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CHAPTER 1

INTRODUCTION

1.1. BACKGROUND

As the Nursing and Midwifery Council (NMC) code of professional conduct states, nurses have a duty to protect the client during their stay in hospital by providing a high standard of practice and care (NMC, 2008). Government documents released by the Department of Health (DH) such as The NHS Plan : A plan for investment, a plan for reform (DH, 2000), The Essence of Care (DH, 2001; DH, 2010) and Lord Darzi's Next Stage Review (DH, 2008) outline aims to improve the fundamentals of patient care. Such underpinning principles should translate into practice that promotes the delivery of care that is safe, effective and ensures a better experience for patients. More recent government documents such as Equity and Excellence: Liberating the NHS (DH, 2010b) reiterate the above principles and the vision of a better National Health Service (NHS) and also stress the importance of patient centred care. The need to strive for continued improvement in the delivery of quality care, derived from evidence-based practice, which will positively impact on healthcare outcomes is emphasised.

Despite these driving forces, nurses are continually challenged by issues of staffing shortages, high patient to nurse ratios and lack of time to complete tasks during their shift, all of which in turn become barriers to providing 'nursing excellence' (Studer Group, 2006). It is only when these barriers begin to be eliminated and support for nurses in their practice environment is increased that nurses can truly deliver the best quality care. The level of care that is experienced in hospital has a strong effect on patient satisfaction and perceptions of the care

they receive, illustrating the need for research to explore these concerns in order to inform how nursing practice can be changed or improved.

In the United States of America (US), it has been shown that patient outcomes can be significantly improved, within the hospital setting, by the implementation of routine hourly visits to patients by nurses during the course of a shift in order to address the immediate needs of the patients. This is referred to as nurse rounding, a practice that is now being implemented across the United Kingdom (UK). Research is limited on whether this relatively new practice is proving to be practical and successful within the UK healthcare system thus highlighting the importance to further evaluate hourly nursing rounds within the NHS to explore their practicality and see if they are making a positive impact on the delivery of patient care.

1.2. RATIONALE

The opportunity to be involved in an 'hourly nursing round' project being implemented across one NHS Trust in two large UK based teaching hospitals greatly interested the researcher. This project was introduced as part of the Trust initiative Releasing Time to Care: Productive Ward and works in partnership with the NHS Institute of Improvement and Innovation and is a key component in Lord Darzi's Next Stage Review (DH, 2008). Releasing Time to Care: Productive Ward provides nurses and midwives with the tools and guidance that enable them to make changes to the delivery of their practice and to the physical environment, with the priority to improve the quality of care and to enhance patient safety. The hourly nursing rounds have also been incorporated into the Trust's falls policy and falls care plans with the underlying objective of improving patient care and enhancing patient safety. This provided a strong driver for this study to be conducted.

Subsequently, hourly nursing rounds were trialled on a few pilot wards prior to being rolled out across the Trust. Pre-test (pre-implementation) data on patient call light use and reasons for use were collected prior to the introduction of the rounds onto the wards. Both surgical and medical wards in the Trust have now adopted the hourly nursing round protocol. The tool used to document the rounds is presented in appendix I. This asks questions based on the following six domains: pain, toileting needs, whether items are within reach (e.g. call light buzzer, water), whether the immediate area is de-cluttered, whether appropriate walking aids are available if needed and if any other issues raised by the patient have been dealt with. The rounding protocol is carried out every hour between 08.00-22.00 and every two hours between 22.00-08.00 and must be signed by those who carry out the round which includes both registered and non-registered nurses.

The literature illustrates four key components regarding hourly nursing rounds: patient satisfaction, patient safety (hospital acquired falls and pressure sores), call light use and nurses' perceptions of the practice environment. Only one of these components was investigated to make this study manageable; it would be impractical to focus on all four components. The researcher chose to qualitatively evaluate nurses' satisfaction with care in wards implementing hourly nursing rounds.

When exploring the literature it was found that there are limited studies that focus on nurse's experiences of carrying out the hourly rounding, so, the researcher felt that this would be the direction that the study should go. It is a very relevant issue within current nursing practice today. Consequently, this study will focus on evaluating nurse satisfaction with and impression of the care patients receive in wards that are implementing the hourly nursing rounds.

1.3. AIMS & OBJECTIVES

1.3.1. Principal Objectives:

- ◆ To evaluate the impact of hourly nursing rounds on nurses' satisfaction with the care they deliver on wards across two large UK based teaching hospitals within one Trust.
- ◆ To evaluate whether nurses feel that hourly nursing rounds leads to an improvement in the quality of patient care.

1.3.2. Secondary Research Objectives:

- ◆ To evaluate the feasibility and implications of hourly nursing rounds as part of daily practice, a service that is already being implemented within the Trust.
- ◆ To add to the limited literature available in the UK, in the hope that this will be of benefit to nursing, and to lead the way for future UK studies.
- ◆ To highlight the need for further research and build upon the body of existing research regarding hourly nursing rounds and to make recommendations for future nursing practice.

1.4. SUMMARY AND CHAPTER OUTLINE

The researcher has briefly introduced the study focus, outlined the rationale and aims and objectives. Chapter two will discuss the background literature in order to demonstrate the theoretical basis for the study. Chapter three will present the methods that have been utilised in this study. The findings of the study are then presented in chapter four and are discussed in the context of the supporting literature in chapter five. Finally, chapter six presents the conclusion, recommendations for further research and practice and the reflections of the researcher.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

This chapter will present a review of the literature on hourly nursing rounds that will place the rationale, aims and objectives into context. The purpose of conducting a literature review is to increase the understanding of a topic or issue, put the study into the context of what is already known on the subject and identify gaps in knowledge (Parahoo, 2006). Historical and current viewpoints will be presented and critiqued regarding hourly nursing rounds thus providing a sound theoretical basis for the importance of this study.

2.2. LITERATURE SEARCH

The Cumulative Index of Nursing and Allied Health Literature (CINAHL), Web of knowledge (ISI), British Nursing Index (OVID), Medline (OVID) and Cochrane Library databases were used to search for the keywords presented in table one.

Table one – Search Terms

'Hourly Nursing Rounds'	Hourly nursing rounds, nursing ward rounds, nurse led ward rounds, clinical nursing rounds, patient rounds, patient comfort rounds, hourly patient rounding, routine rounding, care rounds, nursing rounds, comfort rounds, hourly rounding, hourly rounds
Delivery of Patient Care	Three P's, pain, potty, positioning
Patient Outcomes	Patient safety, falls, patient satisfaction, patient anxiety, call light use
Nurse satisfaction	Nurse satisfaction, nursing satisfaction, practice environment, professional practice

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Ancestral literature searching was also used, which involves the following up of references that have been cited in relevant articles. This way of searching may identify more references and promote the inclusion of relevant literature that may not have been identified within searches carried out on the databases. However, this does not always broaden the characteristics of studies in the review and caution must be taken not to rely solely on this method as this can generate a biased set of research studies (Conn, Isaramalai and Rath et al., 2003).

Despite carrying out the above literature searching this does not necessarily mean that a comprehensive search of the literature has been made but it is felt that relevant and key papers were found. The literature will now be critically analysed to provide a theoretical evidence base.

2.3. WHAT DO WE MEAN BY 'HOURLY NURSING ROUNDS'?

The literature highlights that there are various terms used when exploring the topic of interest: '*nursing rounds*' (Meade, Bursell and Ketelsen, 2006; Weisgram and Raymond, 2008), '*hourly rounding*' (Orr, Tranum and Kupperschmidt, 2006; Studer Group, 2006; Ford, 2010), '*hourly nursing rounds*' (Callahan, McDonald and Voit, et al., 2009), '*hourly patient rounding*' (Davies, 2010), '*hourly rounds*' (Halm, 2009), '*patient comfort rounds*' (Castledine, Grainger and Close, 2005; Gardner, Woollett and Daly et al., 2009), '*routine rounding*' (Woodard, 2009) and '*care rounding*' (Haack, 2007). Throughout this study only the terms 'hourly nursing rounds' and 'rounds' have been used and they are interchangeable.

It was found in the literature that studies vary in the way in which the hourly nursing rounds have been carried out, how often they occur and who implements them. However, they all

base their questions on three domains or what the Studer Group (2006) describe as the 3P's: pain, potty and positioning. The specific behaviours expected of the nurse when carrying out the hourly nursing round is illustrated in appendix II. Meade et al. (2006) raises an important question, "Can a systematic, nursing-only rounding protocol that anticipates patients' needs result in better patient-care management?" (p.59). The researcher hopes this study will answer this question.

Hourly nursing rounds involve nursing staff with varying levels of expertise going to patients on an hourly basis to address the three domains of patient care (pain, potty and positioning). Castledine et al. (2005) highlights that the concept of routine rounds made by nurses is not new, stemming from the 'back round' predecessor, which was a more task orientated approach to patient care, and to which some nurses do not wish to return. Castledine et al. (2005) goes on to say that nursing has moved away from this approach due to the age of evidence-based practice, thus emphasising the adoption of "rational action through a structured appraisal of empirical evidence, rather than the adherence to blind conjecture, dogmatic ritual or private intuition" (Blomfield and Hardy, 2000 p.122).

It can be seen from the literature that nursing rounds have been explored more in the USA than in the UK; available literature is explored later in this chapter. Castledine et al. (2005) is the first UK study found by the researcher dealing with the introduction of 'patient comfort rounds' in the UK. They were aimed at promoting individualised care as a way of attending to basic nursing needs on a regular basis, which can "provide many benefits to the patient and family and can strengthen the nurse-patient relationship that is essential to effective nursing care" (Castledine et al., 2005 p.930). It is the lack of UK based literature that this study aims to address in establishing whether this practice can be successfully transferred and applied to UK hospitals.

From the literature, four key components were identified regarding hourly nurse rounding: patient satisfaction, patient safety (hospital acquired falls and pressure sores), call light use and nurse perceptions of the practice environment (nurse satisfaction). It was decided that only one of these measures should be investigated in order for this study to be manageable; to focus on more would be impractical. Most studies are quantitative research that focuses on patient outcomes (satisfaction and safety), but less so regarding nurse perceptions on whether the hourly nursing rounds reflects on the delivery of better quality patient care. Originally, this study intended to be a quantitative design but was changed to qualitative (this change will be explained and reflected upon in chapter three). It is felt that this study will help to build upon the existing body of research especially as this is a relatively new practice being introduced in the UK. Consequently, based on these findings the researcher decided to focus this study on evaluating the impact of hourly nursing rounds on nurses' satisfaction with the care they deliver, and to evaluate whether nurses feel that the rounds leads to an improvement in the quality of patient care.

2.4. WHAT DOES THE EVIDENCE SHOW?

The literature search identified several key studies on hourly nursing rounds, one of which, Meade et al. (2006) is probably the most important; it is cited in most if not all studies on this subject. The initiative for hourly nursing rounds being carried out in the trust that this study is attached to, was based on the Meade et al. (2006) study.

Firstly, we must look at the Studer Group (2006) who partners with US healthcare organisations to advise and help put in place evidence-based approaches to improve clinical outcomes that decrease risk and improve patient and staff satisfaction. Hourly nursing rounds

are reported as being developed in response to what they refer to as a 'distant' concern about the time and effort nurses spend responding to patient call lights. This led to the development of a model of patient care that focuses on behaviours that drive nursing quality and ensure nursing excellence whereby the patient perceives their care to be delivered by a competent and caring professional; these are also principles of the NMC code (NMC, 2008).

The Studer Group (2006) report the foundation of their work on hourly nursing rounds is based on the Healthcare Flywheel™ which illustrates three core factors: passion, principles and pillar results. Passion is combined with self motivation that allows changes to be made; as call lights are reduced more time is created allowing nurses to be more proactive and have better control over their workload. Principles, is the actual implementation of the hourly nursing rounds that achieves positive results. Pillar results involve five pillars: service, quality, people, financial and growth. Hourly nursing rounds produce results that positively impact on all these pillars. The Studer Group together with Meade et al. (2006) has produced the most important study to date on hourly nursing rounds.

The key quantitative study by Meade et al. (2006) included data from 27 units in 14 hospitals (out of 46 units in 22 hospitals) across the US, that aimed to look at the effect of one hourly and two hourly nursing rounds on call light use, patient satisfaction and patient safety (rate of inpatient falls). It is a quasi-experimental study with three study groups: two experimental (one hourly and two hourly nursing rounds) and a control group that did not have the rounding. Another feature of this design is the collection of pretest-posttest data to measure potential differences over time: before, during and after the hourly nursing rounds were implemented. This particular methodological design allows the collection of baseline data, a major strength of this design. If the control and experimental wards are similar at baseline we

can be somewhat confident to infer that if there are any posttest differences, that hourly nursing rounds have made an impact (Polit and Beck, 2010).

Findings from the Meade et al. (2006) study showed that there was a decrease in call light use, an increase in patient satisfaction and a reduction in falls reported in both the one hourly and two hourly rounds. The numbers of falls were reported four weeks prior to rounding and during four weeks of rounding on both the experimental and control wards. A more significant reduction in falls was found where one hourly rounds were in place, falls reducing from 25 to 12, than where two hourly rounds were employed, falls reducing from 19 to 13. However, the findings should be used with caution because it should be remembered that 19 units in 8 hospitals were excluded from the analyses; this was because of poor reliability and validity of data collection which threatened the internal validity of the study (Melnyk, 2007). Despite this, Halm (2009) reports the study as being the best level of evidence available on hourly nursing rounds. Using Harbour and Miller (2001) from The Scottish Intercollegiate Guidelines Network (SIGN) I would agree with Halm (2009). Meade et al. (2006) includes elements that influence robustness of the research which include both strengths and weaknesses. They clearly state the purpose of the study and follow a logical structure to illustrate the research process. The literature presented supports the background on patient call light use and patient satisfaction with their care but it does not explore hourly nursing rounds in great detail. However, it is appreciated that at that time there was very limited research available on the rounds. This study places a big emphasis on hourly nursing rounds as a patient management strategy.

Gardner et al. (2009) is a small pilot study that was conducted on two matched acute surgical wards within one hospital in Australia, adopting the same design as Meade et al. (2006) with one control ward without the rounds and one experimental ward with the rounds. It measured the effect of hourly nursing rounds on patient satisfaction by distributing a patient

satisfaction survey that the researchers had developed and was subject to psychometric testing for reliability. Due to its small sample size there were no significant differences found in patient satisfaction between the groups.

Woodard (2009), when investigating this topic, also employed a quasi-experimental design. This was another small study based on two wards, which explored the effects of two hourly rounding rather than one hourly rounding on patient satisfaction and patient safety. Interestingly, Woodard (2009) presents a different perspective when looking at the effect of hourly nursing rounds and patient satisfaction; hypothesising that the rounds would lower patient uncertainty regarding the availability of the nurse to attend to immediate patient needs which will have a positive impact on patient safety and quality of care.

Woodard (2009) provides a sound theoretical basis for her study and explains that the clinical nurse specialist involved in implementing the rounds developed the concept of 'help uncertainty', defined as the inability of the patient to predict when the nurse will be able to help. This concept was developed from Mishel's Uncertainty of Illness model (Mishel, 1981) conceptualised to investigate the role of uncertainty with regard to anxiety and stress as a significant aspect influencing patients' experiences of illness and treatment whilst in hospital. Over the course of the shift, patients' perceptions of the nurse availability for immediate needs may cause their 'help uncertainty' to rise and coping strategies may come into effect such as attempts to go to the bathroom alone which may increase the chances of falling. It is these ineffective coping strategies that lead to poor patient outcomes which have an impact on the patient's trust in the nursing care they receive. Help uncertainty was measured and it was found that on the experimental unit 72% were very certain someone would assist with their

immediate needs compared to 8% on the control unit. Alarming, 52% were neither certain or uncertain that their needs would be met on the control unit.

Schmidt (2003) realises the importance of the nurses' presence. He found that patients' recollections of nurses' responses to their requests were a major factor in forming their perceptions regarding the care they received. This supports Woodard (2009) and the concept of 'help uncertainty', who questions whether providing a routine presence of a nurse through hourly nursing rounds will lead to decreased levels of anxiety.

2.5. WHO SHOULD CARRY OUT THE HOURLY NURSING ROUNDS?

There is a debate as to who should carry out the hourly nursing rounds. Historically, in the late 1980s, a study by Sheedy (1989) found that the use of a unit hostess (not a registered nurse), who had responsibilities to carry out every two hours, significantly improved patient satisfaction scores and that this intervention had positive results. Review of the literature reveals that some studies use a skill mix of non-registered and registered nurses, such as Meade et al. (2006), whereas others, such as Woodard (2009), uses senior charge nurses. Gardner et al. (2009) uses an assistant-in-nursing (AIN) or auxiliary nurse (non-registered nurse) whom then reported their findings of the rounds to the registered nurse. This approach is rejected by Woodard (2009) who believes that the registered nurse is more effective considering the current issues regarding patient safety and outcomes. She proposes that a more experienced nurse promotes better patient outcomes and patient safety which is why the charge nurse role was used in their study.

Gardner et al. (2009) states that rounding has implications for skill mix and staffing levels as hourly nursing rounds focus on immediate patient care needs rather than higher clinical care delivery. Halm (2009) believes skill mix is an ingredient for success as nurses with differing skill

levels can work together to round on alternate hours because it is very demanding for the registered nurse to have to round every hour and is perhaps too high an expectation? The researcher feels that the hourly nursing rounds could be carried out by non-registered nurses as well as registered nurses, providing that at the start of the shift it is made clear who has responsibility for carrying out the rounds.

2.6. DO HOURLY NURSING ROUNDS REFLECT UPON THE DELIVERY OF INDIVIDUALISED CARE?

It is important that patients feel they have received individualised nursing care, which will impact on the level of satisfaction (Suhonen, Välimäki and Leino-Kilpi, 2005). As Castledine et al. (2005) stresses, hourly nursing rounds should act to complement holistic/individualised care that is already in practice.

Suhonen et al. (2005) is a cross sectional descriptive correlational study that was performed in three hospitals, data was collected in the form of questionnaires with a response rate of 93% which adds robustness to this study. A strong positive correlation was found between patient's views on individualised care through specific nursing interventions thus if patients felt they received individualised care, the higher the level of satisfaction reported. Providing care that is individualised with respect to the patient's needs and involving them in decision making and respecting them as an individual rather than a 'bed number' (Schmidt, 2003), which is one of the major principles of the NMC code of professional conduct (NMC, 2008).

However, there is concern amongst critics as to whether hourly nursing rounds is moving toward a task orientated approach which is less likely to reflect individualised care, suggesting a backwards move in nursing by reverting back to the old back rounds (Castledine et al., 2005; McEwen and Dumpel, 2010); whereas others argue that it is a move forward and does promote individualised care (Bates, 2002). This study wishes to challenge these opinions

when evaluating nurses' satisfaction with care in wards implementing hourly nursing rounds through qualitative interviews with the nurses implementing this practice.

2.7. NURSING PRACTICE ENVIRONMENT

As this study is a service evaluation of nurses' satisfaction with care in wards implementing hourly nursing rounds, it is also important to briefly explore the concept of the nursing practice environment in relation to the implementation of the rounds.

Lake (2007) puts forward the statement that the nursing practice environment is the "cornerstone" (p.106s) to delivering quality patient care, allowing nurses to utilise their best clinical practice, to work effectively within a multidisciplinary team and mobilize resources quickly. She goes on to say that it is a central point of two key health crises, the nursing shortage and patient safety. One way in which this issue is being tackled in the NHS is by means of the Releasing Time to Care: Productive Ward initiative that encompasses the practice environment.

There is a substantial amount of literature that supports the concept of 'nurse practice environment' and which looks at different hospital environments to determine why some nurses decide to stay and why others decide to leave. This study will not delve into areas such as 'nurse retention' or 'nurse shortage' but it is important to address these issues when considering why the nursing practice environment needs to be looked at and improved upon. Lake (2007) puts forward an important point that the professional practice environment should enhance nurse satisfaction and allow excellent quality patient care to flourish in practice. She goes on to acknowledge that the practice environment could be conceptualised to emphasize nurse job satisfaction, quality of care or patient safety. To an extent it can be seen why Lake (2007) makes the valid point that if nurses are satisfied with their job and with

their working environment this will be reflected in their confidence to deliver safe quality care. However, she does recognise the difficulties with conceptualising as it is one of a set of related concepts inter-related with organizational theory (Sleutel, 2000).

Several studies look at the impact of the practice environment on nurses' perceptions of the care they deliver by using tools specifically developed to measure this impact and draw conclusions on how much influence it has on nurse satisfaction with the care they deliver (Middleton, Griffiths, Fernandez et al., 2008; Gardner et al., 2009). Lake (2007) brings together a good collation of the evidence and reviews different tools that have been used to measure the nursing practice environment.

Lake developed the Practice Environment Scale of the Nursing Work Index (PES-NWI) in 2002, a revised version of the original Nursing Work Index (NWI) by Kramer and Hafner (1989) as cited by Erickson, Duffy and Gibbons et al. (2004), which was the first multidimensional measure of the practice environment. The PES-NWI is a previously validated instrument (Erickson et al., 2004) which increases the robustness of studies that use it. The instrument is a 31 item questionnaire that asks the participant to score their perceptions on a 4-point Likert scale (*strongly agree, agree, disagree and strongly disagree*). The PES-NWI illustrates the components of the professional practice environment defined as "the organizational characteristics of a work setting that facilitate or constrain professional nursing practice" (Lake, 2002 p.178). The PES-NWI covers the subgroups: nurse participation in hospital affairs, nursing foundations for quality of care, nurse manager ability, leadership and support of nurses, staffing and resource adequacy and collegial nurse-physician relations. Gardner et al. (2009) is one of many studies that use this tool to measure the effect of hourly nursing rounds on nurses' perceptions of the practice environment. As this tool is previously validated, this adds to the robustness of this study (Coughlan, Cronin and Ryan, 2007). Despite its small

sample size, there were some significant differences found between the groups, illustrating that the rounds had a positive effect on the nursing practice environment which led to the delivery of better quality patient care by improving patient satisfaction and patient safety.

2.8. NURSE SATISFACTION

Meade et al. (2006) discusses that hourly nursing rounds could reflect greater work satisfaction and possible reductions in fatigue and burnout. They did not test nursing staff satisfaction but collected anecdotal data verbally reported by the nurses who carried out the rounds; so, this data should be treated with caution. Nurses felt they had more time to care for patients and to perform other tasks because of the reduction in call light use, which would seem to support the Releasing Time to Care: Productive Ward initiative. Leighty (2006), Halm (2009) and Ford (2010) also supports this point; they found that reduced call light use meant that nursing care was more efficient and less stressful as time was 'released' allowing shifts to be better managed.

Interestingly, Woodard (2009) looks at the barriers to introducing the hourly nursing rounds by administering a short survey to nine charge nurses and the biggest barrier identified was the time spent on tasks other than the rounding. Woodard (2009) also discusses that qualitative data would be beneficial in exploring nurse perceptions when carrying out the hourly nursing rounds.

Exploring nurses' satisfaction in relation to the introduction of hourly nursing rounds should hopefully produce evidence that shows that these rounds are having a positive impact on the quality of patient care. This will then be a powerful driver to persuading nurses of the benefits of fully embracing these rounds. Consequently, this brings us back to the rationale for this study to evaluate nurses' satisfaction with care in wards implementing hourly nursing rounds.

2.9. SUMMARY

From the literature review, it can be seen how hourly nursing rounds can be an approach to improve patient care management that will improve the quality of patient care by increasing patient satisfaction, enhancing patient safety and increasing nurse satisfaction. Having explored the literature to provide a theoretical basis to support the rationale for this study, the researcher will now move on to present the methods that were utilised.

CHAPTER 3

METHODOLOGY

3.1. INTRODUCTION

This chapter will outline and rationalise the methods used to evaluate nurses' satisfaction with care in wards implementing hourly nursing rounds. It is hoped that this study will contribute to the limited research on hourly nursing rounds within the UK context and complement the largely quantitative research available on the subject.

3.2. METHODOLOGY

It was thought that a service evaluation method would be best suited in order to achieve the aims and objectives of this study. As hourly nursing rounds are a relatively new service that have been implemented within the Trust, the long term impact on patient care as of yet cannot be determined. However, evaluation of nurses' perceptions of how this is working will allow us to see whether it is having an impact on improving patient care which is one of the major objectives of the hourly nursing round service.

Service evaluation provides information that is necessary to determine if evidence-based practices should be kept as they are, modified or eliminated (LoBiondo-Wood and Haber, 2010). In this study, nurses' satisfaction with care in wards implementing hourly nursing rounds will be evaluated using semi-structured interviews as a means of service evaluation

that is qualitative in nature. It is important to look at staff satisfaction in order to assess whether the hourly nursing rounds currently being implemented are supported by the front line nursing staff carrying out the rounds and to evaluate whether they think it has made an impact, or not, on the care they deliver.

This qualitative service evaluation has been designed to define and judge the implementation of the hourly nursing rounds put in place within the Trust as part of the Releasing Time to Care: Productive Ward initiative, mentioned in chapter one, and the resultant effect on patient care. This study was progressed by interviewing nurses who carry out the hourly nursing rounds on their respective wards.

3.2.1. Qualitative vs. Quantitative – The decision to change methodology

In qualitative research, the researcher can understand the phenomena from the individual's experiences and perspectives within a social context (LoBiondo-Wood and Haber, 2010) whereas a quantitative researcher's design aims to objectively measure concepts or variables and examine relationships within them, using numerical and statistical techniques (Parahoo, 2006). These two types of research are also known as Positivist paradigms (quantitative) and Naturalistic paradigms (qualitative), that are based on philosophical and theoretical frameworks (LoBiondo-Wood and Haber, 2010), which reveal conflicting views of reality (Fain, 2004). Historically, quantitative research methods have predominated nursing research literature. Consequently, the value of qualitative studies have often been overlooked in favour of quantitative studies which are generally thought to be more objective and thorough (Vishnevsky and Beanlands, 2004). Nevertheless, as Parahoo (2006) points out, all research whether it is qualitative or quantitative involves the systematic and rigorous collection and analysis of data.

Originally this study was intended to be quantitative in design in which a questionnaire was to be presented to nurses to answer the question of nurse satisfaction within their practice environment. However, due to difficulties encountered in dealing with the ethical considerations of this approach and the resultant time constraints the decision was made to change the study to a service evaluation that is qualitative in nature. There is a lack of published qualitative research on hourly nursing rounds and it was thought that this study would provide valuable information about this subject in a way that has not yet emerged in the literature and be of benefit to the Trust where the researcher undertook her study.

3.3. METHODS - STUDY DESIGN

3.3.1. Sample

Purposive sampling was utilised in which participants who carry out the hourly nursing rounds on their respective wards were deliberately chosen as it was felt that they would be the suitable to contribute to the information needs of the study. This method of purposeful sampling is what qualitative researchers frequently adopt (LoBiondo-Wood and Haber, 2010), as the preferred way to select participants who can best enhance the researcher's understanding (Polit and Beck, 2010).

Inclusion criteria for this study included both registered and non-registered nurses who actually carry out the rounds on their ward. Both male and female nurses were approached with varying years of experience within nursing, from those who were newly qualified to those in senior nursing roles.

Parahoo (2006) states that there is a general belief that in quantitative research large sample sizes are used and the data generated can be more representative to a target population. This is not the case regarding qualitative research as the purpose of sampling is not to generalise the findings of the study group to a larger population (Parahoo, 2006).

However, it is debatable as to how much data is needed in order to evaluate the change a service has or has not made. Data saturation is usually the method adopted with regard to sampling within qualitative studies (LoBiondo-Wood and Haber, 2010). As this study is a qualitative service evaluation, it was thought that the use of this method of sampling was appropriate i.e. to collect data until no new information was emerging.

3.3.2. Setting

The study was conducted in two large teaching hospitals within one NHS Trust. Hourly nursing rounds are currently being carried out in both these hospitals across several directorates and specialties. For this study to be manageable, only wards from the acute medicine directorate were approached, this was principally because the researcher needed a gatekeeper to provide access to the participants.

3.3.3. Recruitment and Data Collection

Seven acute medical wards were approached for this study. Ward managers, matrons and ward sisters were contacted via email by the researcher in order to gain permission to collect data on their wards. The email briefly outlined what the study was about, and what it intends to achieve in its aims and objectives and of its value to evaluating the hourly nursing round service. Pleasingly, of the seven wards contacted four responded positively. Once permission was sought, the researcher visited the wards and liaised with the nurse in charge on that shift.

The nurse in charge acted as the gatekeeper to help the researcher recruit the nurses for interview. As nurses were approached within their working environment, a flexible method of data collection was adopted, in which the researcher was required to visit the wards on days off from her placement.

When the researcher visited the wards she explained to the selected participants that she was collecting data in support of the research study she was undertaking as part of her undergraduate degree course. The study was briefly explained to the participants. They were informed that a tape recorder would be used to record interviews and that they would not be personally identifiable either on the tape or in the write up of the study. After their verbal consent to be interviewed was obtained the researcher proceeded with the interviews.

Ten interviews were carried out across four wards, both non-registered and registered nurses participated. The interviews were found to last between 8 and 22 minutes. The time restraints of this study only allowed for ten participants to be interviewed. It was hoped that despite this small sample size sufficient data would be generated for the purposes of this study and indeed this was found to be the case, in that, by the tenth interview, no new data was emerging.

3.4. THE SEMI-STRUCTURED INTERVIEW

In order to facilitate the research aims and objectives of this study, semi structured interviews were utilised. The information gathered from the literature review on hourly nursing rounds revealed that most studies are quantitative and focus on patient outcomes and patient satisfaction. Consequently, it was felt that qualitative interviews as a means of evaluating the

hourly nursing round service would complement the mostly quantitative literature that is currently available on this subject.

The use of semi-structured interviews as the interviewing method is what Kvale (2007) illustrates as being a “personal craft” (p.87) that depends on the ‘craftsmanship’ of the researcher conducting the interview. It is described by Barbour (2008) as both an art and science, who goes on to say that it is important to attend to both to ensure the maximum amount of data is extracted during the interviews. It is said by some that this interviewing technique is not objective but subjective, what Kvale (2007) considers to be ambiguous in meaning. Validation of the findings is a matter of the researcher’s ability to question and interpret the raw data in a way that is relevant to the aims and objectives of the study (Kvale, 2007), this being reflected in the data analysis stage.

The semi-structured interview seeks to obtain descriptions of the life world of the interviewee with respect to interpreting the meaning of the phenomenon through a sequence of themes covered in the interview (Kvale, 2007); the phenomenon to be explored is the hourly nursing round service and to evaluate its impact on nurses’ satisfaction with the care they give. The semi-structured interview allows the researcher flexibility to ‘probe’ but this is limited to seeking clarification and to obtain more complete answers rather than to uncover new perspectives (Parahoo, 2006).

The interviewer is the key instrument in both conducting the interview and also in optimising the quality of the answers provided by the participant. The interviewer must be knowledgeable in the subject to be discussed, provide structure, pose clear and short questions that use lay language that is easy to understand. They must also be sensitive and

allow the subject to talk at their own pace, control the direction of the interview, steering it to what knowledge they wish to seek, and use prompts to invite the interviewee to discuss issues further (Kvale, 2007).

The interview schedule outlines the questions that were asked in the interviews as well as potential follow up questions and prompts to promote flexibility in the interview and to maximise the collection of data (Parahoo, 2006). The interview schedule is presented in appendix III. The use of prompts is important for both the interviewer and participant, as the prompts act as an “aide-mémoire” (Barbour, 2008 p.119) to ensure neither person leaves out something significant. Due to the evaluative nature of this study, the questions formed a basis of the functions of evaluation: learning and development and judgment about value (outcomes and accountability). The topics raised in the interview were also devised in response to the main issues identified in the review of the literature in chapter two.

Kvale (2007) proposes the following six quality criteria for semi-structured interviews:

- ◆ The extent to which the answers provided are spontaneous, rich, specific and relevant.
- ◆ Short, open and to the point interview questions, complemented by longer participant answers.
- ◆ The degree to which the interviewer follows up on relevant aspects of the answers provided, by inviting the participant to provide further clarification and detail.
- ◆ Interpretation of the interview occurs throughout the interview and is a continuous process.
- ◆ The interviewer attempts to verify their own interpretations of the answers provided by the participant throughout the course of the interview.
- ◆ The interview is a self-reliant story that barely requires extra explanation.

(Adapted from Kvale, 2007).

Kvale (2007) places particular emphasis on the last three points as being the criteria for the ideal interview, in which, the interpretation and verification of the answers provided by the participant has already occurred before the interview has finished. Care was taken to check

for human errors during the recording process by playing back the tape immediately after the interview to make sure it had recorded and that the conversation was audible.

3.5. DATA ANALYSIS

3.5.1. Transcription Process

Transcripts of the interviews conducted embody the raw data collected, and represent the first stage of analysis. Interviews were transcribed verbatim, written word for word. Kvale (2007) describes transcription as transitioning from a face-to face conversation to that of an abstracted and fixated written form of conversation; a translation from an oral language to a written language. However, in doing so, we are 'decontextualising' the nature of the social interaction i.e. the body language and tone of voice that occurs during the original live interview. This illustrates that there is no true objective translation from oral to written mode; it is more a question of how useful the transcription is for the purpose of the study (Kvale, 2007).

It is important to undertake measures to ensure optimal validity and reliability in the transcription process; in the case of qualitative research this is referred to as trustworthiness or rigour. Tapes were frequently stopped and replayed to ensure reliability in transcribing what was said into the written form. As Kvale (2007) stresses, there are no right or wrong answers when it comes to the way in which one transcribes the interview or ensures the validity of the transcription.

3.5.2. Thematic Analysis and Coding

The process of thematic analysis was utilised. This was described by Boyatzis (1998) as a "way of seeing" (p.1) that recognises an important moment which is then given a 'code' to enable

interpretation of the information collected and themes identified. Boyatzis (1998) presents four stages in developing the ability to use thematic analysis:

- ◆ Sensing themes (recognising the codable moment)
- ◆ Recognising the codable moment and assigning a code that is reliable and consistent
- ◆ Develop a code to process the moment
- ◆ Interpret the themes that contribute to the development of knowledge that requires theory or a conceptual framework.

(Adapted from Boyatzis, 1998)

Coding is the next stage of analysis whereby the transcribed notes were dissected into meaning units while keeping the relationship between the units intact. This is where we differentiate and combine data collected and reflect upon what is taken from this information (Miles and Huberman, 1994). The process of coding was carried out with the aid of techniques described by Miles and Huberman (1994). Codes were used to assign units of meaning from the interview transcriptions.

The process of coding was conducted on the computer using the computer transcription documents. Each transcript was read several times to ensure a good understanding of what was said. Sentences that represented distinct ideas were italicized on each document and assigned a code. Collectively, the codes were eventually grouped into four major themes which were then divided into categories. The findings are presented in chapter four. Commonalities and differences identified from the findings are discussed in context of what is said in the literature and are presented in chapter five.

As this service evaluation is qualitative in nature, there is the need to ensure the rigour of the research which in turn demonstrates the plausibility, credibility and integrity of the research process (Ryan, Coughlan, Cronin, 2007). To ensure rigour of the research, Parahoo (2006) describes reflexivity and validation of the data collected that reflects the accuracy of the findings of the phenomenon that is being examined. The data collected and analysed was rigorously examined and viewed within the context of the literature and existing knowledge on the subject until it was certain that the findings accurately represented the themes identified (Parahoo, 2006).

3.6. ETHICAL CONSIDERATIONS

3.6.1. Ethics and Regulatory Aspects

Ethics is essential in research studies where participants are involved as issues of informed consent and confidentiality need to be addressed. In order to protect participants and prevent harm that may arise from conducting research, the ethical principles: respect for autonomy, non-maleficence, beneficence and justice as presented by Beauchamp and Childress (2001), must be upheld. Participants have a right to be fully informed about the study in order to make an autonomous decision of whether or not to participate (Gerrish and Lacey, 2006). Anonymity and confidentiality must be considered in order to protect the rights of participants (Parahoo, 2006).

Unfortunately, ethics approval for the original proposed quantitative study was refused, not because it was unethical to participants but in respect to how the data was going to be analysed. Due to time constraints, it was decided not to resubmit to ethics but to change the study methodology to a service evaluation. This did not significantly affect the researcher's

intended evaluation of the impact of hourly nursing rounds on nurse satisfaction in the delivery of patient care.

Following guidance from the National Research Ethics Service (NRES, 2010) service evaluation does not require formal ethics approval. The local Research and Development Department was contacted and they confirmed that the study was a service evaluation and gave approval for the collection of data to proceed without formal ethics review. This demonstrates that the researcher adhered to the need to consider ethical responsibilities towards colleagues.

3.6.2. Informed consent and participant information

Verbal consent was gained from participants following a discussion of the study and prior to the commencement of interviews. It was explained to them that a tape recorder would be used to record the interview and they were given an assurance that they would not be personally identifiable either on the tape or in the write up of the study to protect their anonymity and confidentiality. Once consent was given, the interviews were able to proceed. Subjects have remained unidentifiable both on the digital tape recordings and in the transcriptions to protect their confidentiality and anonymity.

There was also the issue of storing and destroying collected data to consider. This data is being stored on University of Nottingham computers, it has been password secured and will be treated as confidential data in accordance with regulations. The discard of this data will need to be progressed at a later date in accordance with the relevant regulations. All paperwork associated with this study has been shredded.

3.7. SUMMARY

This chapter has outlined the service evaluation method that was employed for this study that is qualitative in nature due to data being collected in the form of semi-structured interviews. This approach aims to evaluate nurses' satisfaction with the care they deliver in wards implementing the hourly nursing rounds. The main themes identified from the interviews will be disseminated in the following chapter and discussed in context with the researcher's literature findings in chapter five.

CHAPTER 4

FINDINGS

4.1. INTRODUCTION

Four key themes were identified in the analysis of the ten interview transcripts and will be presented in this chapter: improving quality of patient care, patient safety, challenging ritualistic care and resourcing. The themes illustrated in table two aims to embody key aspects of the interviews. The researcher will use participants' words when representing the findings and participants will be coded P1 to P10 (P1 = participant one etc). These findings will then be further explored and put into context with regard to what the researcher found in the literature and discussed in chapter five.

4.2. OVERVIEW

The first theme, improving quality of patient care, has three identified categories, impact on the quality of patient care, reminder and perceived patient awareness. Participants had equally divided and conflicting positive and negative views as to whether the hourly nursing rounds have improved the quality of patient care.

The second theme, patient safety, has one identified category, prevention of inpatient falls.

The participants expressed a variety of views as to whether hourly nursing rounds had made an impact on patient safety. This theme interlinks with the first theme.

The third theme, challenging ritualistic care, is a particularly interesting theme as some nurses believe that the hourly nursing rounds are an old fashioned, task orientated approach to nursing. Three categories were identified, task orientated nursing, individualised care and embracing change.

The fourth and final theme, resourcing, has two identified categories, staffing and time to care.

Most participants felt that there is not enough staff to carry out the rounds and there isn't enough time to see every patient every hour.

All four themes were evident in all of the interviews. The most frequently discussed themes were the first and the fourth.

Table two: Themes and Categories

	Theme	Categories
1	Improving Quality of Patient Care	Impact on the Quality of Patient Care Reminder Perceived Patient Awareness
2	Patient Safety	Prevention of Inpatient Falls
3	Challenging Ritualistic Care	Task Orientated Nursing Individualised Care Embracing Change
4	Resourcing	Staffing Time to Care

4.3. IMPROVING QUALITY OF PATIENT CARE

Participants were quite clear from their interviews whether they felt positively or negatively towards the implementation of hourly nursing rounds. This is the most important theme in that it seeks to determine whether or not participants felt that the rounds have had an impact on their delivery of patient care.

4.3.1. Impact on the quality of patient care

Half of the participants felt that hourly nursing rounds have had a positive impact on improving the quality of patient care. A common point was that the nurse is going to every patient every hour, ensuring patients are seen regularly which in turn has an impact on the delivery of care: “personally I think it has helped to improve our patient care” (P8) and that “it has improved the patient care a lot” (P9). Those who felt hourly nursing rounds have had an impact on improving care all agreed that it allows the nurse to make time every hour to ask the patient if there is anything that they need and whether they are comfortable.

One participant stated that they felt the hourly nursing rounds have helped to reduce patient anxiety: “the fact that they know somebody’s coming back they don’t seem to use the buzzers so much and I think its improved things for patient’s experience anyway” (P8). As the patients are seeing the nurses more often, one participant described it being a “reassurance to the patient that there’s somebody there looking after them” (P7). Some spoke quite positively about the rounds: “I think it, you know. It...I’m very fond of it. I do think it’s a good thing. So yeah for me, anything what makes patient care better and improves it, that’s fine by me and work with it” (P8).

On the other hand, the other half of the participants felt that there has been no impact on improving the quality of care. Collectively, they felt that they were doing the rounds anyway

and making sure a nurse is always present in the patient bay areas: "It's part of the nursing care anyway. We've been doing that, only we are not documenting it like now... so it's not really a very new thing to us" (P10). Therefore, they felt that there has been no improvement to the quality of patient care: "I don't think it has made any impact to them at all really" (P2). This participant felt that hourly nursing rounds have good intentions but went on to say: "generally I don't think I could see any particular improvement...it doesn't really make a difference" (P2). Another described that they are not convinced from a nursing approach that it's changed anything and stated that: "Whilst I'm led to believe its improved patient care in America, I don't actually know it's functionally made any difference to our patient care. I don't think we've got any evidence at the moment to support that it has" (P3). This participant stressed in particular, on several occasions throughout the interview, that nurses should always be 'eyeballing' their patients and assessing comfort, pain, toileting, whether the buzzer and a drink are at hand; nurses shouldn't have to wait for the hourly nursing rounds for these to occur.

Despite a mixture of positive and negative views towards hourly nursing rounds, most participants commented that they were not sure how the Releasing Time to Care: Productive Ward initiative supported hourly nursing rounds, despite its incentives to improve patient care and enhance patient safety. Productive Ward is a major driver for this study and those who agreed that the rounds do support the Productive Ward initiative could not expand on why they felt this. However, there were those who didn't feel that the rounds support Productive Ward: "It's certainly meant to. That's one of the incentives. Yeah. I'm really not convinced that it does" (P3) and "I don't think it particularly relates to productive ward... It's sort of a separate entity in its own right" (P2).

4.3.2. Reminder

Most participants described the hourly nursing rounds as a positive way of reminding them to regularly check on their patients, encouraging staff to make sure patients have got everything that they need every hour “it just reminds you. It’s just a reminder for me” (P6). Some also described that by checking on patients regularly on the hour, it makes sure that ‘the little things’ such as the call light buzzer and having a drink available, are available at the patient’s reach. One participant despite being quite negative, described the hourly nursing rounds as a means for some nurses to “make the effort where they might not have done before...so it must be better for the patients to be observed hourly” (P3).

4.3.3. Perceived Patient Awareness

Most participants stated that patients generally are not aware of the hourly rounds taking place: “I don’t think many of them actually notice that you’re doing the hourly checks to be honest” (P1). Some said that as some patients struggle to communicate their needs, or are unable to use the buzzer, the rounds give the patient the opportunity to state their needs or raise any issues. Some expressed their perceptions in regard to the rounds as being a ‘reassurance’ to the patient: “...they know somebody is going to come and see them every hour” (P5). Interestingly, the physical presence of the nurse was identified as a factor: “just so they can see a face... it’s probably quite nice for the patients; they’re not being left alone for hours” (P6). Only one individual mentioned how the rounds can help to reduce patient anxiety levels by increasing the presence of the nurse: “incidences of the patients buzzing, has reduced considerably” (P8).

4. 4. PATIENT SAFETY

All participants agreed that patient safety is imperative. However, there was a variety of views as to whether they felt hourly nursing rounds have made a positive impact on patient safety. Some felt that there has been a positive impact whereas others felt there has been no impact at all. There were also those who felt it was hard to comment, particularly those new to the trust: "Probably...I can see that it could have done...but like I said I wasn't here before it was implemented, so yeah I'm not sure" (P6).

4.4.1. Prevention of inpatient falls

Participants were divided in opinion as to whether they felt hourly nursing rounds have made an impact on preventing falls and supporting falls prevention policy with regard to patient safety. Most felt the hourly nursing rounds make sure that the nurse is checking on the patient regularly: "I mean for falls its good because you're there with your patient often" (P4). Some commented on how the hourly nursing rounds allow the nurse to closely monitor patients at a higher risk of falls. One participant emphasised the priority of patient safety in relation to the rounds: "I feel that it strongly prevents falls. Yeah forget about everything else, but I know if it prevents falls" (P9) and "I mean, on the safety side it's benefiting them" (P10). Only one individual expanded on how the rounds supports the falls policy and commented on how they are now incorporated into falls documentation and falls care plans. Two participants stated that they have noticed that since implementing the rounds on their ward, they have had less falls, but went on to say that it is hard to say whether or not the two are associated.

Conversely, some participants described that there has been "no impact on safety really" (P1) and patients will still fall as they can get up at anytime and even though the nurse may have just been to see them, they could be on the floor a few minutes later: "if you're starting see a patient start slide out of a chair then you do something about it there and then you don't wait for an hour to go about it" (P3).

4.5. CHALLENGING RITUALISTIC CARE

4.5.1. Task orientated nursing

Six participants felt that hourly nursing rounds are a task orientated approach to nursing. One participant expressed the opinion that “nursing today isn’t particularly task orientated, whereas the whole hourly round thing is... It’s a very sort of old fashioned approach” (P2). Whereas others described how rounds could easily become task orientated “if you let it. Because its, it’s something, that we’ve got to do that, on the hour, every hour” (P7) and goes on to describe the execution of the rounds as being robotic in fashion, but realises that this will always be the case when you are expected to go to every patient every hour. On the other hand, two participants felt that the rounds are not task orientated.

Most nurses expressed the view that hourly nursing rounds are just a paper exercise that isn’t necessarily nursing; a task that the nurse has to carry out which will be later audited: “just another form to fill in” (P1). One even said “it’s more like documentation than looking after your patients sometimes” (P3) with a another commenting that they feel like they are “spending more time trying to get the paperwork done” (P4).

4.5.2. Individualised Care

Most participants felt that there is not enough staff to carry out individualised care. However, patients will always want something different to someone else, so, in that respect, it can be seen how rounds are individualised: “You’re not going and giving everybody the same care that hour. You ask them what they need and give them what they need every hour” (P7).

However, the other side of the argument is that by doing the rounds the nurse is following a set of guidelines: “you’re not necessarily thinking on your feet and thinking what the patient might need as opposed to a different patient” (P2). The rounds were described as being a quick way of seeing every patient and despite the fact you are asking about their needs at that time it is difficult to provide individualised care for all patients specifically on the rounds. Patients with a high care dependency can take up more time and if the nurse is expected to do the rounds every hour this can compromise seeing other patients within that hour.

Some participants viewed hourly nursing rounds as a way of disengaging from looking at the patient as a whole and that it does not promote individualised care. They all felt that hourly nursing rounds, where they are following a set focus of goals, does not allow them to use their own nursing initiative: “it’s no longer the real scenario that you have to do with the patient” (P10).

4.5.3. Embracing Change

The difficulties of establishing the hourly nursing rounds into daily routine was evident because of the challenges associated with getting staff on board and for them to make the necessary changes in their practice. One participant remarked on the difficulties of encouraging people to change and for them to get used to it and not view it as simply an extra piece of paperwork to do: “I think people get quite bitter about it” (P2). They go on to say that in a way it is “patronising towards the staff cause, it’s sort of implying that we’re not around all the time or we just leave the patients alone in the bay which is not true at all. But we’re always around, always looking after the patient” (P2).

Only a few participants described that change was embraced when the hourly nursing rounds were introduced. Those who agreed on this point also agreed on the challenges of getting staff used to it at first and making staff aware of the need for the hourly nursing rounds. They expressed in their own ways that “people just got on with it.... adapted to it really easily... and I think everybody agrees now that it’s worthwhile” (P7). Another participant described the change as being strange at first but “once you get used to doing it, its fine; you incorporate it in as part of your day” (P8). With any new practice that is implemented there will be those who embrace the change and those who may “dig their heels in it and it’s quite a push” (P8). At the end of the day “if it does make everything better for the patient, then fine we embrace it” (P8).

4.6. RESOURCING

4.6.1. Staffing

Staffing was a major issue that was regularly mentioned when discussing the delivery of care and time to care. It was felt that there is not enough staff on the wards to carry out hourly nursing rounds as well as carrying out other duties: “Obviously if you haven’t got enough staff...It can’t be done dead on the hour” (P1). Interestingly, one way in which to challenge the issue of short staffing with regard to hourly nursing rounds, would be the possibility of a designated member of staff to carry out the rounds each shift and for that one person to carry them out every hour on every patient, which was suggested by one individual.

4.6.2. Time to care

Most participants described the difficulties of finding the time to carry out the rounds every hour: “it can be quite difficult, for every hour to get to every patient” (P4) and: “we never get

enough time to go round every hour" (P2). Most commented on the unrealistic expectation to carry out the hourly nursing rounds during the morning when the nurses are occupied with delivering personal care as well as attending doctor's ward rounds and medication rounds. During times where the assistance of another member of staff is required in order to meet patient needs it is often the case that they will be recruited from another patient area. This could then compromise the patient care of the recruited nurse and their ability to carry out their own rounds; described by one participant as a "no win situation really" (P4). There was evident frustration regarding the issue of how some patients take up more of the nurses' time if they are deteriorating and require close monitoring and yet there is still the expectation to carry out the rounds for all of their patients.

Most did not feel that hourly nursing rounds free up more time to do other tasks, or make the shift less stressful on their respective wards. One participant described the rounds as a way of carrying out care in a 'methodical' fashion; which in a way could make the shift less stressful, but would depend on individual patient needs and time management of the nurse. Others believe that they make the shift more stressful with the expectation to fill out added paperwork.

However, despite the above points, most were clear that they believed that if a nurse is unable to carry out the rounds at one particular hour, that doesn't necessarily mean that the nurse is not checking on their patients especially if they are present in the patient area; which is what one participant describes as "eyeballing patients" (P3).

4.7. SUMMARY

Four main themes were identified when analysing the interview transcriptions. The main theme identified was whether or not nurses feel that hourly rounds have made an impact on improving the quality of patient care; this theme links back to the purpose of this study to evaluate nurses' satisfaction with, and their impression of, the care patients receive in wards that are implementing the hourly nursing rounds. The findings will now be explored and put into context with regard to the literature findings and discussed in the following chapter.

CHAPTER 5

DISCUSSION

5.1. INTRODUCTION

This chapter will provide a discussion and interpretation of the findings from chapter four. According to participants, the major concerns raised were conflicting views of whether they felt hourly nursing rounds have made an impact on improving the quality of patient care and enhancing patient safety. A complexity of factors was identified in the themes and will be discussed in this chapter.

5.2. IMPROVING QUALITY OF PATIENT CARE

This theme is central to why hourly nursing rounds have been implemented in the Trust, and why it is being implemented in other trusts within the UK, as one way of improving the quality of patient care in response to the current climate surrounding patient care in the NHS.

Amongst participants who felt that the rounds have had an impact on improving the quality of care, a common point made was that this ensures the nurse is going to every patient, every hour, in a structured way, which will in effect encourage more direct time spent with the patients amidst concerns about the quality of care in the NHS (Santry, 2011). If more direct time is spent with patients this will have an impact on their satisfaction with the care they receive. This in turn will encourage greater contact between the patient and their nursing team (Castledine et al., 2005). Patient satisfaction is described by Nguyen, et al. (2002) as being widely considered to be an essential part in delivering the best quality care. This point is opposed by McEwen and Dumpel (2010), who propose that patient satisfaction schemes do not have an impact on improving the quality of patient outcomes and describe the rounds as a “marketing gimmick used to promote a false appearance of superior hospital nursing practices” (p.26). This study is very negative and appears to strongly oppose the positive views expressed by the Studer Group about hourly nursing rounds; both appear to present a very biased view on the merits of the rounds.

Several studies found an increase in patient satisfaction in relation to carrying out the rounds (Meade et al., 2006; Haack, 2007; Assi, Wilson, Bodino et al., 2008; Culley, 2008; Sobaski, Abraham, Fillmore et al., 2008; Tea, Ellison and Feghali, 2008; Woodard, 2009). However, Gardner et al. (2009) did not find any significant differences between the experimental and control groups of patients which could be contributed to the small size of their study. Collectively, it is the nurses’ perception that the patients expressed increased satisfaction with the care they received when rounds were implemented. The patients’ level of satisfaction depends upon their perception of how well the nurses have been able to meet their needs both on a physical and mental level (Woodard, 2009; Meade et al., 2006).

In chapter two (page 7), a key question raised by Meade et al. (2006), was whether or not a rounding protocol carried out by nurses that anticipates patient needs on a regular basis can result in better patient-care management that in turn will improve patient care. The Parliamentary and Health Service Ombudsman report (2011) presents ten investigations into complaints made about the standard of care provided to older people by the NHS. Looking at the details of these complaints it can be seen how hourly nursing rounds could help to prevent such cases happening as they address the most basic standards of nursing care: pain, potty (continence) and positioning as well as making sure hydration needs are met and the call light buzzer is within reach. The Ombudsman report is presented in reference to the government document on the NHS constitution (DH, 2009) developed as part of the NHS Next Stage Review led by Lord Darzi (DH, 2008). This constitution establishes the principles and values of the NHS in England, setting out the commitments of the NHS to protect the rights of patients, public and staff as well as outlining the responsibilities of these to one another to ensure that the NHS operates fairly and effectively. It is difficult to comment on patients' satisfaction with their care because it is nurses' perceptions that patients would be more satisfied if they are seen on an hourly basis. This could be because if a patient sees a nurse more often, and their needs are anticipated on an hourly basis, this will reduce the use of the call light buzzer and in turn the patient will feel less anxious and more satisfied with their care.

Hourly nursing rounds were described as a positive structured way that reminds nurses to check their patients on a regular basis, making sure the nurse is available to address the immediate care needs. However, it was found that generally most participants felt that patients are not aware of the hourly rounds taking place. Some felt that this could be attributed to the fact that some patients struggle to communicate their needs because of a lack of cognitive abilities or an inability to use the buzzer, thus, the rounds give the patient the opportunity to voice their needs or raise any issues.

However, sometimes it can be that patients don't understand why the nurse has been to them, which could be due to the patient's inability to understand aspects of their care but could also be because the nurse has not carried out the round correctly by telling the patient that they will be back in an hour to check on them. This highlights the possible need to audit whether the rounds are being carried out properly. The key feature of the hourly nursing round is that the nurse makes sure the patient is informed that they will be back every hour to address their needs (Studer Group, 2006), which will hopefully reduce patient anxiety and reduce their need to use the call light buzzer.

Another issue that emerged were nurses' perceptions of the rounds as a means of reassurance to the patient. The nurse will be available to address their needs every hour which will in turn have an impact on patient anxiety levels (Gurney, 2006; Halm, 2009; Woodard, 2009). The presence of the nurse both on a physical and emotional level will impact on such factors. Schmidt (2003) mentions one factor that patients reported and which contributed to forming their perceptions of care was the response of nurses to their requests for assistance in terms of timeliness and appropriateness of the response.

Woodard (2009) provides a different perspective in describing 'Help Uncertainty', which is described in more detail in chapter two (page 11). It is the availability of nurses that is thought to lead to lower overall levels of uncertainty with less anxiety being experienced by patients (Calvin and Lane, 1999). It is difficult for the researcher to infer whether patient anxiety has been reduced following the introduction of hourly nursing rounds. The literature presents promising findings such as Woodard (2009) who found that on the rounding unit 72% were very certain someone would assist with their immediate needs compared to 8% on the non-rounding (control) unit. These findings suggest that the rounds made a positive impact on patients' perceptions of the availability of the nurse to meet immediate needs. Moreover,

52% were neither certain or uncertain that their needs would be met on the non-rounding unit. This was evident in the researcher's study where the nurses expressed that patients were not aware or understand about the rounds taking place.

Hourly nursing rounds provide a structured way in which the nurse can anticipate patient needs in a proactive way. Collectively, the above points all appear to suggest that if patients know a nurse will see them every hour they will be less anxious about getting their needs met. Therefore, they may be less likely to feel the need to use their buzzer or to attempt to get up and so reduce the chances of a fall (Meade et al., 2006; Gurney, 2006; Halm, 2009; Woodard, 2009).

Participants who did not feel that hourly nursing rounds have had an impact on improving the quality of patient care, expressed this on the basis that they felt they were doing the rounds anyway, therefore, there had been no improvement in the quality of patient care. Some of the responses seem to support the literature but to a lesser degree. This may be because patients are generally in an open area or 'bay' of six beds, in which the nurse is generally present and is often visible to the patients. Comparing this to studies conducted in America where their healthcare system is different and patients are in separate rooms, there was some concern in the literature how the US initiative would transfer to a UK system. The introduction of hourly nursing rounds could prove beneficial to those patients in private rooms as there will be less chance of them being overlooked than at the present time because they are not in an open patient bed area.

5.3. PATIENT SAFETY

Few participants felt that hourly nursing rounds have had a positive impact on patient safety despite it being one of the main reasons the rounds have been implemented in the Trust where the researcher undertook this study. Nurses' perceptions generally were that hourly nursing rounds had a positive impact on patient safety but the researcher accepts that there is no quantifiable information to support this; Melnyk (2007) suggests the use of randomised control trials to test cause and effect relationships. Nevertheless, it is important not to lose sight of this study which is evaluating nurses' satisfaction with the care they give. Within the theme of patient safety, nurses will be evaluated as to whether patient safety policies, such as falls prevention, are effective and in turn promote nurse satisfaction. Falls prevention is not the only patient safety issue but it was the major one identified from the findings of this study.

The Nottingham University Hospitals (NUH) NHS Trust reports that approximately 3,500 falls are recorded annually, with older people in hospital being at very high risk of falling because they are ill, often confused and are being cared for in unfamiliar surroundings (NUH, 2010). Patient safety is also a major concern at a national and worldwide level. On a national level, the National Patient Safety Agency (NPSA) is in place to lead and contribute to providing safe patient care by informing, supporting and influencing organisations and those who work within the health sector. It is evident from the literature that one way in which we can address this issue is by means of implementing hourly nursing rounds as a means of enhancing patient safety. To this end, the rounds have been incorporated into a Falls Prevention Toolkit that was put together by the Inpatient Falls Committee (IPFC) after launching a review of Trust policies and procedures. The toolkit is now available on all wards (NUH, 2011). It is important to have such institutional measures in place to ensure safety (Morse, 2002). Only one participant could expand on how hourly nursing rounds supports Trust falls policy and commented on how they are now incorporated into falls documentation and falls care plans. This appears to

highlight a possible deficiency in educating staff on how the rounds are embedded in falls policy.

Participants were divided in opinion as to whether they felt hourly nursing rounds have made an impact on preventing falls. Several studies have reported the reduction in falls in wards where hourly nursing rounds have been implemented (Meade et al., 2006; Haack, 2007; Johnson and Topham, 2007; Assi et al., 2008; Culley, 2008; Weisgram and Raymond, 2008; Callahan et al., 2009; Woodard, 2009). Most of these studies were carried out on a small scale making it difficult to make generalisations about whether the rounds have a direct influence on reducing falls. Meade et al. (2006) stands as the largest scale study conducted on hourly nursing rounds to date. This compared baseline data (four weeks prior to implementing the rounds) to the four week implementation period. They found that there was a significant reduction in falls reported in wards implementing the rounds compared to wards not implementing them. However, despite a reduction in falls on the two hourly rounds this was not statistically significant. Despite the significant decrease in falls, it is difficult to say for definite that this was as a result of the rounds as other factors may have contributed to the reduction. This study also had a high attrition rate which threatens the internal validity of the study. Interestingly, a strongly opposing article expresses the opinion that hourly nursing rounds “do nothing to improve actual therapeutic patient outcomes” (McEwen and Dumpel, 2010 p.23), a view which is shared by some of the participants of this study.

As Halm (2009) rightly puts it, there may be wards that have low fall rates and thus may not achieve the same degree of change from implementing the rounds. So, in order to make appropriate inferences, wards must compare falls rates prior to rounding and assess whether other practice changes have had an impact.

All participants agreed that patient safety is imperative. However, there were conflicting views as to whether they felt hourly nursing rounds have made a positive impact on patient safety and indeed this is disputed within the literature; e.g. “more bedside nursing hours per patient day may consequently result in safer hospital stays” (Tzeng and Yin, 2009 p.3339).

5.4. CHALLENGING RITUALISTIC CARE

Most participants felt that hourly nursing rounds are a task orientated approach to nursing, an old-fashioned approach, following a set of guidelines to complete every hour for every patient. This approach refers to the ‘back round’ from the 1970s in which two nurses would together visit each patient, tidying their bed and conduct frequent washing. Pressure areas were massaged, to prevent bed sores, and the patients’ hydration, elimination, pain, skin condition and state of mind assessed. These visits allowed the nurse to spend a few minutes with each individual to provide concentrated attention to their needs (Bates, 2002). Castledine et al. (2005) agree that ‘back rounds’ focused on a task approach to patient care. However, it is this idea that hourly nursing rounds are returning to the ‘back rounds’ that has stimulated dispute within nursing.

Some participants expressed the view that hourly nursing rounds disengage the nurse from looking at the patient as a whole and it do not promote individualised care because the nurse is focused on carrying out a set of tasks. The nurse is pressured to adhere to a ‘formal script’ and it is debateable as to whether or not this impacts negatively on the use of their critical thinking skills and their delivery of individualised care (McEwen and Dumpel, 2010). It is

because of this script that the rounds are described as being a paper exercise; filling out a form, that will be audited later, isn't always considered to be nursing. This ideal of 'formal scripting' is described by Halm (2009) as a rehearsed action intended to standardise practice. However, she brings forward the point of the importance of customising the three P's to meet the individual needs of the patient.

The promotion of individualised care is embedded in the NMC code of professional conduct (NMC, 2008) and should be reflected in all aspects of nursing care as patients want to be treated as individuals (Schmidt, 2003). Patients will always want something different and have different needs to someone else, so in that respect, it can be seen how rounds are individualised. Ford (2010) describes the rounds as a proactive approach to nursing care with a focus on patient-centred care. McEwen and Dumpel (2010) argue that hourly nursing rounds deskill and automate nursing interactions with patients. They go on to say that rounds interfere with the nursing process, negatively impacting on the nurses' professional clinical judgment and their ability to prioritize, assess, plan, individualize, implement, and evaluate care. This may have an impact on nurses' satisfaction with their care when implementing the rounds.

There were challenges identified with the implementation of the hourly nursing rounds. In particular, difficulties were encountered in establishing the rounds into daily routines and getting staff on board to initiate changes in the delivery of patient care. With any new practice that is introduced there will be those who will oppose change and those who will embrace change. This point is supported by Halm (2009) who describes the opposition and "wavering adherence" (p. 584) that may be associated with hourly nursing rounds, particularly the documentation that is required to be completed.

Few participants commented that change was embraced when the hourly nursing rounds were implemented. Those who agreed on this point also agreed on the challenges of making staff aware of the need for the rounds and getting them used to them in the first instance while recognising that the introduction of anything new will be stressful. It is anticipated that nurses will eventually embrace change if there are systems and resources in place that support them in carrying out new practices such as the hourly nursing rounds. The NHS Institute for Innovation and Improvement (NHS, 2008) provides a useful tool 'Human Barriers to Change', which provides a means of generating enthusiasm amongst colleagues that could be utilised into educating nurses of the need for the rounds.

It is important to listen to nurses views in order to evaluate whether such new practices are effective as this will highlight any further changes that can be made as means of service improvement (NHS, 2008b). This will allow the exploration of the reasons for scepticism and resistance and to assess the potential benefits to patients, quality and safety. New practices will impact on nurse satisfaction which will in turn impact on the delivery of patient care. This theme links in with the Releasing Time to Care: Productive Ward initiative. Key findings from the recent report by The NHS institute for Innovation and Improvement (NHS, 2010) illustrate how the initiative has created more time for better care, improved patient experiences and improved staff satisfaction which can all be linked to the implementation of hourly nursing rounds.

5.5. RESOURCING

Staffing was a major issue that was regularly mentioned when discussing the delivery of care and time to care; it was felt that without extra staff it was unrealistic to expect them to carry

out the rounds. This was identified as one of the categories within the theme of resourcing. It was felt that there is not enough staff on the wards to carry out hourly nursing rounds in addition to their other duties. Thus staffing issues will have an impact on nurses' satisfaction with the care they give. Studies have not looked at staffing specifically in relation to hourly nursing rounds. However, there are studies that look at the nursing practice environment in relation to the rounds which are carried out via a questionnaire given to nursing staff that enquires into their practice environment. Some of the questions are directed at staffing issues, for example, one question asks whether they feel there is enough staff to carry out quality patient care. This is about their general care, not just when carrying out the hourly rounds. Gardner et al. (2009) found a significant difference between the control and experimental wards over time with regard to the resource adequacy subscale; however, because this subscale covers a range of issues within resources such as staffing, it is difficult to infer whether nurses felt there is enough staff to carry out the rounds. More information on the nursing practice environment can be found in chapter two.

Interestingly, one possible way in which to address the issue of short staffing with regard to hourly nursing rounds would be to appoint a designated member of staff to carry out the rounds each shift and for that person to carry out the rounds every hour, on every patient which was suggested by one participant; a concept similar to that of the unit hostess implemented by Sheedy (1989). Sheedy (1989) created the role of the unit hostess who was not a nurse (registered nor auxiliary) that carried out two hourly rounds for each patient on a 58 bedded unit as well as being responsible for answering call lights. If a patient needed a nurse, the unit hostess would report this to the nursing staff. It was found that comments made by patients favoured the hostess role and the nursing staff reported fewer interruptions in their daily routine and patient anxiety decreased.

This brings to light the issue of whether there should be one designated person to carry out the rounds each shift for all patients which could be construed as the ritualistic task orientated approach that some nurses are against. Alternatively, for each patient caseload their primary nurse could carry out the rounds. For example, in Woodard's study (2009) it was a designated senior charge nurse who carried out the rounds each shift for all patients on their ward. However, on the whole, it is not evident from other studies conducted on hourly nursing rounds if there was one designated person who carried out the rounds for the whole of their ward or whether individuals just dealt with their own patient caseload.

Another category identified within the theme of resourcing was time to care. Time was described as being a major issue when conducting the hourly nursing rounds which contradicts anecdotal data; verbally reported in the Meade et al. (2006) study. This found that the rounds created additional time to care for patients and carry out tasks that nurses were more satisfied with as patient call light use was reduced. Halm (2009) also contradicts this point, highlighting the fact that evidence suggests that hourly nursing rounds organise work flow by allowing nurses to be more efficient, thereby giving them time back, in order to proactively anticipate patient needs. Based on the principles of the Releasing Time to Care: Productive Ward initiative, practices such as hourly nursing rounds aim to release time so nurses can spend more direct time with patients resulting in better outcomes and improvement of patient and staff satisfaction with the NHS (Wilson, 2009). However, this does not appear to be translating into practice. It may be that more research must be conducted in order to see if rounds can release time for nurses to carry out more effective and efficient patient care.

Nurses expressed their frustration regarding the issue of how some patients take up more of their time if they are deteriorating and require close monitoring whilst there is still the expectation to carry out the rounds for all of their patients. Woodard (2009) supports this

point and reports barriers to successfully carrying out the rounds included complex patients that required more time to address their needs. This illustrates the sheer complexity of the nursing role in using critical thinking skills, prioritising and decision making skills that are expected as part of the NMC code (NMC, 2008).

Despite their best efforts, nurses in general feel they haven't got the time to carry out the hourly nursing round assessments and address all the other needs of their patients; they feel that they are unable to spend as much time with their patients as they would like, which is impacting on their satisfaction of the care they are providing. This is not only because they need to address the immediate needs of the patients but have to deal with other tasks such as answering phone calls, liaising with members of the multidisciplinary team and discharging and admitting patients. This is supported by Woodard (2009) who reported that nurses had identified the biggest barrier to effective implementation of the rounds as being the time spent discharging and admitting patients.

5.6. LIMITATIONS OF THE STUDY

The study conducted involved the use of a small sample of ten participants. Based on this sample size, 30 minutes was allocated for each of the planned interviews. However, by necessity, the interviews had to be conducted whilst the participants were on duty. This restricted the time they were able to allocate to the researcher and as a result interview times were limited to 8 to 20 minutes. This proved not to be a problem in terms of data generation but in retrospect the study could have been conducted with more participants.

Participants were interviewed across only four wards within the acute medicine directorate; interviewing participants from other specialities would have provided more comprehensive

data. Participant experience levels included an unbalanced mix of one auxiliary nurse and nine registered nurses, ranging from staff nurses to those in more senior roles. This could be seen as a positive in that the views of an unregistered nurse were included in the study and could have implications for further research. It is also possible that the nurses who participated may not have been truthful in what they said; they may have felt obliged to give socially desirable answers.

This study was conducted solely by the researcher, who is not an experienced researcher, and the quality of the data collected and analysed must be viewed with this in mind. There are also implications for reliability inherent in the transcription process which is based on the researcher's own interpretation of the interview tapes.

5.7. SUMMARY

This chapter has discussed the findings of this study and demonstrated how several of the issues raised interlinked and put the findings into context with the literature. The following chapter will give the conclusions of this study and recommendations for practice.

CHAPTER 6

CONCLUSION

This chapter will conclude the study and identify the recommendations for nursing practice and recommendations for future research. It will close with the researcher's personal reflections of the dissertation process.

This study has provided some insight into nurses' experiences of implementing hourly nursing rounds and evaluates their satisfaction with their care in two large teaching hospitals within one NHS trust in the UK. There is a limited amount of research that specifically looks at nurses' perceptions and satisfaction with the care they give in relation to hourly nursing rounds. It is hoped, that this study will add to the limited body of research presently available on this subject, especially within the UK.

The researcher feels that this study will be of interest to those engaged in nursing management and encourage nurses to undertake hourly nursing rounds and embrace them as

a structured way to organise their shift to ensure that basic care needs are anticipated on a regular basis.

Implementing new and improved ways of delivering better patient care is at the centre of nursing care. With concerns about the NHS neglecting the delivery of basic patient care needs, as illustrated in the recent Ombudsman report (2011), hourly nursing rounds have been proposed as a way in which to address these concerns.

The literature has mainly focused on patient outcomes in terms of patient safety and patient satisfaction, in respect to hourly nursing rounds. It is perceived that if patients are more aware that nurses will be available to anticipate their immediate needs they will be less anxious and more satisfied with their care. Moreover, a patient that is less anxious is less likely to use the call light buzzer and nurses will in turn be more satisfied with the care they deliver and consequently feel happier within their working environment.

Participants in this study were divided in whether or not hourly nursing rounds have had a positive impact on improving the quality of patient care, with some saying that there has been no impact because they were doing the rounds anyway. Whilst others said that it is a structured proactive approach to patient care that reminds nurses to see patients on an hourly basis, to anticipate their needs. There were concerns as to whether hourly nursing rounds are a task orientated approach that is similar to the old-fashioned 'back round' approach to which nurses do not want to return. Resourcing issues were a major concern highlighted in the interviews; participants felt that there is not enough staff or time to carry out the rounds. There were also concerns raised as to whether hourly nursing rounds disengage the nurse from looking at the patient as a whole and do not promote individualised care.

The findings in this study contradict what is said in the literature about nurse satisfaction and carrying out the rounds. In some studies nurses reported that the rounds created time to do other tasks and reduced stress levels. They found that there was a reduction in call light use and patients appeared to be less demanding as the nurses were proactively anticipating their needs on a regular basis. Nurses in this study did not feel that the rounds had freed up any time or reduced their stress levels.

However, despite the above points, the nurses generally felt that if the hourly nursing rounds improved the quality of patient care change must be embraced and they must be incorporated into daily practice. Nurses generally thought that the rounds had a positive impact on patient safety but the researcher accepts that there is no quantifiable information to support this. The literature shows how this practice positively impacts on patient outcomes and staff satisfaction if the rounds successfully promote a proactive approach to anticipate needs.

6.1. RECOMMENDATIONS FOR NURSING PRACTICE

- ◆ For both registered and auxiliary nurses to share implementation of the hourly nursing rounds but it must be specified at the start of shift who will conduct the rounds. Ultimately, the registered nurse has accountability and responsibility.
- ◆ To encourage other professionals e.g. physiotherapists to share responsibility for carrying out the hourly nursing rounds to help spread the workload.
- ◆ For senior management to audit this practice to see whether or not it is being implemented correctly and whether nurses fully understand the procedure to follow when carrying out the hourly nursing rounds.

- ◆ To ensure that nurses are appropriately educated on why the hourly nursing rounds are necessary, their importance and how to use them.

6.2. RECOMMENDATIONS FOR RESEARCH

- ◆ To study the impact of hourly nursing rounds on the frequency of inpatient falls. This would require an experimental study and collecting statistical data in order to compare reported falls data prior to the rounding and during the period of implementation.
- ◆ Further qualitative studies that explore nurses' experiences of carrying out the hourly nursing rounds.
- ◆ Further quantitative research to be carried out within the UK in order to assess whether the hourly nursing round system can be successfully transferred from the US to the UK.
- ◆ Further research to look at patient anxiety in relation to hourly nursing rounds and explore the concept of help uncertainty within the UK.
- ◆ To present the Practice Environment Scale questionnaire to nurses to assess whether hourly nursing rounds have had an impact on their perceptions of their working environment.
- ◆ Explore long term effects of hourly nursing rounds.
- ◆ To expand this study by interviewing more nurses across more wards within the Trust.

6.3. PERSONAL REFLECTIONS OF THE RESEARCH PROCESS

This dissertation has provided the opportunity to study a topic of interest and current relevance in nursing. It has facilitated the development of the researcher's skills in reviewing and analysing appropriate literature as well as the opportunity to design and implement a

research project. It has been a valuable exercise in self-directed study and the development of a critical way of thinking when reviewing the evidence-based literature.

There were difficulties in recruiting nurses. The researcher had to adopt a flexible recruitment process, visiting wards on days off from her placement. There were days when the wards were too busy to release nurses to be interviewed so some days were more successful than others in this regard. Time constraints were a constant concern when collecting data.

This study has presented many problems and setbacks. The major setback being ethics and the need to change the methodology of the study proved very stressful. However, the researcher has embraced these challenges and this has helped in the development of invaluable research skills. The researcher feels that this has been a rewarding experience and feels a sense of achievement in having completed such a demanding task.

This study aimed to evaluate nurses' satisfaction with care in wards implementing hourly nursing rounds. Semi-structured interviews were utilised and it is hoped that this study has provided further insight into nurses' experiences of implementing hourly nursing rounds. The researcher believes that hourly nursing rounds are a brilliant concept and hopes that this practice will be embraced in more trusts across the UK; it will be interesting to see the results of any further research on this subject.

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