

# Effects of nursing rounds on patients' call light use

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The article Effects of nursing rounds on patients' call light use, satisfaction and safety as reported by Meade, Bursell, & Ketelsen (2006) examines the possible implications that implementation of regular rounds by nurses might have on patients and nurses. The purpose of the study is to determine the extent to which the frequency of responding to call lights 'affects patient-care management' and the possible contribution that frequent nurse presence can make. The independent variables are scheduled one-hour or two-hour rounds as they affect the dependent variables of number and frequency of patient use of call button, patient satisfaction and the safety of patients.

The research functions under the hypothesis that scheduled rounds by nursing staff, involving the performance of certain mundane tasks related to patient comfort and concerns, on medical, surgical or medical-surgical wards would have the effect of reducing the rate of use of call lights by patients, of increasing overall patient satisfaction and of improving the safety of patients. The relationship between the dependent and independent variables is thus expected to be positive. This hypothesis directly aligns with the specific purpose of the study.

The literature reviewed in this study is quite comprehensive covering material from both classic and modern sources. Materials cited are from primary data sources and the majority fall within five years prior to the research. The concepts examined are rounding, patient satisfaction and call light usage. Table 1 provides a list of activities involved in rounding procedures. The literature review examines prior research exploring the variables under consideration such as the correlation between rounding and

patient safety and between rounding and frequency of use of call light. The authors note, however, that specific research exploring the relationship of the nursing rounds on the aforementioned variables is lacking or inadequate. This research presents new knowledge on the correlation between scheduled rounds by nurses only and improved care delivery.

The theoretical framework that forms the basis of the research is that 'improved patient-care management and patient satisfaction and safety are achievable with interventions that nurses can initiate and carry out.' The research is of a quasi-experimental design which means that the researcher had little influence over the assignment of the hospital units into either of the experimental or control group. Hospitals opted to experiment with either a one-hour or a two-hour round in a medical, surgical or medical-surgical unit plus a control group in a separate unit over a four week period. Some administrators were asked to change a particular choice, however, so as to ensure equitable distribution across groups. Nurses in the experimental groups were trained on the procedures to follow during the rounds. The control group received no intervention but was briefed on how to record the use of call lights by patients.

The sample consists of 46 units in 22 hospitals across 14 states and representing both urban and rural populations. To be eligible hospitals were required to have medical, surgical or medical-surgical units, less than 5% external agency employees and nurse managers capable of overseeing the research. There is no evidence of randomization. Informed consent was through hospital administrators. The sample size is quite small given that

there were only about 16 units per subgroup or a little over one per state. The sample size is not thus reasonable or equitable.

Call light logs were used to record the room and time as well as to specify which of 26 given reasons, were responsible for patient calls. Patient satisfaction data was obtained from hospital administered surveys and questionnaires. Patient safety was recorded as the number of falls. Where reliability and validity of data was questionable they were not included in the analysis.

Data collection strategies were clearly described except for the questionnaire which the researchers had no control over. Data analysis procedures which include the use of means and t-test comparisons of the times that call lights were used among the groups. Ranking and classification were used to determine the seriousness of the calls made and the most frequent reasons. Paired t tests were used to analyze number of patient falls to determine patient safety.

Results reveal that frequent rounds improve patient care as supported by the data showing one-hour rounds having a more significant impact on the other variables. The researchers believe that the findings are ' generalizable to the majority of U. S. hospitals. This view is questionable given the numerous limitations of the research. Further research into the possible correlation of these variables in different hospital settings, across different units, among diverse populations is necessary. A more longitudinal survey would best reveal generalizability.

The sample size of the research was quite small. There was a lack of randomization so hospitals seemed to have chosen the experimental method that was more appealing to them. Researchers had little control over some of the instruments and thus were unable to ensure their reliability or validity. There were also no adequate procedures put in place to ensure nurse compliance in performing rounds and completing logs. Additionally staff may have been rotated between groups and thus brought practices from one into the other.

The findings of this research, though not completely generalizable, have significant implications for nursing practice and general healthcare administration. If further research into the correlation between regular rounds and improved patient safety and satisfaction corresponds to the present findings then administrators will need to consider reorganizing their nursing schedules. The benefits to be gained from having nurses perform routine rounds seem to be positive and therefore the implementation of this method could become a mainstay of health institutions. Of course the research suggests that nurses do not have to complete these rounds, that other personnel could be utilized in accomplishing this. However, where constraints of resources are limited, having nurses complete regular rounds could be a very economical option.

Meade, Bursell, & Ketelsen (2006) suggest that the consequent impact of these rounds on overall patient satisfaction and safety could have a corresponding positive effect on the number of lawsuits filed against hospitals for negligent practices. More routine monitoring of patients implies that nurses are able to check both serious and non serious matters before

they escalate. Particularly with one-hour rotations serious relapses in patients' health while they are unsupervised would be avoided. It is in the rare case where patients experiencing difficulties are unable to get medical assistance in a reasonable amount of time. Discomfort could therefore be estimated during these routine visits.

This could be a solution administrators use to address nursing shortages, ensuring that patients are adequately monitored. Long-term scheduling of rounds could be done in little time bearing in mind staff allocations. Where necessary other staff may be utilized even alternating rounds with nurses so that the patient is visited by a nurse every two hours.

Further nurses would be held more accountable for the patients in their care. Administrators contemplating this method could also consider using logs to record the time of patient visits and the state of the patient during these visits and requiring that nurses complete these logs. Though this suggests more time demands it will mean patients calling on the nurses unnecessarily out of the scheduled round times and nurses having more time in between to attend to critical matters such as patient education. Nursing schools will also have to consider including additional training on round procedures.

## References

Meade, C. M., Bursell, A. L., & Ketelsen, L. (2006, Sept). Effects of nursing rounds on patients' call light use, satisfaction and safety. *American Journal of Nursing*, 106(9), 58-70.