Research In Nursing Service

By

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If patient care is to be improved, it must first be evaluated and, for this, an investigative approach is essential.

For several years the nursing literature has been generously sprinkled with mandates to those in nursing service to conduct nursing research. Ingles, in sharing her concept of nursing practice, states, "Nursing can advance only to the extent that the research method is applied to all of the fields of knowledge and activities which are an integral part of nursing practice. Therefore, nurses from both education and service should participate in nursing research." The American Nurses' Association's Standards for Organized Nursing Services and the American Hospital Association's Statement on Functions of a Hospital Department of Nursing Service, both state the need for nursing service to initiate, promote, and utilize nursing studies and or research.[2,3] However, only a few leaders in nursing services have grasped the need to make research a vital part of nursing service. From my relatively short experience as director of a nursing service research programme, I am convinced that such research is not only desirable but a necessity.

Beginning Exploration

A shortage of registered and licensed practical nurses was the stimulus that led to the initiation of a nursing study programme at Virginia Mason Hospital, a 392-bed voluntary institution in Seattle, several years ago. Cognizant of the effect of this shortage on patient care and personnel, the director of nursing and the hospital administrator explored ways of approaching the problems involved. It was apparent that, somehow, the work-load would have to be reduced or redistributed in order to maintain the quality of care desired. Therefore, after a series of meetings, and in collaboration with the medical staff, the nursing study programme was conceived, based on the belief that research into existing work patterns would reveal not only areas where the registered nurses' skills were not being maximally used, but also other inefficiencies that threatened the quality of patient care. An activity study conducted by the hospital's management engineer provided a preliminary insight into activities that needed closer evaluation.

The director of nursing services was designated director of the programme and the day nursing supervisor assumed the role of project coordinator. An advisory group, the nursing study committee, was formed, with representation from nursing service, hospital administration, and the medical staff.

A 27-bed nursing unit was selected as the nursing study unit : a testing ground for work activity studies and implementation of new ideas. Staff on this unit received complete orientation to the programme and controls were established to maintain consistent personnel coverage, thus eliminating or reducing one possible variable.

The project coordinator first spent an intense, unstructured 3-week period of observation on the nursing study unit. This revealed an extensive list of areas which needed further study and where it appeared that nursing time could be better utilized. During the next year, studies and projects related to those areas were carried on, with all personnel on the unit involved in collecting the data, formulating ideas, and implementing new approaches to the problems under consideration.

New systems or approaches that proved themselves on the study unit were then introduced throughout the hospital. The role of the licensed practical nurse, for instance, was enlarged to include procedures previously carried out by the registered nurse. A tool was developed for evaluating care, discharge planning was improved, and discharge interviews provided insight into patients' ideas of where care could be improved. The central supply charge and ordering system was modified to eliminate registered nurse time in this area, and new multiple-copy physicians' order sheet that eliminated transcribing medication orders on to a pharmacy requisition was instituted. Electronic thermometers were introduced to save nursing time. New job descriptions were developed, which transferred most of the charge nurse's clerical responsibilities to the unit secretary and allowed the charge nurse to function almost totally in a clinical role.

As time passed, the nursing shortage became less acute and the programme became more diversified. Almost each study revealed a need for another. A full-time coordinator was therefore, appointed and, in the second year of the programme, studies focused less on utilization and more on the quality of nursing care. The effects on patients and staff of physician-charge nurse rounds were investigated, as well as the resultant improvements in communication. Methods employed to help the elderly patient maintain his orientation, especially at night, constituted another study.

A little over a year later, I assumed the position of director of nursing studies, building on the already existing elements of the programme such as the nursing study unit and nursing study committee. The original programme objectives were revised (Figure 1) and the action programme continued.

Quality Assurance Programme

How does a nursing service research programme work ? What is its purpose and function ? What are the payoffs, the problems, and the potential ? A description of the process of implementing one major study during the past year may help answer these questions.

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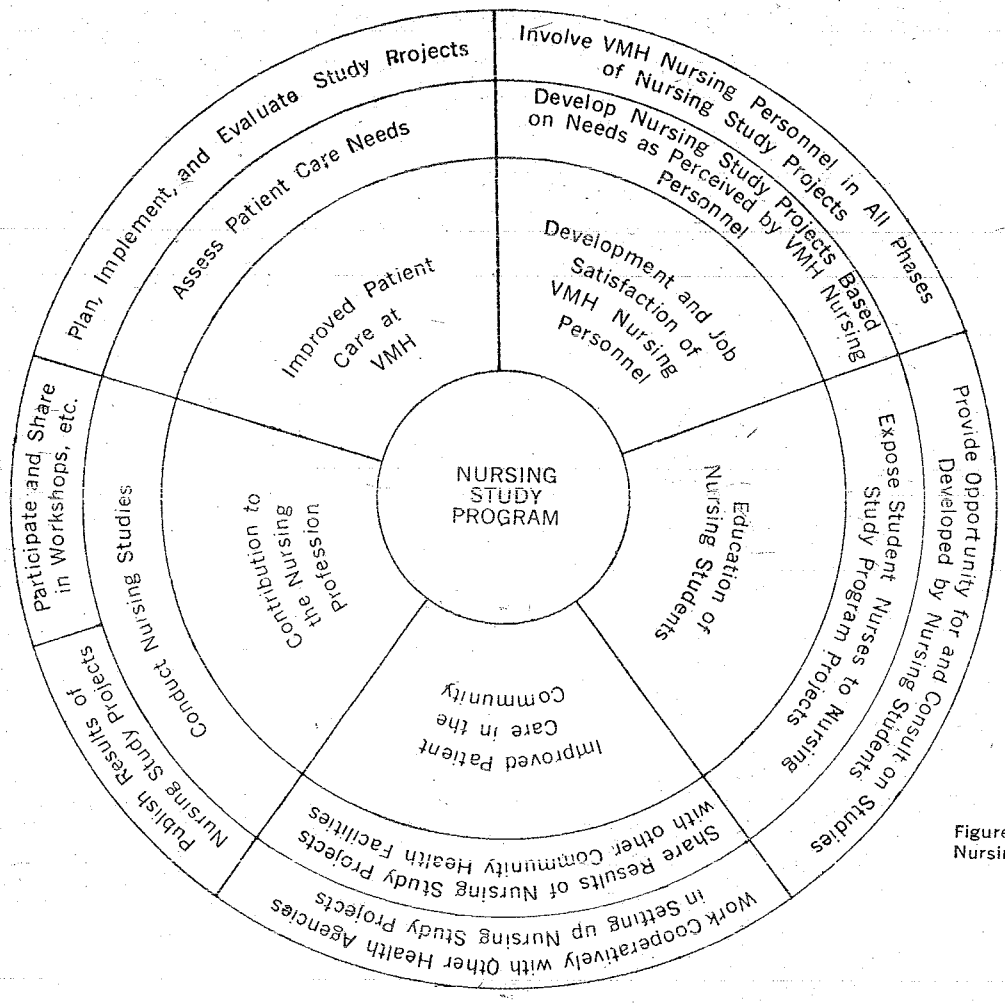

Figure 1. Objectives of the Nursing Study Program

The purpose of our nursing study programme is primarily to improve the quality of patient care ; the function of the programme is to conduct or coordinate studies directed toward this purpose. The Battelle Northwest Systems Programme for Hospitals provided us with the framework for one of our major projects of the past year and put us on the path of developing methods for measuring the quality of patient care.

The hospital associations of Washington, Oregon, and Idaho already had a contract with Battelle Northwest—a part of the Battelle Memorial Institute, and international research foundation—to develop systems for improving the quality of health care delivery. First among the sequence of programmes developed for hospital use was the Quality Assurance Programme which involves systems whereby personnel in various departments can define and measure the quality of performance or results in their area. The Battelle Northwest organization in no way attempts to provide definitions of quality, but simply assists the hospitals in developing systems for measuring quality based on their own standards. In nursing, the objective of the Quality Assurance Plan is to develop and implement tools for measuring the quality of patient care and to take action in improving the weak areas of care.

In our hospital each nursing division is made up of two or three units, and the 5-step process described below was carried out separately in each division.

1. Personnel on each division developed a checksheet of items of care they believed should be included in the evaluation of care.
2. Criteria or standards of quality for each item were written by the staff on their checksheet.
3. Each week the staff uses the checksheet and criteria to evaluate the care of three to five randomly selected patients on each unit.
4. Results of the evaluations are tabulated and posted weekly on the nursing unit.
5. Under the direction of the unit supervisor, the unit staff reviews the results and plans action towards improvement in the weak areas.

As director of nursing studies, I served as consultant to personnel in each unit as they worked through each of these steps. During the first week of the programme's implementation I met with the staff on all three

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