Effect Of Structured Nursing Care Rounds on selected Nursing Quality Indicators involving adult medical surgical patients and nursing personnel at a tertiary care hospital Ernakulam District, Kerala

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ABSTRACT

Background

Structured Nursing Care Rounds has been developed specifically to bring evidence-based practices to the point of care, yet literature demonstrating its effectiveness is sparse in India. Empowering the front-line nursing personnel on clinical rounds is a challenge in Indian hospital settings. The researcher could not identify justifiable evidences in this regard, from available literature. As a matter of fact, very few researches have been reported on measures of nursing quality that can reasonably be attributed to nursing personnel, nursing care and care environments. Also, rigorous evidence-focused literature on nursing quality indicators and nurse-initiated clinical rounds seem limited and both these pertain to measurable outcomes of nursing care practice.

Statement of the problem

Effect of Structured Nursing Care Rounds on selected Nursing Quality Indicators involving adult medical surgical patients and nursing personnel at a tertiary care hospital Ernakulam District Kerala.

Objectives of the study

They were to direct this study in assessing the effect of structured nursing care rounds on selected (i) patient-related nursing quality indicators: satisfaction with nursing care, hospital acquired pressure ulcer, patient falls, intravenous infiltration, phlebitis, patient use of call bells and their/caregiver access to nursing station (ii) nursing personnel-related quality indicators: attitude to the new intervention, nursing care practice, job satisfaction and adherence to the new intervention and (iii) to find the association between the satisfaction with nursing care and selected patient demographics (iv) nursing job satisfaction and selected demographic variables of nursing personnel.

Method

This quantitative research, using quasi-experimental non-equivalent control group design was conducted among the medical surgical patients and the nursing personnel of a selected hospital in Kerala. Experimental group of nursing personnel received formal training on the independent variable (implementation of structured nursing care rounds), and then, they were engaged with new intervention over a period of 14 weeks. It also was a historically controlled study, in which the data from past patients was compared with concurrent group. The data collected by structured
Results

i. Patient satisfaction with nursing care: In experimental group, majority (93%) had good satisfaction. Overall, the mean satisfaction was significantly higher (105.74±8.4) in experimental group than control group (73.41±12.57) at 0.05 level (t=37.03, p<0.001). On the contrary, a lesser satisfaction was found in its historical control (77.0±11.32) compared to the period of intervention (105.7±8.4, t=48.85, p<0.001).

ii. Hospital Acquired Pressure Ulcer: The HAPUs in relation to SNCR is 4 (0.18%) compared to 11 (0.5%) and 6 (0.28%) in relation to the routine care at historical and comparison points. However, this difference is not statistically significant at 0.05 level (p=0.247 and p=0.517).

iii. Patient falls: The incidence in intervention and comparison wards during the SNCR period was (1) and (4) respectively (75% reduction, p=0.181), and (3) in historical period (33.33% reduction, z = 1.338, p=0.181). However, this difference between interventional and the routine care period is not statistically significant at 0.05 level (p=0.247 and p=0.517).

iv. Intravenous infiltration: There was a significant reduction in relation to intervention (3/822) compared to concurrent (21/820) and historical (11/805) comparison groups: reduction: 85.71% and 52.38%, at 0.05 level of significance (z = 3.687, p<0.001).

v. Phlebitis: There was a significant difference (15/822) in relation to the intervention compared to concurrent (34/820) and historical (45/805) comparison groups: reduction: 55.88% and 66.66%, at 0.05 level of significance (z = 2.740, p=0.006).

vi. Frequency of call bells: A significant reduction (578) in call bells during intervention compared to concurrent (1404) and historical (1428) comparison groups. The difference (58.83% and 59.52%) was significant at 0.05 level of significance (z = 20.204, p<0.001).

vii. Patient/caregiver access to nursing station: A significant reduction (669) in patient/caregiver access to the nursing station during the period of intervention compared to concurrent (2258) and historical (2152) comparison groups. The frequency was significantly reduced: 26.2% and 25.5%, at 0.05 level of significance (z = 33.616, p<0.001).

viii. Attitude to the new intervention: Nearly all (40/42, 95.2%) developed a positive attitude towards SNCR at the post-test. Again, the mean post-test score was significantly higher in experimental group (46.43±1.328) than control group (33.40±4.35) and again, than its pre-test score (34.4±1.697) at 0.05 level of significance (p<0.001).

ix. Nursing care practice: The entire sample (100%) in experimental group achieved a good performance in each of the dimensions of SNCR. The posttest mean score in experimental group was significantly higher than control group (33.40±2.275) and again, than its pre-test score (34.4±1.697) at 0.05 level of significance (p<0.001). Similarly, the increase in the mean score from pre-test to the post-test was (51.05±4.35 vs 89.29±2.848; change: 74.74%, t=48.85, p<0.001).

x. Nursing job satisfaction: The entire sample (100%) in experimental group had a high satisfaction in their job at post-test. The mean score in the experimental group compared with the control group was significantly increased (125.0±2.042 vs 63.6±3.63; t=95.59, p<0.001). Similarly, the increase in mean score from pre-test to the post-test was (65.21±5.757 vs 125.0±2.042; change: 91.71%, t=61.50, p=0.001).
new intervention: Overall, 95.71% adherence to new intervention was observed on both shifts in the experimental group. No significant difference between morning shift & evening shift and between three months (p>0.05). Significantly higher numbers of nursing personnel were found with patients in July compared to May and June (p<0.01). xii. Association between satisfaction with nursing are and selected patient variables: A significant association was found between satisfaction with nursing care and relatives with the patient (c^2 =36.133, p<0.001), education (c^2 =80.972, p<0.001), occupation (c^2 =57.279, p<0.001) and department (c^2 =51.251, p<0.001). xiii. Association between job satisfaction and selected demographic variables of nursing personnel: The association between nursing job satisfaction and the demographic variables of the nursing personnel was found insignificant at 0.05 level. Interpretation In sum, therefore, the findings suggested that SNCR performed at set intervals by nursing personnel were associated with statistically significant increase in the patient satisfaction with nursing care, nursing care practice, nursing job satisfaction, and attitude to SNCR; besides, a high level adherence to SNCR practice. In addition, significantly reduced the incidences of intravenous infiltration, phlebitis, frequency of patients’ use of the call bell and their/caregiver access to nursing station. As well as, a reduction in hospital acquired pressure ulcer and patient fall was also achieved in wards with the implementation of the SNCR.

Conclusion

Nursing quality indicators were measures of primary patient outcomes affected by structured nursing care rounds and the secondary outcomes on nursing personnel influenced by their active engagement with the new intervention of nursing care practice. In practice, in either case, the new intervention worked well. Clearly, after having captured the positive outcome on patients and nursing caregivers, structured nursing care rounds is a best option for achieving high-level nursing care quality. Therefore, the researcher recommends expanding the implementation of nurse-initiated clinical rounds (structured nursing care rounds), an evidence-based practice to various clinical areas.

Key words: structured nursing care rounds, nursing quality indicators, medical-surgical patients, nursing personnel, tertiary care hospital.