Bedside reporting in nursing care

Health & Medicine, Nursing



Bedside Reporting BEDSIDE REPORTING Introduction Bedside reporting's most important purpose has to do with the communication of critical information that is pertinent to offering care to patients. Various studies into bedside nurse reporting show that there is inconsistent information among the RNs. In spite of the creation of reporting sheets that are facility standardized, there is still a problem with consistency, which, to the patient, is detrimental (Kerr, 2002). Using Hildegard Peplau's nursing theory of interpersonal relations, this study's intention is to examine the perception held by nurses for bedside reporting through comparison of two nursing units with differing rates of bedside reporting adoption and success. This study's results give an insight into; the existence of various inconsistencies, what these inconsistencies encompass, and the most essential information for nurses to transfer during bedside reporting. For this study, participant observation and focus groups were utilized in the collection of information, the effects of bedside reporting on the nurses, and its adoption. How Nursing Research Proposal will add Evidence-based Practice's knowledge In order to study this project, Family and Patient Centered Care was the model used, particularly in the effort to improve communication, as well as care, to the families and patients (Kerr, 2002). This research will investigate various aspects of care centered on the patient and family, especially the initiation of bedside reporting and the problems faced by the patients and nurses. This study's report will give information regarding; the perceptions of nurses to the practice of bedside reporting, what the nurses perceive to be the most important, and the reasons that various inconsistencies occur. There is not enough information on bedside reporting from the nursing perspective (Kerr,

2002). The research that is available at the moment, in essence, examines communication as a phenomenon in bedside reporting. It is also fundamentally from the physician and patient's perspective. This research will seek to bring in the nurses' voice, particularly because she is the one who is responsible for bedside reporting. Research Design A mixed quantitative and qualitative methodology will be used for this research study. The research design used in this circumstance will be case study. The study has been conceptualized as a case study, which involves how bedside reporting is implemented in a specific community hospital as well as the problems, which nurses face with regards to bedside reporting. It will involve observations and interviews. The case study approach can be intrinsic, instrumental, or collective (Anderson & Mangino, 2006). For this study, the one proposed is instrumental because the case is being studied with the aim of understanding phenomena, i. e. how bedside reporting is implemented and the issues faced by nurses. For this case study research, the starting point involved identifying the phenomenon that would be studied. The study's procedural steps include; formulation of research questions, identification of underlying theoretical framework, determination of the case, the case's context, and the phenomenon that the paper was interested in. The next step involves the use of the instrument case study design, whereas the next step is the identification of methods for collection of data that would best be suited for answering the questions of the research. This will include the use of observation, focus groups, and questionnaires. Next, appropriate strategies for analysis will be selected including statistical, thematic, and content analysis, followed by refining of analysis data, reduction of data into

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manageable and conceptual groups using matrices, and, finally, the development of the case description after determination of the conclusion (Anderson & Mangino, 2006). Why it will fit the Research Because the phenomenon that this research study is interested is highly contextualized, and complex, as well as the fact that there are multiple variables, which are not suitable for control, the case study design was chosen (Chaboyer, McMurray, & Wallis, 2010). It permits for extensive research and study of specific contextual phenomena that happen in everyday, real life situations. The case study is best used when one is carrying out an explanatory, exploratory, or descriptive analysis of events, groups, or persons. Since this research study seeks to explore the problem that nurses face, the case study is the best to use. The case study is also an empirical inquiry, which is best for the investigation of phenomena in their real-life context. In addition, case study research can include both quantitative and qualitative evidence that will be collected in this study. It is also reliant ion various evidence sources, which will be important since the research will use questionnaires, focus groups, observations, and secondary and primary research (Chaboyer, McMurray, & Wallis, 2010). Finally, the case study benefits from earlier developments in theoretical propositions, which will be useful since it will use Hildegard Peplau's nursing theory of interpersonal relations. Gaps in Literature on the Topic of Research During the literature review, a gap was discovered in the literature with regards to the various ways in which the effectiveness of bedside reporting can be measured. In addition, whereas there was a lot of information regarding the effects, advantages, and

disadvantages of bedside reporting to physicians, patients, and their

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families, there was a gap when it came to the same with regards to nurses. As mentioned, there is no tool found within the literature that includes every aspect of the attributes regarding bedside reporting as it relates to nursing, as well as its relation to patients. Finally, while there was information as to how to increase patient satisfaction when using bedside reporting, there was little information with regards to the promotion of teamwork and staff accountability in bedside reporting. Conclusion There is a need for a consistent guideline that takes into consideration the personal needs of the nurses as it does with those of the patients. In addition, specific guidelines that deal with the specialized nursing unit will also have to be developed and explored. From the case study, it is hoped that the reasons why bedside reporting is not a universally acclaimed practice among nurses will be discovered. However, from the case study, it is clear that nurses and patients have varying priorities, as well perceived knowledge needs used personally in the reporting process as a guide. References Anderson, C. D., & Mangino, R. R. (2006). Nurse Shift Report: Who Says You Can't Talk in Front of the Patient? Nursing Administration Quarterly, 30 (2), 112–122. Chaboyer, W., McMurray, A., & Wallis, M. (2010). Bedside nursing handover: A case study. International Journal of Nursing Practice, 16 (1), 27–34. Kerr, M. P. (2002). A qualitative study of shift handover practice and function from a sociotechnical perspective. Journal of Advanced Nursing, 37 (2), 125–134.