frame is once every hour or once every 2 hours regardless of the time of day (Daniels, 2016; Mitchell et al., 2014).

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Investigators reported that nurses perceived anticipatory rounds as important for patients and families (Neville, Lake, & LeMunyon, 2012) but did not always feel a sense of control over the practice (Fabry, 2015). Rounding also has been related to measures of patient satisfaction (Bragg et al., 2016; Danaf et al., 2017), but patient perceptions specifically related to rounding have not been reported.

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Outcomes associated with nurse rounding are varied because of inconsistent measurement (Mitchell et al., 2014). However, moderate to strong evidence indicated that falls and patient perception of nurse responsiveness were influenced positively by hourly rounding (Mitchell et al., 2014). In her review of the literature, Halm (2009) reported an overall decrease in the use of the call light and patient falls and an increase in patient satisfaction when nurses conducted anticipatory rounds. These findings were supported by Ford (2010) but not by Krepper et al. (2012), who found that the use of the call light decreased but that the number of patient falls did not decrease, nor did patient perception of care increase (Krepper et al., 2012).

Successful outcomes of anticipatory rounds for a variety of acute care settings have been reported

in the literature (Harrington et al., 2013; Meade et al., 2006; Moran et al., 2011; Rondinelli et al., 2012); however, there is minimal research about the use of anticipatory rounds for women in the postpartum period. Rondinelli et al. (2012) specifically discussed needs of these women only in relation to how a postpartum unit modified the typical rounding process: "On postpartum, positioning is not always positioning the patient, it's more of the position of the baby at the breast or feeding technique" (p. 329). The Studer Group (2007) reported on the effect of hourly rounds and provided an example of a tool used in one hospital's obstetric unit to assess pain, position, questions, and supply needs of the patient. McCartney (2009) reported that sleeping mothers were not awakened and thus were often exempted from rounds.

It is possible, therefore, that current standards for anticipatory rounds used by nurses for general inpatient populations are not applicable for mother–newborn dyads on a mother–baby unit (MBU). Because there was limited evidence regarding the needs of women during their postpartum hospitalizations, we aimed to fill this gap in knowledge by answering two questions: *What are the most relevant nursing interactions when performing anticipatory rounds with women on the MBU?* and *What is the most appropriate frequency for anticipatory rounds?*

## Methods

### Design

We used a qualitative descriptive design (Sandelowski, 2000) with focus groups (Kitzenger, 1995) to answer the research questions. This method provided an opportunity to elicit personal perspectives from multiple groups. Institutional review board approval was obtained before data collection.

### Setting

We conducted the study in a 405-bed community hospital in the Midwestern United States at which there were 3,400 births in 2015. The 30-bed MBU is staffed with 4 to 10 registered nurses (RNs) and one unlicensed assistive personnel on each 12-hour shift. The nurse-to-patient ratio is 1:3 or 1:4. Rounds are conducted by the RNs every 2 hours, but responsibility is shared with the unlicensed assistive personnel.

The institution implemented an anticipatory rounding policy throughout the organization in

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