



*Original Research Article*

# Assessment of nurses opinions on participation in ward round in Ebonyi State

Accepted 9 February, 2015

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**Study of nurses opinions on participation on the conduct of ward round in the hospital wards was conducted using questionnaire as instrument. One hundred (100) nurses were randomly selected from 420 nurses that took part in the mandatory continue education organized for nurses at the State. The respondents were assured that their responses would be only for statistical use. The results show that 91% of nurses knew the importance of ward round and are willing to participate yet only 13% participated in ward round the previous day. The reason was due to high workload and the time for ward round not specified to enable the nurses incorporate it in ward routines. It was recommended that the state should employ more nurses to reduce workload on the nurses to enable them participate actively in ward round.**

**Key words:** nurses' opinion, ward round, participation

## INTRODUCTION

Effective ward round is fundamental to quality health care. It is a multidisciplinary procedure that demands active participation of each team. Nurses as the owners of the ward and the only team members that stay always with the patients have indispensable role to play. Their position in this very important procedure cannot be overemphasized. They have a crucial role in sharing information, supporting patients in articulating their views (Busby and Gichrist, 1992). Absence of a nurse at the patients' bedside during ward round has clear negative effects both to the patients, their relatives, other team members and generally patients' care.

Lees (2013) stated that ward round is an essential aspect of good-quality care, with nurses playing a vital and central role. Ward rounds are complex clinical activities, fundamental to providing high -quality and safe care for patients in a timely, orderly and relevant manner. It provides an opportunity for the multidisciplinary team to come together, review a patient's condition and develop a coordinated plan of care, while facilitating full engagement of the patient and/or relatives in making shared decisions about patient's care. Ward round require strong leadership and good working relationships among all members of the

team and individuals are made aware of their respective roles and responsibilities (Wei et al., 2013). All members of the team should have the opportunity to actively interact as part of the ward round process. (Royal College of Physicians/ Royal College of Nursing 2012)

Additionally, ward rounds offer great opportunities for effective communication, information sharing and joint learning through active participation of all members of the multidisciplinary team. Ward rounds are critical to developing rapport and building trust with patients. It also enables all individuals involved to express a shared aspiration to make the patient the centre of attention, and empowering the patient to be actively involved in his or her own care. Significant advances in diagnostic and therapeutic regime over the past few decades have created a complex modern hospital environment and the patient needs to be carried along. Ward round now takes place more frequently, twice a day-to reflect the pace of patients' progress. By contrast, traditional ward - round - structures are predicted on the premise of a single team being responsible for the care of a patient, from admission to discharge. (Lees, 2013). Lee further opined that it is important to distinguish between ward round and ad-hoc

## Demographic Characteristics

<b>Years of Experience</b>	<b>n</b>	<b>%</b>
< 10 years	49	49
11 - 20 years	28	28
> 21 years	23	23
Total	100	100

<b>Designation</b>	<b>n</b>	<b>%</b>
NO II - SNO	51	51
PNO - ACNO	28	28
CNO - DNS	21	21
Total	100	100

individual clinical reviews. Ward rounds unlike clinical reviews, should involve the multidisciplinary team, while individual clinical reviews – which are additional to ward rounds – take place when the registrar or another specialist (perhaps a consultant or nurse specialist) needs to review specific investigations with the patient in question.

Despite being a key component of daily hospital activity, ward rounds remain a much neglected part of the planning and organization of inpatient care. There remains considerable variability in both the purpose and conduct of ward rounds, with nurses often invisible in the process. The importance of these clinical events to patients is often underestimated, along with the direct impact ward rounds have on clinical and emotional outcomes for patients. Despite the necessity for organized, regular, clinical reviews of hospital inpatients, there is a clear paucity of quality indicators and evidence guiding best practice for medical ward rounds. There is considerable variability in the organization, efficiency, quality and patient experience of ward rounds. Given the importance of this clinical area, work was jointly undertaken by the Royal College of Nursing (RCN) and the Royal College of Physicians (RCP) in 2012 to establish best practice principles for medical ward rounds. A multi professional workshop of current best practice and identify principles of high – quality care.

The main challenge is on how to reinvigorate the nurses' role among other duties that are often regarded as competing priorities such as medication rounds, wound dressing, vital signs observations, bed bathing, treatment of pressure areas etc. Particularly if these procedures clash with time for ward round. Nurses' workload has increased over recent years, however, ward rounds should be considered most important when assigning duties to nurses on each shift.

As members of the ward team attending the round, nurses need to know their patients and their needs for them to be able to advocate for them. "Knowing" arises from taking a nursing handover and looking after a group of patients, so handovers and ward rounds are inextricably linked if nurses are to successfully represent those patients in their care (Jugessur and Iles, 2009).

As with any other examination or intervention, protecting patients' dignity and privacy is a priority for nurses

during ward rounds (Lambert, 2010). Nurses should not relegate this important aspect of their care to the background.

## METHODOLOGY

A survey research design was used to study the opinions of nurses about routine ward round in the hospital at Ebonyi state of Nigeria. 100 nurses were randomly selected from 420 nurses that participated in mandatory continue education for Nurses conducted in the state on March 2014. The respondents were assured that their responses were only for statistical use. The instrument for data collection was questionnaire constructed by the researchers. It was first used for pilot study at Enugu using nurses practicing at Enugu. Split – half correlation results shows correlation of 0.89. The questionnaire was distributed to the nurses who filled the questionnaire and returned them the same day. The data were analyzed using SPSS version 16.

## RESULTS

The demographic characteristics of the nurses is shown on Table 1. The results shows that those with less than 10 years of experience were 49% those with 11 – 21 years of experience were 28% while those with 21 years and above were 23%.

The results also show that those from NO II (Nursing Officer II) to SNO (Senior Nursing Officers) were 51%, PNO (Principal Nursing Officers) to ACNO (Assistant Chief Nursing Officers) were 28% while those from CNO (Chief Nursing Officers) - DNS (Director Nursing services) were 21%.

The result of the response of nurses to participation in ward round is shown in Table 2. The result shows that only 13% of the respondents participated on ward round the previous day, 67% were of the opinion that some nurses do not like ward round while 91% stated that they do join on ward round when they are free from other procedures. The results also show that 79% of the nurses stated that some doctors do not call the attention of the nurse when they want to do their ward round. 69% of the nurses stated that there is no specific time for ward round in their ward and 65% agreed that nurses have special note book they use for ward round. 74% of the nurses stated that only doctors write on the patients' folders. Only 36% of nurses go to ward round with nursing process forms. 70% of the nurses agreed that all nurses should be involved in the ward round while 89% agreed that some nurses may be involved in other nursing procedures during ward round.

## Discussion

From the results, it appears as if most of the nurses do not

**Table 2.** Responses of Nurses to participation in ward round

Statement	Responses			
	Yes	%	No	%
Did you participate on ward round yesterday	13	13	87	87
Some nurses do not like to take part in ward round	67	67	33	33
Do you join on ward round when you are free	91	91	9	9
Some Doctors do not call the nurse during ward round	79	79	21	21
There is no specific time for ward round in your ward	69	69	31	31
Nurses have special ward round book	65	65	35	35
Doctors only write in the patient folders	74	74	26	26
Nurses go with nursing process forms during ward round.	36	36	64	64
All nurses should be involved in ward round	70	70	30	30
Some nurses may be doing other procedures	89	98	11	89

participate in ward round as only 13% of the nurses participate in ward round the previous day. This low participation on ward round the previous day may be due to shortage of nurses that made most of the nurses to be involved in other nursing procedures during ward round.

The finding of this study is in line with Royal College of Physicians / Royal College of Nursing (2012) that stated that all members of the team should have the opportunity to actively interact as part of the ward round process. Since results show that 91% of the nurses stated that they join on ward round when they were free from other nursing procedures. The result indicated that some doctors do not call the attention when they want to do ward round. This may be as Lees (2013) pointed that it is important to distinguish between ward round and ad-hoc individual clinical reviews. Ward rounds unlike clinical reviews should involve the multidisciplinary team, while individual clinical reviews which take place when the doctor needs to review specific investigations with the patient in question.

Most of the nurses (69%) stated that they do not have specific time for ward round in their ward. This agrees with Manias and Street (2001) and Lambert (2010) who were of the opinion that despite being a key component of daily hospital activity, ward rounds remain a much neglected part of the planning and organization of inpatient care. Since there is no particular time for ward round, it will be difficult for nurses to integrate in the daily activity of the ward. This may account for the few numbers of nurses that participate in the ward round as they were already involved in other nursing procedures before the doctors are ready for the ward round.

This agree with Lees (2013) who opined that the main challenges of nurses in participation on ward round are the other duties that often regarded as competing priorities such as medications round, wound dressing especially if they close with time for ward round. It is not surprising that only few (36%) of the nurses do go to ward round with nursing process forms. This may be due to the fact that nurses see ward round as a time to use the forms.

It could be concluded from this study that most of the nurses know the importance of ward round and are willing

to participate in it. Though, due to shortage of nurses and heavy workload most nurses may not be able to participate in ward round. It could also be concluded that due to the fact that times are not fixed for the ward round, head nurses in the wards are not able to integrate it into the ward routine.

It is recommended that the shortage of nurses in the hospitals should be addressed by hospital management to help nurses have time to participate and contribute to the patient care through ward round. Ward managers should try to make sure that a senior nurse is involved in the ward round. The hospital management should plan specific time for ward round so that nurses could integrate ward round in the daily ward routine.

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