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Verification of the Psychometric Properties of the Nurses' Perception of Patient Rounding Scale

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Purpose: Intentional hourly patient rounding has re-emerged and is now recognized as a national and international standard practice initiative among nurses in acute care settings to promote safe, quality care in health care delivery systems. The practice of patient rounding has been associated with improved outcomes for both patients and nurses: a decrease in the incidence of falls, decreased call light use, increased patient satisfaction and safety, and quieter nursing units. Additionally, evidence supports intentional hourly rounding enhances nurses' work environment, improving patient care management and achievement of greater work efficiency. Patients' perception of excellence of care is based on the perceived availability and visible presence of nurses, which is greatly enhanced by intentional hourly rounding on patients. While the conduct of patient rounding in hospital settings is increasingly becoming standard practice internationally, continued controversy regarding its use in nursing exists, and importantly, nurses' perception of this common practice has not been consistently measured. Due to the dearth of an available measure to determine nurses' perceived values, beliefs and attitudes towards the practice of rounding, the Nurses' Perception of Patient Rounding Scale (NPPRS) was developed. Using the newly developed instrument, the Nurses' Perception of Patient Rounding Scale, the purpose of this methodological study was to examine whether the NPPRS continued to demonstrate strong psychometric properties when retested with additional investigations in multiple acute care settings.

Methods: The NPPRS, a 42 item scale in 5 point Likert format consists of three subscales and a total scale: Nurse benefits, patient benefits, and communication. Initial psychometric support for the NPPRS was established through content validity and Cronbach's alpha coefficients. After IRB approval at each institution, nurse participants completed the NPPRS with additional qualitative items geared toward identifying challenges, barriers, and facilitators towards this increasingly mandatory practice.

Results: The findings of this study through factor analyses support the three subscales. Results of the total NPPRS and the subscales of communication, patient benefits, and nurse benefits indicated that nurses perceived rounding to be an important and valued practice, yet qualitative inquiry revealed that nurses identified challenges to practice of rounding. Variability existed among acute care settings in terms of nurses' perception of benefits, whether the practice of rounding was more beneficial to nurses' themselves or to patients; however, nurses perceive the practice of intentional hourly rounding as favorable and beneficial to patients and to themselves. Challenges to intentional hourly rounding reflected issues of documentation, nurse-patient ratios, skill mix between ancillary support and nurses, and time management. Importantly, thematic analyses revealed that a mandated rounding protocol minimized nurses' professional autonomy in determining the frequency and duration of time spent with patients. Nurse leadership, evident in the supportive presence of nurse leaders positively influenced staff nurses' perceptions of intentional hourly patient rounding.

Conclusion: The results of the use of the NPPRS in multiple investigations provided verification of the reliability and validity of the NPPRS. While additional research is needed to examine the controversial issues of hourly patient rounding, and to further test the NPPRS for psychometric verification and future modification of the NPPRS, the need also exists to investigate the perception of hourly patient rounding in other care delivery systems beyond medical-surgical acute care settings. The implications for practice and research are as follows: Nurse leaders serve as important facilitators to successful patient rounding. Through expert communication, nurse leaders can engage staff in discussion and exploration of controversial issues related to intentional hourly rounding to enhance the delivery of safe and quality patient care, as well as secure resources and facilitate the care delivery mode.

Title:

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References:

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Abstract Summary:

Intentional hourly patient rounding has re-emerged as a standard practice initiative to promote safety and improved quality care. Using the newly developed instrument, the Nurses' Perception of Patient Rounding Scale, the purpose of this methodological study was to further examine the psychometric properties of this instrument in additional investigations.

Content Outline:

I Introduction

A. Re-emergence/recognition of intentional hourly patient rounding as a standard nursing practice initiative

B. Intentional hourly patient rounding to improve patient outcomes: A brief review of the literature

II Body

A. Development of the Nurses' Perception of Patient Rounding Scale (NPPRS)

1. Initial development of items
2. Refinement of items
3. Role of practicing nurses in tool development

B. Pilot study

C. Initial Psychometric properties

1. Reliability
2. Validity

D. Factor Analysis, Three Factor Model

E. Qualitative analysis

F. Additional use of the NPPRS in Multiple Investigations (local, national & international)

G. Findings of the Methodological Investigations

III. Conclusions

A. Implications for Practice and Nurse Leadership Initiatives

B. Recommendations for Further Research

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Author Summary: Dr. Neville is a frequent presenter at local, national and international nursing conferences on the topic of nursing research. Based on an identified need of advanced practice nurses, the Nurses' Perception of Rounding Scale was developed and initially piloted to gain knowledge regarding perceived values, benefits, and attitudes towards the practice of rounding. Psychometric support for the NPPRS was established, and further investigations verify the psychometric properties for this new instrument, both nationally and internationally.