Verification of the Nurses’ Perception of Patient Rounding Scale (NPPRS ©Neville, 2010)

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Learning Objectives

At the conclusion of this session, attendees will be able to:

1. Identify factors influencing the practice of hourly patient rounding.
2. Describe the development of the Nurses’ Perception of Patient Rounding Scale.
3. Examine the psychometric properties of the Nurses’ Perception of Patient Rounding Scale.
4. Explore implications for practice and future research.
Introduction: Hourly Patient Rounding

Hourly rounds, the “intentional checking on patients at regular intervals”, (Halm, 2009, p. 581) has re-emerged as a standard practice initiative.

Literature supports patient rounding as an appropriate, safe, useful practice, yielding nurse and patient benefits:

- Quieter units, decreased call lights & falls
- Increased levels of patient satisfaction
- Hospital satisfaction associated with nursing
- Excellence in care is based on nursing presence: Perceived availability/visibility.

Evidence supports hourly rounding enhances work environment, improving patient care management and achievement of greater work efficiency.
Brief Literature Review: Intentional Hourly Rounding

Identified Challenges (Halm, 2009):
- Formal Scripting
- Adequate Skill Mix
- Patient Acuity
- Documentation Demands

Effective Ways to Reinforce Rounding Initiatives:
- Leadership Support
- Staff Champions
- Educational Support
- Hardwiring a standard protocol

Need: Previous studies provide evidence describing protocols and outcomes, no investigations explored nurses’ perceptions of patient rounding.
Purpose

The purpose of this methodological study is to further evaluate the psychometric properties of the NPPRS using data sets from nurses practicing in multiple acute care agencies.

While the implementation of patient rounding continues to increase, controversy regarding nursing challenges and nurses’ perception of this increasingly mandated practice remains.

The Nurses’ Perception of Patient Rounding Scale (NPPRS, ©Neville, 2010) was developed to evaluate nurses’ values, beliefs and attitudes towards hourly rounding.

The NPPRS, a 42 item scale is 5 point Likert format was developed and piloted in Somerset Medical Center, New Jersey with acute care staff nurses, and is now used internationally.

A three factor scale emerged and psychometric properties established.
Pilot Investigation

- Initiated in 2010.

- Impetus: Need to engage staff in the conduct of nursing research.

- Initial consultation with advanced practice nurses to identify areas of need/concern.

- Staff recognized mandatory practice without assessment.

- Use of a descriptive exploratory design.

- A newly constructed questionnaire, the Nurses’ Perception of Patient Rounding Scale was developed to measure staff nurses’ perceptions of rounding practices.

- Initially 60 items

- Face validity established

- Focus groups eliminated redundancy/facilitated timely completion.

- Content validity established.
Nurses’ Perception of Patient Rounding Scale

42 item scale in 5 point Likert format to assess nurses’ perception of hourly rounding.

Communication
“Rounding is a practice that facilitates improved verbal and nonverbal communication between nurses and patients”.

Nurse Benefits
“Rounding is a constructive use of nurses’ time”.

Patient Benefits
“Rounding reduces patient and family uncertainty about their illness”.

Additional items address culture, schedule, ethical, confidentiality

Qualitative items
Suggestions/recommendations/identification of patient issues influencing rounding.
Descriptive Statistics: Select Samples

<table>
<thead>
<tr>
<th>Subscale:</th>
<th>Pilot</th>
<th>California</th>
<th>South New Jersey</th>
<th>North New Jersey</th>
<th>Texas</th>
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<td>X = 159.62</td>
<td>X = 153.70</td>
<td>X = 154.34</td>
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<td>(SD = 20.07)</td>
<td>(SD = 17.37)</td>
<td>(SD = 19.24)</td>
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<td>(SD = 6.46)</td>
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# Alpha Cronbach’s Reliability Coefficients

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<tr>
<td><strong>Sample Size</strong></td>
<td>n = 49</td>
<td>n = 56</td>
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<td><strong>Total Scale</strong></td>
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Conclusions

Principal components analysis with varimax rotation continued to yield the three factors of communication, nurse and patient benefits.

Consistent reliability coefficients have been maintained in multiple investigations.

Qualitative evidence supported the positive impact of strong leadership in sustaining nurses’ practice of rounding with policies to reinforce practice initiatives.

Qualitative evidence consistent with challenges identified by Halm (2009).

Nurses’ perception may be influenced by hours worked (8 vs. 12 hours) and shift, day, days, evenings or nights).

Additional investigations provide further psychometric support for the use of the NPPRS with similar descriptive statistics and reliability coefficients obtained.
Adoption of the NPPRS

NPPRS Research Dissemination has yielded global interest to improve practice:

- Nurse leaders evaluating the impact of their roles/presence.
- Nurses determining best-practice patient rounding protocols.
- Doctoral students implementing EBP projects and conducting research.
- Investigations examining factors related to optimal rounding and efficacy of nurse designed interventions.
INTERNATIONAL USE OF THE NPPRS

Nurses’ Perception of Patient Rounding Scale

- United States
- China
- Australia
- Sweden
- Korea
- Turkey
- Afghanistan
Implications for Future Research

• Use of the NPPRS in more diverse practice settings.

• Further exploration of challenges to effective rounding practices.

• Further psychometric development.

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