

Good research proposal on does hourly rounding improve patient satisfaction

[Literature](#), [Russian Literature](#)



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Unlike in other business activities, the customer in a health care set up tends to behave differently. This is said because in other businesses the customer has to be active and do things and get involved in some kind of action or the other. For instance, in a restaurant business, the customer has the onus of placing an order and relishing the food served while possibly enjoying the ambience. In the case of a car garage it is the customer who drives on a vehicle, explains the problems being faced and drives out the vehicle at the end of a service or a repair engagement.

There is a deliberate action on the part of the customer in being part of the experience in a business transaction. The engagement of a customer with a business is voluntary. In the case of health care services, the scenario is totally different. The first and the foremost the engagement with a healthcare provider is involuntary and reluctant. Nobody would like to fall sick by choice.

Everyone desires to be healthy and maintain their well-being at all times by themselves, and the prospect of domicile hospital treatment and hospitalization is not a welcome experience even if it is for a cosmetic treatment. The experience with a hospital is always associated with pain and discomfort. Diagnostics, IV tubes, injections, a strict diet and routines are associated with hospitalization.

A stay at a hospital is no longer about purely medical outcomes. Today the medical and nursing technology is so advanced that medical outcomes are fairly guaranteed and predictable on both positive (wellbeing) and negative

side (long-term treatments like in case of cancer or HIV and even mortality).

A patient, when in a hospital receiving treatment in a conscious state is confined to restricted space of a bed or a room – depending where the patient is.

Virtually the patient has got no other engagement except may be reading a new paper or watching television. This gives a lot of time and emptiness to the patient. And the minutest things get noticed.

The speck of dust, the alignment of the IV stand, the stains on the footwear of the nurse, the position of the towel in the washroom, the temperature of the food served, the presentation of the food, time of the service of the food and finally the number of times a doctor or a nurse visit the patient for delivering care, bedside procedures or other needs as dictated by the need of the case and ordered by the doctor.

In this state of mind, when the body is totally not well and needs attention as well as careless, the patient walks in or is brought in involuntarily into a health care delivery system. While medical outcomes are predictable, the patient and his attendants' focus are also on the total experience in the hospital. Patients prefer to be treated with respect and the utmost care and expect minimal pain, even with the most complicated procedure and treatments that are invasive.

This particular state of mind, implies that a number of factors influence the experience and satisfaction levels of a patient while at a hospital or a delivery system. The primary expectation of a patient is in terms of the attention that is given to the patient and the ailment for which the patient is admitted for domiciliary treatment however small or big the patient's

complaint could be.

Attention in a hospital means the number of engagements a patient has with the staff of the hospital and primarily those that deliver care – doctors and nurses.

The next logical step in this process is how many times and how often should a patient be visited? Does a scheduled hourly round with the patient and engagement help in improving patient satisfaction levels? The following questions are relevant to the discussion.

- Does hourly rounding by nursing staff to help improve patient satisfaction index?
- Should a doctor visit the patient four times in a day to improve patient satisfaction?
- Should the nursing staff spend more time with the patient, say 6 minutes every visit to improve patient satisfaction?
- Should the doctors and nurses engage thrice a day with the patient, family / attendants to improve patient satisfaction levels?
- Should normal nursing procedures be made to look more complicated and sophisticated to give the impression of extra care being delivered by the nurses being overly expressive? Will it have any impact on patient satisfaction levels?

Selection of question, feasibility and expression of interest:

(Using method of choice by elimination) The act suggested in the question 5 is not possible universally by all the nurses considering their communication skills and an individual ability to be expressive.

Question 4: it may not be possible to consistently engage the patient, family

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or attendants often either because of their availability or workload pressures on the system. Also coordination between nursing staff, medical staff and the families is complex and hence ruled out.

The acts suggested in question 3 that is spending an extended amount of time at each visit may not be practical. For instance, if the need is to just record the blood pressure every hour as ordered by the doctor it may not be practical to spend more than the time needed for the procedure and it actually create a sense of awkwardness when the nursing staff try and spend that extra time and could even be construed as invasion of patient privacy.

Question 2 suggests that medical practitioners visit the patient four times a day. They would visit as many times as required depending on the need of the individual case and not as a rule. This will hamper the schedules considering procedures, domicile patient care and the documentation demand that they have. So this action also needs to be eliminated.

That leaves only the act in question 1 – hourly rounding by the nursing staff, and it is further examined on the PICO parameters.

Patient: The question is applicable universally to all the patients in all the healthcare systems.

Issue: The issue under consideration is patient satisfaction and again is universally relevant.

Comparison: The data can be objectively collected, analysed, and reported; thereby creating a scientific rationale for comparing data between two time periods, actions and is worthy of research.

Outcome: Outcome in terms of the final patient satisfaction levels is measurable and recordable, thereby making objective comparisons possible

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and achievable.

Keywords for research: Patient Satisfaction scores, patient satisfaction influences, patient engagement methods, hourly nursing rounding, nursing parameters on patient satisfaction, nursing rounding, patient engagement, patient satisfaction methods, enhancing patient satisfaction, the role of doctors in patient satisfaction scores.

All the key words indicated above are directly relevant to the research question and hence the choice. There are enough resources in the public domain to restrict use only secondary research. However, conducting primary research is recommended. A control group with hourly rounding and a group with regular practice is recommended.

References

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