Research proposal on does hourly rounding improve patient satisfaction

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Abstract

Nursing is an evidence-based practice. Nursing research provides evidence for nursing theories and concepts. In the proposed study, the role of hourly rounding in improving the quality of healthcare and patients' perception is evaluated. This practice is proactive in nature; instead of nurses waiting for patients' to press the light call button, they visit the patients' and address their needs. If hourly rounding is not executed, the quality of care will go down, nurses' health and wellbeing will be compromised, and patients' satisfaction levels will shrink. A reduction in patient satisfaction rate, as well as a deterioration in the quality of health, would compromise the image and business of the hospital in question. In order implement this practice, it is essential to involve the nursing and human resource departments. It will also be essential to make some adjustments to prevent nurses from being bored or overworked.

The PICO question of this research asks does hourly rounding improve patient satisfaction. This research is integral to the improvement of patient (client) satisfaction and the delivery of quality healthcare. Nursing practice is at the core of providing quality healthcare to the patients. Patients rate their experiences (service delivery) in the hospital on the basis of how care is delivered to them in the hospital.

Two evidence-studies have been explored to shade more light on this concept: how hourly rounding improves patient satisfaction. In the first study, Zhao & Akkadechanunt (2011) sought to evaluate how patients perceive the care they receive from nurses. In their study, these scholars postulated that the progress nursing processes and the environment modulate nursing care. On this note, the researchers sought to show an association between the improvement of patient satisfaction and the provision of care. Four hundred and forty patients from eighteen nursing units formed the sample of the research. The researchers interviewed the participants to gauge their conception of nursing care they had received; if they were satisfied or not. The research conducted by Zhao & Akkadechanunt (2011) showed that patients expect quality care from nurses.

In the second study, Meade, Bursell & Ketelsen (2006) based their study on cognitive and behavioral models in the evaluation of how hourly rounding impacts patient satisfaction. In their study, the researchers focused on the use of the light/emergency call button and how nurses responded to their calls. Meade, Bursell & Ketelsen (2006) hypothesized that hourly rounding by nurses would reduce the frequency of light call buttons by patients. Hourly rounding was hypothesized to increase the safety and satisfaction. In addition, the study investigated the negative effects that the overuse of light buttons had on nurses. It was evident that patients had a high satisfaction if the nurses met their needs in a timely manner. The study conducted by Meade, Bursell & Ketelsen (2006) provided promising results with respect to the thesis under evaluation. It was noted that the use of light calls dropped significantly when hourly rounding was initiated. Consequently, patients' satisfaction rose higher than before after the initiation of hourly rounding. Both studies have shown that hourly rounding is a proactive nursing measure that improves not only the quality of care, but also patients' satisfaction. The use of light buttons has undesired effects on the wellbeing

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of nurses especially when it is overused; besides, it is not proactive in nature. Hourly rounding helps the nursing profession to negotiate passed these challenges. If hourly rounding is not executed, the quality of care will go down, nurses' health and wellbeing will be compromised, and patients' satisfaction levels will shrink. A reduction in patient satisfaction rate, as well as a deterioration in the quality of health, would compromise the image and business of the hospital in question.

Implementing the practice of hourly rounding in the hospital requires a wellcrafted plan. First, it would be important to bring on board the head of the nursing department and the human resource personnel of the hospital. These two figures are essential because one of them is in-charge of the recruitment of nurses, and the other one takes charge of the management of the nurses. Once they have been briefed about the significance of this practice, the head of the nursing department ought to communicate to the entire nursing team about the intended changes. Meetings can be convened at intervals so that nurses on a break are briefed about the new measure. The nursing chief may also communicate to nurses about the intended changes through a memo or post the changes on the department's website. It is logical that not everyone will welcome the intended changes. Some may argue that the concept of hourly rounding adds more workload to their duties or that they must be given additional compensation. In order to counter these arguments, it will be essential to highlight the benefits of the nursing practice in question (hourly rounding). Secondly, a short survey can be conducted in the entire nursing team to understand the percentage of those who are in agreement or disagreement with the new measure. Thirdly, in

order to ensure that the hourly rounding measure does not become cumbersome, it would be important to reshuffle nurses and re-define their roles so that they can work in rounds without getting tired or bored. In summary, this proposed research aims to provide evidence for a nursing practice that is geared towards improving the quality of care, as well as the patients' perception. Research has substantiated these benefits of hourly rounding. In order to implement this practice in an institution, it would be essential to involve the hospitals' human and resource department and the head of the nursing department. Some changes might be needed so that nurses do not get bored or overworked. It would be prudent to work in shifts. If the patients' satisfaction and quality of care are high, the institution's profits and image will improve.

References

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