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Staff attitudes to a daily otolaryngology ward round

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Abstract

This survey investigates the attitudes of medical and nursing staff towards the daily otolaryngology ward rounds in a teaching hospital.

Initial, open-ended questionnaires generated themes from which a structured questionnaire was constructed. Respondents indicated on a Likert scale the extent to which they agreed or disagreed with statements concerning their attitudes towards the ward round.

Thirty-five members of staff were surveyed. The overall response rate was 74.3 per cent ($n = 26$). The majority of staff agreed that the ward round was a constructive use of their time and served to promote team spirit. It allowed for adequate communication between medical and nursing staff but there was uncertainty about the provision of adequate patient communication. The nursing staff agreed that the ward round provided a valuable learning experience. There was uncertainty about this among the medical staff. There was agreement in both groups that patients find the ward round to be reassuring. A significant majority of staff expressed concerns over maintenance of patient confidentiality.

These findings could be used to inform changes in the departmental ward round structure. Specific attention should be directed to discussing sensitive issues in a more private setting and maximizing educational opportunities for junior medical staff.

Key words: Otolaryngology; Inpatients; Patient Care Team; Education, Medical

Introduction

The daily ward round (WR) is a traditional forum for discussing the clinical management of patients and conveying necessary information to patients regarding their condition, management, progress and follow up. It is also a widely used means of facilitating the continuing education of undergraduates and of medical, nursing and para-medical staff. Little objective information was available prior to this study concerning exactly what the activities and outcomes of a WR should be.[1] It is likely that the success of the WR is to some degree dependent upon the expectations and attitudes of the ward-round-making group.[2]

Prior to this study, the daily otolaryngology WR at Ninewells Hospital and Medical School Dundee took the form of a specialist registrar-led 'business' round with a ward-round-making group of approximately 13 staff. The WR lasted for up to 1 hr. Staff in attendance usually comprised one consultant, five specialist registrars, four senior house officers, one pre-registration house officer and at least two members of nursing staff.

The aim of this study was to investigate the attitudes of medical and nursing staff towards the daily otolaryngology ward rounds in a teaching hospital.

Methods

An initial, open-ended questionnaire was distributed to medical and nursing staff. This was used to identify pertinent issues surrounding the daily otolaryngology WR. Specifically, the open-ended questionnaire explored what expectations the staff had of the WR. From the themes that became apparent in the completed open-ended questionnaires, a structured questionnaire was devised to explore the attitudes of staff towards the WR. Respondents were asked to indicate on a five-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = uncertain, 4 = agree, 5 = strongly agree) the extent to which they agreed or disagreed with the 28 statements generated. Six statements concerned general attitudes towards the WR. Seven statements referred to the staff perceptions of patients' experiences of the WR, four to the quality of care provided by the WR and four to the quality of the

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FIVE THEMES AND 28 STATEMENTS CONSTITUTING THE STRUCTURED QUESTIONNAIRE

Theme I: General staff attitudes to the daily ward round
1. The ward round is a constructive use of nurses' time.
2. The ward round is a constructive use of doctors' time.
3. The ward round is a good way of promoting a team spirit.
4. The ward round allows for adequate communication between nursing and medical staff.
5. The ward round provides for adequate communication with patients.
6. The ward round allows information to be handed over to the on-call team.

Theme II: Staff perceptions of patients' experience of the ward round
1. Most patients find the ward round to be reassuring.
2. Most patients find the ward round to be intimidating.
3. The ward round does not interfere with patient activities e.g. washing, meals.
4. We use language that is understood by patients during the ward round.
5. Patients perceive staff to conduct the ward round in a professional manner.
6. Patients have adequate opportunity to ask questions about their care during the ward round.
7. Enough time is allocated to each patient on the ward round.

Theme III: Quality of care provided by the ward round
1. Discussions at the ward round can often generate fresh ideas for improving a patient's care.
2. Non-surgical aspects of care should have a greater emphasis during the ward round.
3. The ward round allows detailed management/treatment plans to be established.
4. Follow-up arrangements are always discussed with the patient on the ward round.

Theme IV: Quality of teaching experience provided by the ward round
1. The information discussed on the ward round provides a valuable learning experience for staff.
2. All staff are encouraged to ask questions during the ward round.
3. It is easy to concentrate during the ward round.
4. I learn something new on the ward round each day.

Theme V: Practical issues
1. Patient confidentiality is maintained during the ward round.
2. There are too many members of staff on the ward round.
3. Having so many people on the ward round may compromise the safety of patients.
4. It is often difficult to hear what is being said during the ward round.
5. Other health professionals should be involved in the ward round.
6. It is not possible to be familiar with all of the patients at the end of the ward round.
7. The lack of test results often delays clinical decision-making during the ward round

teaching experience provided by the WR. Seven statements addressed practical issues. The themes and associated statements about which the staff were questioned are shown in the Box.

Medical and nursing staff were also asked to indicate whether they thought the WR should remain in its present form. Finally, staff were asked to list up to three benefits of the daily WR and to make up to three suggestions for its improvement. All questionnaires were completed anonymously.

The attitudes of medical and nursing staff were analysed and compared. We hypothesized that there was no difference between medical and nursing staff in their attitudes to the daily otolaryngology ward round.

Results

Thirty-five members of staff (18 medical staff and 17 nursing staff) were surveyed. Ten members of medical staff (55.6 per cent) and 16 members of nursing staff (94.1 per cent) completed questionnaires. The overall response rate was 74.3 per cent (n = 26).

General staff attitudes to the daily ward round

The majority of staff agreed that the WR was a constructive use of their time and served to promote team spirit. Both medical and nursing respondents agreed that the WR allowed adequate communication between medical and nursing staff but there was some disagreement about the provision of adequate patient communication on ward rounds. Medical and nursing staff were in agreement that the WR allowed information to be handed over to the on-call team (Figure 1).

Staff perceptions of patients' experiences of the ward round

The medical and nursing staff responses to these questions are shown in Figure 2. In general staff perceived the WR to be reassuring for patients, with a mean rating [on a Likert scale from 1 (strongly disagree) to 5 (strongly agree)] of 3.4 [standard deviation (SD) 0.70] for medical staff and 3.7 (SD 0.79) for nursing staff, and no significant difference between the medical and nursing staff responses (95 per cent Confidence Interval (CI) = –0.9 to 0.3). When surveyed about whether the WR was perceived by patients to be intimidating, the medical staff were uncertain [mean rating 3.0 (SD 0.94)] but the nursing staff were in slightly greater agreement [mean rating 3.6 (SD 0.89)]. This difference in medical and nursing staff means ratings did not reach significance (95 per cent CI = –1.4 to 0.1). Both medical and nursing staff did not agree that the WR interfered with patient activities, each group having a mean rating of 2.8. Medical and nursing staff both perceived themselves to use language that was understood by patients on the

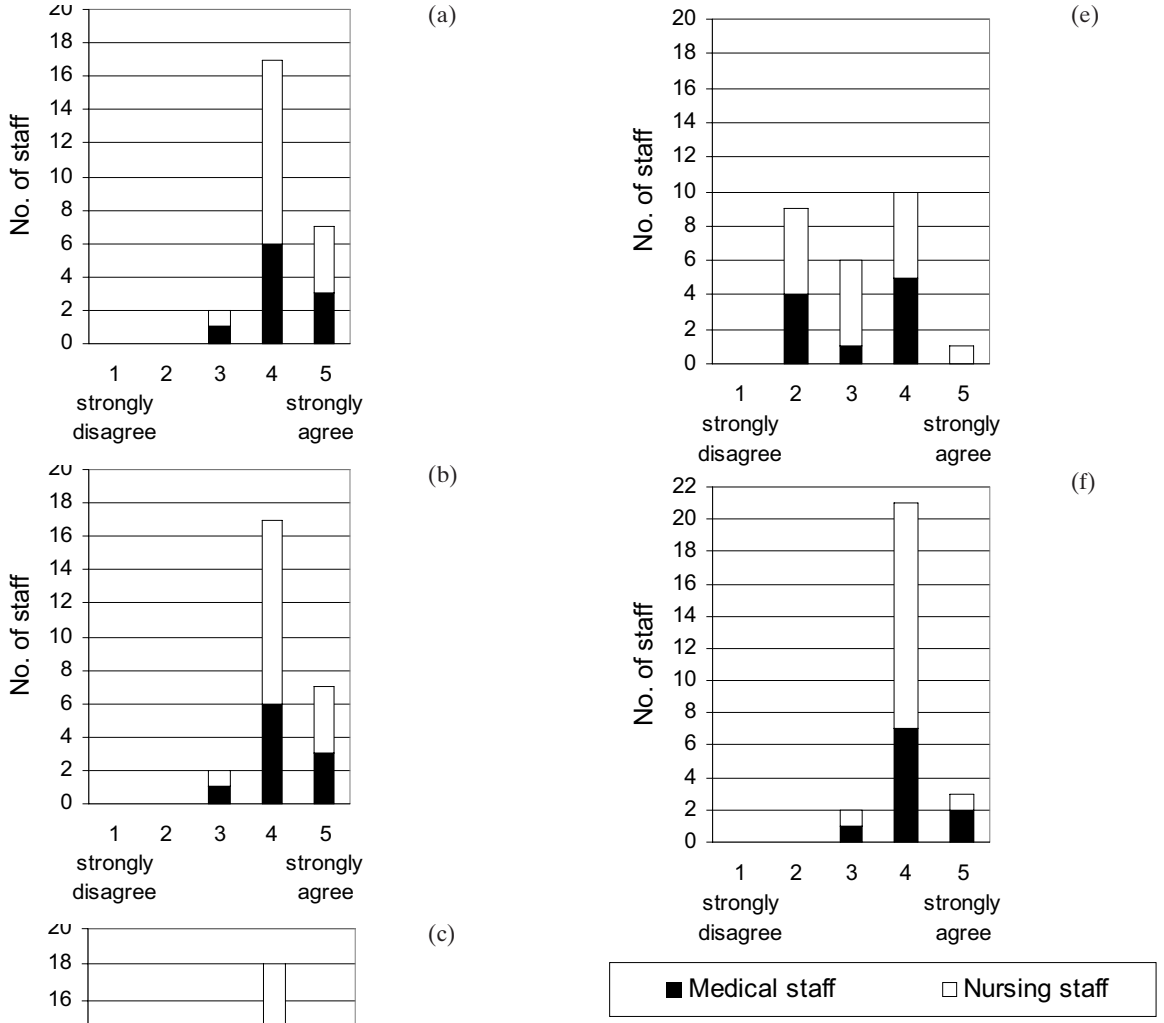

FIG. 1

Responses to the following statements. (a) The ward round is a constructive use of nurses' time. (b) The ward round is a constructive use of doctors' time. (c) The ward round is a good way of promoting a team spirit. (d) The ward round allows for adequate communication between nursing and medical staff. (e) The ward round provides for adequate communication with patients. (f) The ward round allows information to be handed over to the on-call team.

ward round, with mean ratings of 3.6 (SD 0.70) and 3.2 (SD 1.05), respectively (95 per cent CI for the difference between means = –0.4 to 1.2). There was also agreement among medical and nursing staff that they were perceived by patients to conduct the WR in a professional manner [mean 3.9 (SD 0.57) and 4.0 (SD 0.63), respectively]. There was however uncertainty regarding adequate opportunity for patients to ask questions about their care during the WR, with a medical staff mean rating of 2.9 (SD 0.88) and nursing staff mean rating of 3.3 (SD 0.95) (95 per cent CI for difference between means = –1.2 to 0.4). There was similar uncertainty among staff regarding whether sufficient time was allocated to each patient on the WR [medical staff mean rating 3.1 (SD 0.88), nursing staff rating 3.4 (SD 1.03), 95 per cent CI for difference between means = –1.1 to 0.5].

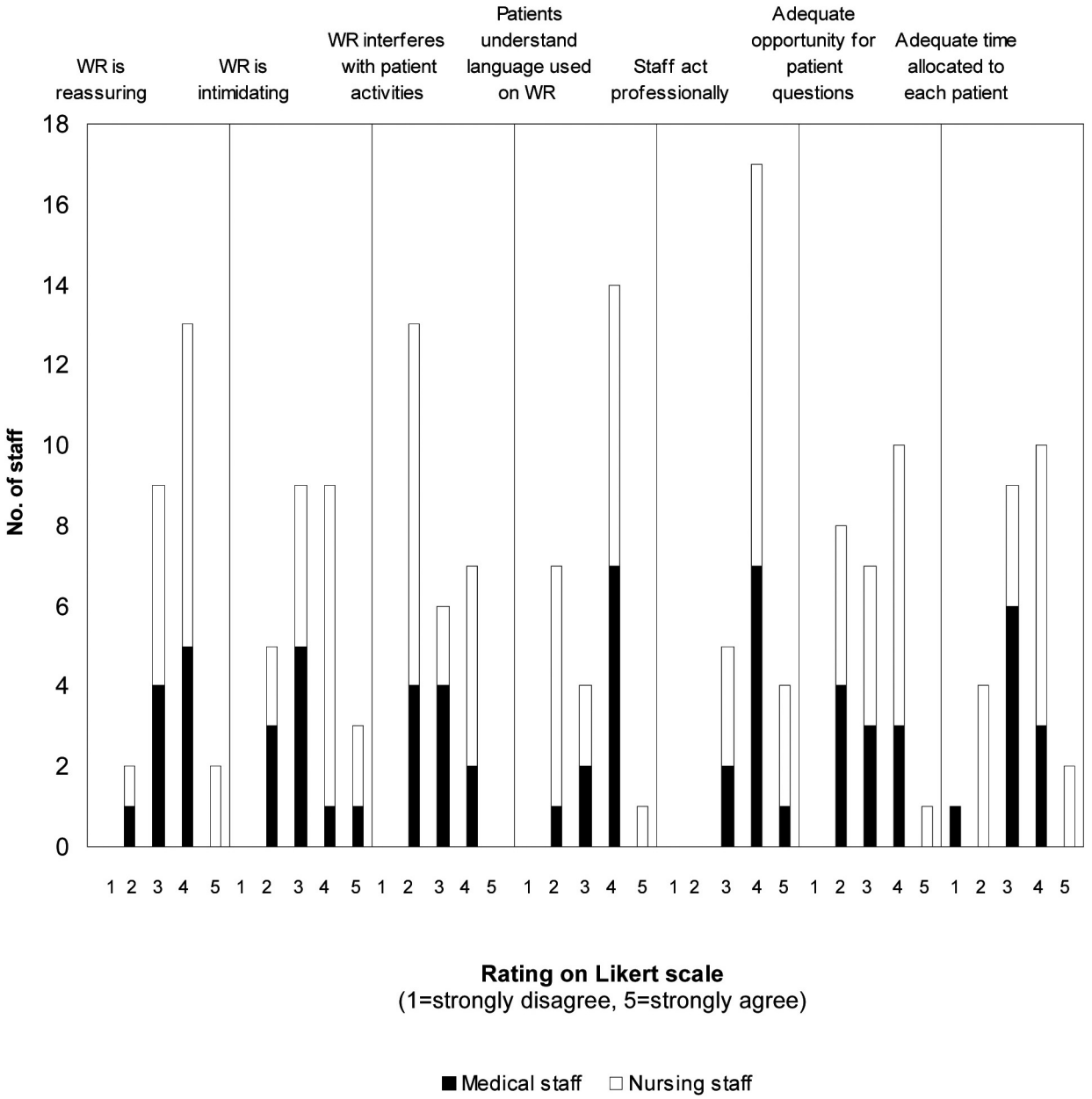

FIG. 2
Staff perceptions of patients' experiences of the ward round.

Quality of care provided by the ward round

Medical and nursing staff agreed that discussions on the WR could often generate fresh ideas for improving patient care and that the WR allowed detailed management or treatment plans to be established. Staff believed however that non-surgical aspects of care should have a greater emphasis during the WR. Staff generally agreed that follow-up arrangements were discussed with patients during the WR. The mean Likert scale ratings for medical and nursing staff for each of the four statements generated for this theme are shown in Figure 3. Again there was no significant difference between medical and nursing staff opinions on these subjects, with 95 per cent CIs for the difference between the medical and nursing staff mean ratings overlapping the null point.

Quality of teaching experience provided by the ward round

The medical and nursing staff responses to the survey questions pertaining to the quality of the teaching experience provided by the WR are shown in Figure 4. The nursing staff agreed that the WR provided a valuable learning experience (mean rating 3.8, SD 0.77). There was uncertainty about this among the medical staff (mean rating 3.1, SD 0.88). This difference in opinion between the two professional groups was not statistically significant (95 per cent CI −1.3 to 0.0). Both groups of staff agreed that they were encouraged to ask questions during the WR, but there was uncertainty regarding whether it was easy to concentrate during the WR. Both professional groups admitted that they did not

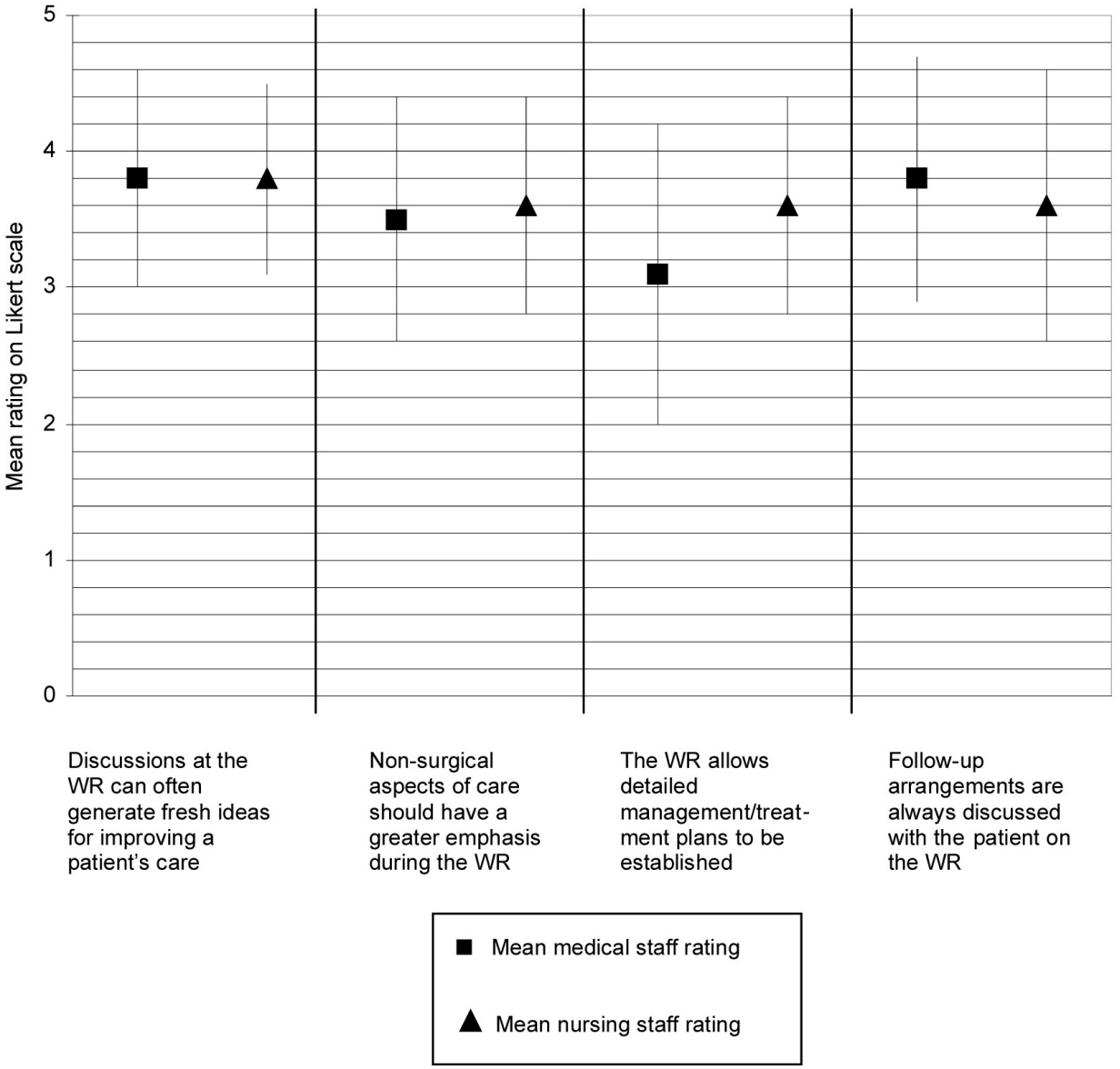

FIG. 3

Plot of mean ratings on a Likert scale for medical and nursing staff, with their standard deviations for each statement in the questionnaire used to assess the quality of care provided by the ward round.

learn something new on the WR each day [mean medical staff rating 2.3 (SD 0.95), mean nursing staff rating 2.9 (SD 0.89), 95 per cent CI −1.3 to 0.2].

Practical issues

A significant majority of staff (69 per cent) expressed concerns over maintenance of patient confidentiality during the WR (Figure 5a). Sixty-five per cent of the staff believed that too many members of staff participated in the daily WR (Figure 5b) but only 12 per cent agreed that this may potentially compromise patient safety (Figure 5c). Seventy-seven per cent of staff agreed that it was often difficult to hear what was being said during the WR (Figure 5d). Only 15 per cent of staff believed that other health professionals should be involved in the WR (Figure 5e). Twenty-three per cent of staff agreed that it was not possible to be familiar with all of the patients at the end of the WR (Figure 5f). Seventy-three per cent of staff believed that the lack of test results often delayed clinical decision-making on the WR (Figure 5g). The difference in the mean ratings for medical staff (3.4, SD 0.97) and nursing staff (4.1, SD 0.62) reached significance on this survey question only (95 per cent CI −1.4 to −0.1).

Sixteen members of staff (61.5 per cent) thought the WR should remain in its present form. Perceived benefits of the daily WR included the provision of continuity of patient care and reassurance of patients, the updating of patient care plans after communication and discussion among medical and nursing staff as well as with the patient, and the opportunity for 'handover' of information to the on-call team. Staff made a limited number of suggestions for improvement of the daily WR. These included:

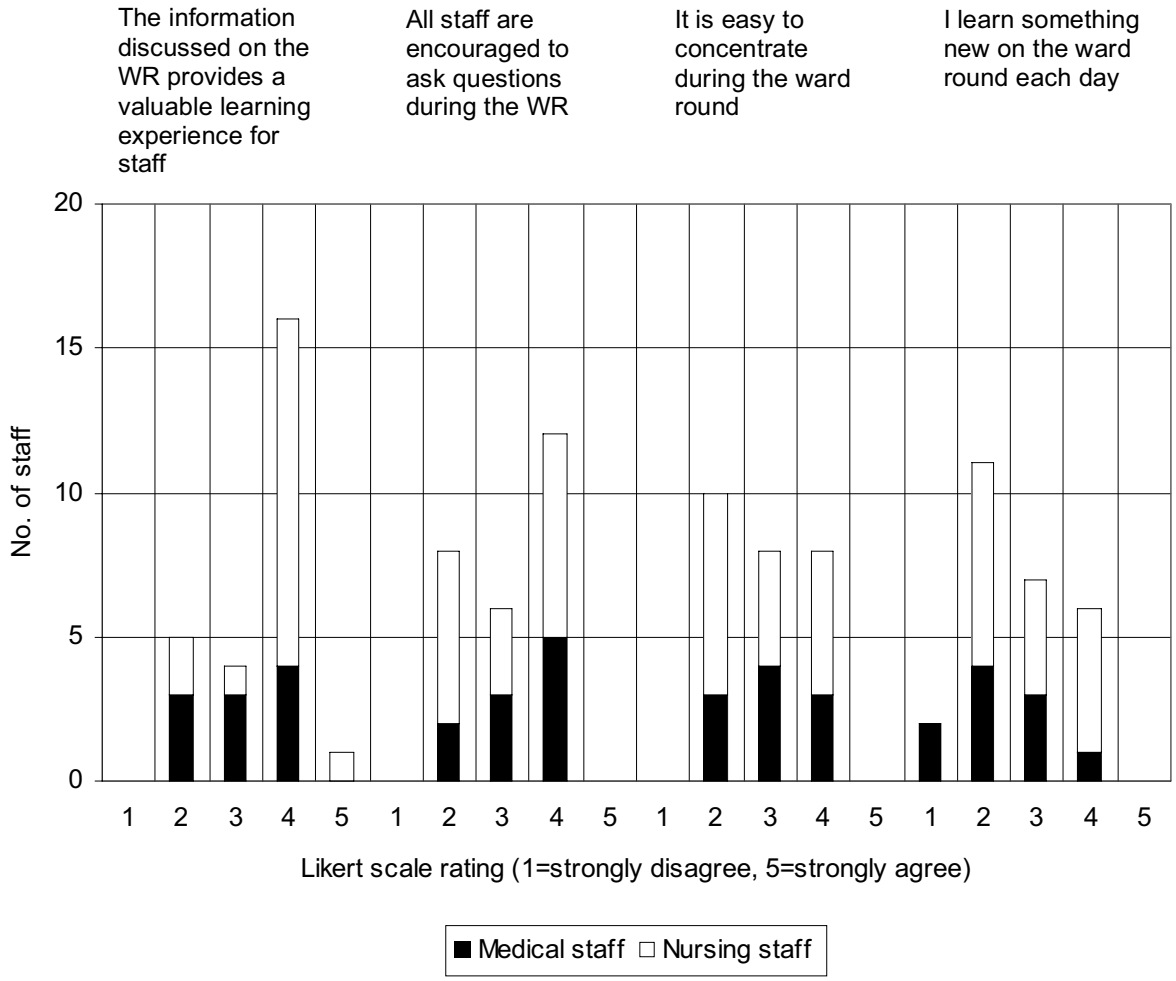

FIG. 4
Quality of the teaching experience provided by the daily otolaryngology ward round.

(1) A reduction in the number of medical staff present during the WR.
(2) Maintenance of patient confidentiality by undertaking a 'case-sheet' review or static ward round off the ward allowing staff the opportunity to discuss individual patients and sensitive issues in a more private setting.
(3) The creation of more educational opportunities for junior medical staff during the WR.

Discussion

The WR is a setting during which medical and nursing staff discuss the care of in-patients. It may differ in structure and format depending on the discipline or specialty in which it is being conducted. It may even change in structure at certain times, e.g. the teaching 'grand rounds', post-operative and weekend ward rounds. There will also be variation in WR style that is dependent upon the personality and individual characteristics of both the staff present and the patients being reviewed. Cultural beliefs may also influence attitudes to how a WR should be structured or conducted.

The WR has been described as a session which functions to accomplish patient care, teaching and administrative tasks.[3] A surgical consultant in one study of WR structure has suggested that the WR should aim to provide a learning experience, aid clinical management and decision-making, and ensure that staff on duty at the weekend are aware of the patients' needs.[4] The aims of the WR however have by no means been universally defined. The success of perfect ward-round-making has been suggested to depend upon a holistic approach with motivation, planning, leadership skills and structured curriculum to fulfil its objectives.[5] This study examined the attitudes of medical and nursing staff to a daily morning WR in the otolaryngology department of a teaching centre and provides predominantly descriptive results.

The current daily WR structure is that of a 'business' WR. Learning opportunities undoubtedly arise particularly when medical students are in attendance or when clinically challenging cases present. The nursing staff in the department did see the WR as a means of providing valuable learning experience but the medical staff were uncertain about the educational value of the WR. Of 608 doctors surveyed in 1989, 58 per cent of senior house officers (SHOs) and 84 per cent of consultants regarded the consultant-led WR as a learning

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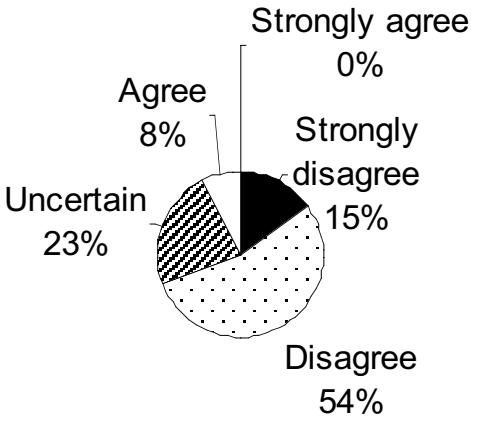

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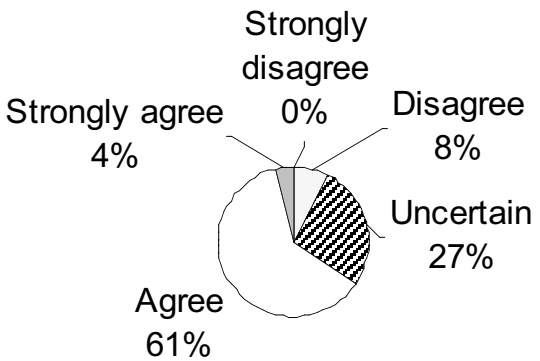

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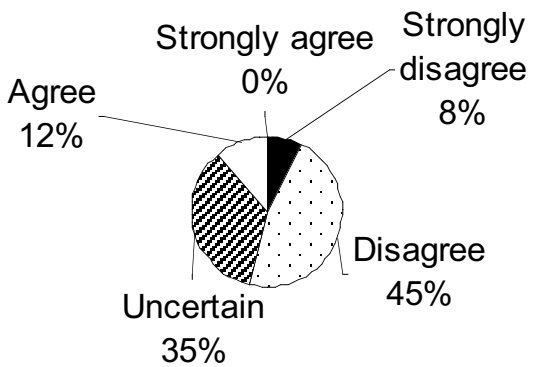

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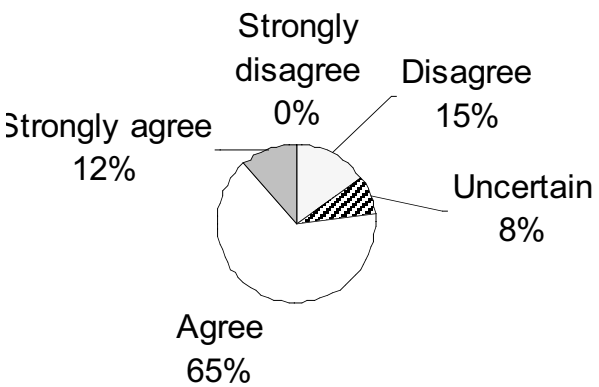

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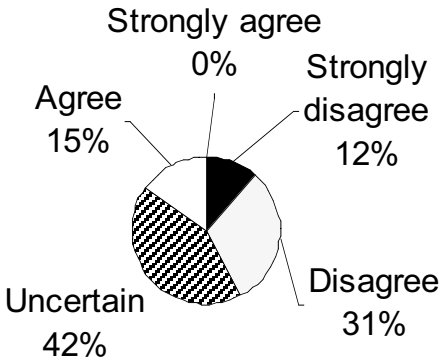

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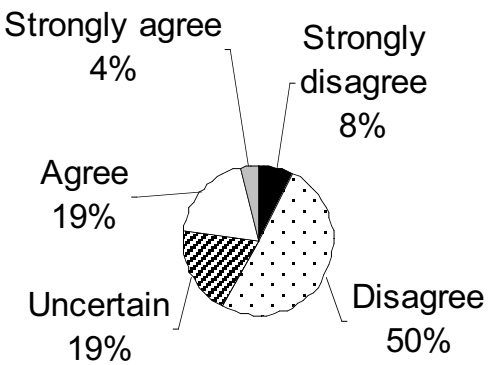

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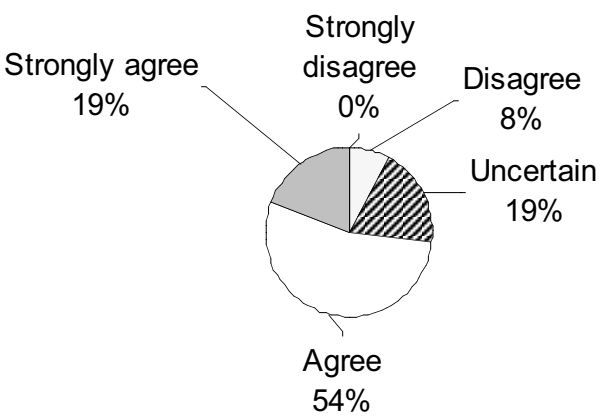

FIG. 5

Responses to questions exploring practical issues. (a) Patient confidentiality is maintained during the ward round. (b) There are too many members of staff on the ward round. (c) Having so many people on the ward round may compromise the safety of patients. (d) It is often difficult to hear what is being said during the ward round. (e) Other health professionals should be involved in the ward round. (f) It is not possible to be familiar with all of the patients at the end of the ward round. (g) The lack of test results often delays clinical decision-making during the ward round.

method upon which most SHOs rely, and between 41 per cent and 51 per cent also regarded WR teaching with a senior registrar or registrar as a learning method upon which they rely most.[6] It is likely that since 1989 the combination of the Calman reforms[7] and the New Deal[8] has had a significant impact on the time available to train junior doctors, and it is therefore no surprise that the attitudes of medical staff in this much smaller departmental survey are at odds with the findings in a much larger medical staff group in 1989. Alternatively, medical staff may not be optimally utilizing the learning opportunities that present themselves on a daily basis, through lack of planning.

- **Medical and nursing staff attitudes to otolaryngology ward rounds were surveyed in this study**
- **Nursing staff found ward rounds a useful learning experience but there was doubt concerning this from medical staff. Both groups tended to think that the rounds promoted team spirit and thought that the patients found them reassuring**
- **The majority expressed concerns about patient confidentiality**
- **These findings may be useful in changing the structure of ward rounds in otolaryngology**

Few studies have explored the multidisciplinary nature of ward rounds. Medical staff do tend to dominate and other health care professionals tend to have little involvement.[9] In this study only 15 per cent of all staff agreed that other health professionals should be present during the WR but 43 per cent were uncertain about whether or not other health professionals should play a role. Of some concern is the fact that 69 per cent of staff in this study were concerned that the current WR structure did not allow for maintenance of patient confidentiality.

Some of the suggestions made by staff for improving the WR are certainly worth exploring. Specifically, a change which could address patient confidentiality issues whilst maximizing educational or learning opportunities for medical staff and providing the opportunity for optional attendance by other health professionals (e.g. speech therapists, dieticians, hospital pharmacists, social workers) would be desirable.

Ward rounds have been categorized into four types:[10]
(1) ward round only (teaching or business),
(2) pre-ward round meeting followed by the ward round,
(3) ward round followed up with a post-ward round meeting, and
(4) pre-ward round meeting, ward round, followed up with a post-ward round meeting.

The use of static ward rounds off the ward or pre- or post-WR meetings has been described before as one way of maximizing educational opportunities.[11] The use of a pre-WR meeting held in a seminar room adjacent to the ward will be the structure of our future departmental ward rounds in the hope that, in this setting, discussion time away from patients will allow trainers and trainees to take advantage of opportunities to learn from service. This approach might also reduce current staff concerns regarding patient confidentiality.

Members of medical and nursing staff should welcome the opportunity provided by ward rounds for reappraisal of their attitudes, so the results of a further staff survey some time after this planned change has been implemented may prove interesting. The consumer voice is important in the current climate, so the results of a separate study of patient perceptions of the daily WR may also prove to be helpful in informing changes in WR structure in the future.

The results of this study are unique to our department. It should be remembered that attitudes may differ between departments and specialties and so expectations regarding ward rounds should be clarified at the beginning of medical staff rotations so that mutually acceptable goals can be established.

Conclusions

Medical and nursing staff at our teaching centre perceived the daily otolaryngology WR to be a constructive use of their time. They also believed it to promote a team spirit within the department. Nonetheless this study highlighted concern by the staff regarding their failure to maintain patient confidentiality during the course of the WR, especially when sensitive issues were discussed on the open ward. The nursing staff agreed that the WR provided a valuable learning experience for them but medical staff were less certain about the educational opportunities provided. On a practical note medical and nursing staff believed that too many members of staff currently participated in the daily WR. It is hoped that this study of staff attitudes will be used to inform future changes in departmental ward round structure.

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