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Enhancing nursing’s presence

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In recent years, the healthcare industry has become more competitive and the availability of choices and limited resources necessitate the need to focus on customer service and patient satisfaction. Patients trust and recommend hospitals because of the nursing care they receive. Patient satisfaction is influenced by the relationship developed between the nurse and patient. The level of satisfaction, in large part, depends on the patients’ perception of how well the nurse is able to meet their needs. Patients expect nurses to have the knowledge and skills to care for them, but often rate satisfaction on their perception of nursing care.

Studies investigating patient’s perception of quality care have identified elements of nursing care deemed important to the patient: smiles, humor, reassurance, kindness, compassion, gentle touch, and the nurse’s ability to anticipate the patient’s needs. Also emphasized was the physical presence of the nurse and the attention given to the patient. Nursing presence has been found to be synonymous with caring or as a subset of caring. Doona, Chase, and Haggerty identified six dimensions of nursing presence: uniqueness, connecting with the patient’s experience, sensing, going beyond the scientific data, knowing what will work and when to act, and being with the patient. Patients may not be able to discern whether nurses are providing technologically proficient care or care that meets standards of practice, but they can identify behaviors that indicated quality care to them.

Issel and Kahn identified seven behaviors associated with nursing presence: communication, respect, inform, aid, comfort, empathy, and being seen. Patients equate quality care with good communication, kindness, timely responses to their needs, and anticipation of their needs. These behaviors are the means that nurses can utilize to enhance nursing presence.

Rounding

Patient rounding is a proactive nursing intervention to meet patient needs. Based on best-available evidence, a link between caring and timeliness is apparent because patients evaluate the quality of their care based on how their caregivers pay attention to details such as answering call lights, touching them, and responding to their individual needs. The implementation of hourly rounds, which focus on “timely response,” anticipating patient needs, and spending time with patients, may increase nursing presence at the bedside, ultimately increasing the patient’s perception of care and patient satisfaction.

A review of patient satisfaction responses revealed that “timely response” was an important factor in “overall satisfaction.” Nurses have the ability to influence patient satisfaction because of the amount of time they spend with their patients. The implementation of hourly rounding provides an opportunity for the nurse to communicate with the patient and develop a nurse-patient relationship based on trust, respect, and caring. Satisfied patients are more likely to follow treatment protocol, complete drug regimens, and return for follow-up visits. These effects also have economic value to healthcare organizations as generated reve-
nues, avoided cost, and reduced cost of healthcare.6

Based on an extensive review of the evidence to support that an hourly rounding protocol can significantly improve patient satisfaction, the following PICO (patient, population, or problem; intervention; comparison; outcome) question was posed: In patients on a maternity unit, is there a difference in patients’ perception of satisfaction of care when hourly rounding is performed, as compared with when rounding isn’t performed regularly?

**Methods**

In an attempt to further improve patient satisfaction at an urban hospital in the Northeast, nurses on a maternity unit first initiated a change in the model of care from the traditional “separation of mother and baby after birth” focus to a family-centered focus. Then the hourly rounding protocol was incorporated in the mother/baby model of care to increase nurses’ visibility to the patient and family. In addition, hourly rounding facilitates greater time for assessment and determination of the learning needs of the family and provision of education, as well as providing an opportunity to assess and adequately manage the patient’s pain. It was anticipated that the benefits from the incorporation of the hourly rounding protocol would increase patient satisfaction.

Before the rounding protocol was implemented, the project comanagers recruited participants by posting flyers around the unit. The volunteer participants were patients ages 18 or older. Thirty maternity patients, identified as Group A after informed consent was obtained, and questionnaires were collected. The maternity patients identified as Group B, to complete the PPSCQ. The maternity patients were again voluntarily recruited, consent was obtained, and questionnaires were collected.

**Table 1: Hourly rounding protocol**

<table>
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<th><strong>Objective</strong></th>
<th>To assess patient satisfaction with nursing care after the implementation of an hourly rounding protocol as compared with patient satisfaction with care when rounding wasn’t done regularly.</th>
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| **Nursing interventions** | • Identify oneself as the nurse or OBT and inform the mother that you’re going to do her rounds.  
• Assess the mother’s pain and offer comfort measures.  
• Offer assistance in toileting and self-care.  
• Conduct an environmental assessment to ensure everything needed is present or within the patient’s reach.  
• Ask the mother if she needs assistance or additional teaching on the care of her infant:  
  —baby care  
  —breastfeeding  
  —bottle-feeding.  
• Before leaving the room ask “Is there anything else I can do for you while I am here? I have the time.”  
• Inform the mother and her family that a member of the nursing staff will be back in 1 hour to do rounds again. |

Each rounding included identifying oneself as the mother’s nurse or obstetrical technician (OBT) and informing the patient that hourly rounds would be done, assessing the mother’s pain and offering comfort measures, offering assistance in toileting and self-care, and conducting an environmental assessment to ensure the call bell, telephone, and bedside items were available. The mother was asked whether she needed any instructions or help in caring for the baby, such as newborn baby care, breastfeeding, or bottle-feeding. Before leaving the room, the patient was asked “Is there anything else I can do for you while I am here? I have the time.” Most important, the mother and family were informed that a member of the nursing staff would be back in 1 hour to check on them again. (See Table 1.)

The nurse and the OBT taking care of the mother and baby alternated conducting the hourly rounds. Documentation of each rounding was conducted at the bedside at the time of the rounding and then recorded in a rounding log. Each day the nurse manager reviewed the rounding log and verified, by speaking with the patients, that the rounding was done. After the hourly rounding protocol was implemented, the project comanagers recruited a second set of 30 maternity patients, identified as Group B, to complete the PPSCQ. The maternity patients were again voluntarily recruited, consent was obtained, and questionnaires were collected.

**Results**

Internal consistency of the PPSCQ using Cronbach alpha was computed...
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at alpha = 0.92. Content validity of the instrument was established by having experienced maternity nurses evaluate the tool to ensure that the items measured patient satisfaction. The means and standard deviations for the prehourly rounding and posthourly rounding scores of the 10 PPSCQ items, as well as the total score, were computed. Independent sample t tests were done to determine significant differences in the patient’s perception of satisfaction of care before and after the implementation of rounding. Statistical analysis was performed using the software program SPSS 18.0.

With the exception of pain assessment and comfort measures (item 2 on the PPSCQ), statistically significant differences with improvement in all other measures were observed following hourly rounding. A statistically significant difference between the total score of the PPSCQ before the implementation of the hourly rounding protocol and postrounding intervention was also identified. (See Figure 1.)

The outcome of this evidence-based project supports the existing evidence that nurses doing hourly rounds significantly increases patient satisfaction levels. Hourly rounding increases nursing presence, which has been related to patients’ perception of care.4 Hourly rounding proactively meets the patient’s needs, making the maternity patients feel more cared for, respected, confident, and capable of caring for themselves and their babies, thus increasing patient satisfaction. Only the item assessing pain and comfort measures lacked statistical significance between pre- and postimplementation of hourly rounding on patient satisfaction. It’s believed that this lack of improvement may be due to the fact that nurses recognize that pain is a fifth vital sign and are cognizant that accurate pain assessment and management is an important component of nursing practice and is well indoctrinated into their standard nursing care.

For nurses, this project underscored the importance of nursing presence and the anticipation of the patient’s needs in enhancing and maintaining patient satisfaction. Through this initiative, a repatterning of the nursing culture on this maternity unit has evolved from a previously reactive style of nursing care to a proactive way of caring for the patients.

Due to the success of this project, the long-term effects of hourly rounding on patient satisfaction will be investigated quarterly by an independent vendor. Future inquiry will evaluate employee surveys to assess the impact of hourly rounding on employee satisfaction as well.

REFERENCES

Eileen D’Alessio is a nurse manager, Maternal Child Health, at Christ Hospital in Jersey City, N.J. Maria Magsalin is a staff nurse at Overlook Hospital in Summit, N.J. At Kean University School of Nursing in Union, N.J., Kathleen L. Neville is a professor and Constance Patten is an assistant professor.

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Figure 1: Mean score: Overall patient satisfaction

![Figure 1: Mean score: Overall patient satisfaction](image-url)