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ORIGINAL ARTICLE

Ward stories: lessons learned from patient perception of the ward round

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Abstract

Introduction Ward rounds (WR) are an invaluable part of the hospital day allowing for daily assessment of each patient and their treatment, perhaps the most crucial role of the WR is information transfer.

Purpose This study investigated inpatient's perception of the cardiology and urology WR; in particular, it examined patient-doctor communication.

Methods Inpatients were interviewed to explore pertinent areas concerning the WR; a questionnaire was subsequently developed which analysed four aspects: information-giving and communication, emotional reaction, professionalism, and privacy.

Results One hundred sixty-eight inpatients completed the questionnaire. Professionalism and privacy scored highly. Emotional reaction was neutral, and information-giving and communication was poorly scored which was attributed to the use of medical jargon, apparent time constraints and patients perceived inopportunity to ask questions.

Conclusion The presented data underlines a weakness in knowledge transfer to the patient during the ward round which may have a detrimental impact on post discharge morbidity where understanding and treatment adherence is critical. Improving communication is vital to establishing the WR as a practice of significance in order to deliver superior, safe patient-centred care.

Keywords Communication · Medical education · Patient-centred care · Patient perception · Ward round

Introduction

Inpatient ward rounds are an integral part of the hospital day as they provide the daily blueprint for patient care. The ward round is pivotal in the daily assessment of each patient, for evaluation of patient management and treatment with many clinical decisions based on this information. The central role of ward rounds is not only confined to planning and managing patient care but also it provides a platform for communication and patient education. Indeed, the ward round is a key time for multi-disciplinary input and information transfer, among health professionals and between care providers and the patient. Ward rounds are critical to developing rapport and building trust with patients, while discharging a duty of care [1]. Perhaps the most crucial role of the ward round is communication and patient education.

The ward round provides an opportunity to inform and involve patients [1]. This is particularly poignant in the management of chronic diseases such as heart failure (HF) and recurrent preventable illness such as urolithiasis, where communication enables self-management. One systematic review confirmed a positive influence of quality communication on health outcomes [1]. Furthermore, the ward round may be the first time the patient learns of their diagnosis; in the case of HF, this can be distressing and anxiety provoking for the patient. Educating patients can alleviate some of these emotions. There is no standardised ward round protocol and they are considerably variant and dynamic [1, 2]. Variations can impact on the value of the round for both patients and staff. The Royal College of Physicians and Royal College of Nursing in the UK acknowledge the extremely important role that the ward round plays. Both colleges produced a joint publication on principles of best practice for medical ward rounds [1]. The report delivers an important message "Ward rounds need to be restored to a position of central importance in how we collectively care for and communicate with patients" [1].

Considering the critical role the ward round plays, it is surprising that there are few studies on the ward round

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Table 1 Inpatient demographics

Patient demographics	Cardiology	Urology
Number of inpatient study participants	98 patients	70 patients
Average age of participants	69 years	62 years
Median age of participants	69 years	66 years
Male patients	65 patients	49 patients
Female patients	33 patients	21 patients

capturing the patient perspective. One study examined patient's perception of the psychiatric ward round and identified negative aspects of the ward round including feelings of intimidation and limited patient participation [3]. A study conducted on a urology ward round examined several quantitative parameters but does not investigate patient's perception [4]. No published studies have examined cardiology inpatients perception of the daily ward round or have examined both a surgical and medical ward round. This study aims to investigate inpatient's perception of the cardiology and urology ward round, to open the forum for discussion and identify areas for improvement and ultimately reinstate the ward round as an imperative daily hospital practice.

Methods

Overview of study design

A prospective institutional review board (IRB)-approved study was performed in a large, tertiary referral teaching hospital over 1 year to assess patients' perception on the daily ward round. Interviews were conducted on five randomly selected inpatients on the cardiology and urology ward. Open-ended questions explored areas of concern, satisfaction, and issues pertinent to the patient surrounding the ward round. These interviews were analysed to identify repeated themes, which were then used to develop an appropriate and relevant questionnaire (Appendix 1). The questionnaire consisted of four categories, and within each category, there were several closed questions. The categories focused on the topics of emotional reaction, professionalism, privacy, and education/communication. Patients indicated their level of agreement or disagreement from 1 to 5 on a Likert scale.

Questionnaires (Appendix 1)

Questionnaires were distributed at random to inpatients on the urology and cardiology ward. Three inclusion criteria were applied to selection: patients over 18 years of age, in possession of mental capacity and must have experienced at least one ward round on their current admission. Written consent was attained from willing patients and brochures were also distributed explaining the above information in detail.

Ward rounds

Ward rounds were conducted on the cardiology and urology wards as routine. WRs occurred in the morning in both wards and were consultant lead. The round on the urology ward was attended by most team members, at least one Consultant, two Specialist-Registrars, two Senior House Officers, two Interns and one Staff Nurse. In the Cardiology Department, ward rounds were led by a Consultant, a Registrar or a Specialist Registrar, one Senior House Officer, two Interns and one Staff Nurse. The duration of both ward rounds was approximately 1 h. The urology team also conducted a SPR-lead evening WR. Staff members on the ward round were blinded to patients that were participating in the study. The cardiology ward consists of one 10-bedded cardiac care unit and two six-bedded wards (sum total of 22 beds), whereas the urology ward consists of 20 single-bedded rooms (sum total of 20 beds).

Results

Patient demographics Table 1

Ninety-eight cardiology and 70 urology inpatients completed the questionnaire ($n = 168$). The average age of

Table 2 Education and communication category. Cardiology responses. Positive statements in the education and communication category

Cardiology	No answer	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Total respondents
I feel fully informed of my diagnosis and treatment	1	5	9	15	32	34	96
I feel fully informed of my follow up arrangements	4	3	14	18	30	27	96
I feel I have the full opportunity to ask questions when the WR is at my bedside	3	2	11	11	34	35	96
Total respondents	8	10	34	44	96	96	

66% cardiology patient respondents either strongly agreed or agreed with the above statements. The above table represents number of respondents

Table 3 Education and communication category. Urology responses. Positive statements in the education and communication category

Urology	No answer	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Total respondents
I feel fully informed of my diagnosis and treatment	4	1	6	6	31	22	70
I feel fully informed of my follow up arrangements	4	1	6	9	34	16	70
I feel I have the full opportunity to ask questions when the WR is at my bedside	3	2	6	9	31	19	70
Total respondents	11	4	18	24	96	57	

73% of urology patients agreed or strongly agreed with the above statements. The above table represents the number of respondents

inpatients on the cardiology ward was 69 years (median 69 years) and the average age of inpatients on the urology ward was 62 years (median 66 years). Sixty-six percent ($n = 65$) of cardiology patients were male and 78% ($n = 49$) of urology patients were male.

Investigating patient perception

The ward round was investigated under 4 broad categories: education and communication, emotional reaction, professionalism and privacy.

Education and communication

Education and communication was one of the lowest scoring categories. Sixty-six percent ($n = 63$) of cardiology and 73% ($n = 51$) of urology patients agreed or strongly agreed with positive statements regarding information giving and communication, while 45% ($n = 43$) of cardiology and 44% ($n = 31$) of urology patients agreed or strongly agreed with negative statements regarding the ward round (reference Tables 2, 3, 4, 5). Thirty cardiology patients (30%) and 17 (19%) urology patients did not agree (or strongly agree) that they felt fully informed of their diagnosis (Fig. 1a). Thirty-nine cardiology (36%) and 20 (23%) urology patients did not fully comprehend their follow-up arrangements (Fig. 1b). Forty-three percent ($n = 41$) of cardiology patients and 36% ($n = 25$) of urology perceived the language used by members is difficult to understand (Fig. 1c). The majority of patients felt that the ward round was rushed 56% ($n = 53$) of cardiology patients, 71% ($n = 50$) of urology patients (Fig. 1d). A quarter of cardiology ($n = 24$, 25%) patients and almost a quarter of urology ($n = 17$, 24%) patients felt they did not have the opportunity to ask questions during the round (Fig. 1e).

Emotional reaction

Nineteen percent ($n = 18$) of cardiology patients and 16% ($n = 11$) of urology patients felt frightened when the round arrived (Fig. 2a). Seventy-one percent ($n = 68$) and 74% ($n = 51.8$) patients on the cardiology and urology ward felt relaxed when the ward round arrived (Fig. 2b). Forty-five percent ($n = 43$) of cardiology and 31% ($n = 22$) of urology patients felt excluded from ward round discussions (Fig. 2c). Overall, the average number of participants that agreed with positive statements regarding their emotional reaction to the round represented 66% ($n = 63$) of cardiology patients and 71% ($n = 50$) of urology patients. The average number of respondents who agreed with negative statements regarding the ward round was 19% ($n = 18$) and 16% ($n = 11$) for cardiology and urology respectively (Tables 6, 7, 8, 9).

Professionalism

The average agreement with positive statements regarding professionalism was 85% ($n = 82$) and 89% ($n = 62$) for cardiology and urology respectively (Tables 10 and 11): The majority of patients on both wards agreed that staff behaved professionally on the ward round, 92% ($n = 88$) on cardiology,

Table 4 Education and communication category. Cardiology responses. Negative statements in the education and communication category

Cardiology	No answer	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Total respondents
The language used by staff on the WR can be difficult to understand	4	20	31	9	19	13	96
I feel the WR is rushed	3	4	13	22	37	17	96
Total number of respondents	7	24	44	31	56	30	

45% of cardiology patients strongly agreed or agreed with the above statements. The above table represents the number of respondents

Table 5 Education and communication category. Urology responses. Negative statements in the education and communication category

Urology	No answer	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Total respondents
The language used by staff on the WR can be difficult to understand	4	15	26	14	10	1	70
I feel the WR is rushed	2	0	6	12	35	15	70
Total respondents	6	15	32	26	45	16	

44% of respondents strongly agreed with the above statements. The above table represents the number of respondents

93% ($n = 65$) on urology (Fig. 3a). Patients also felt that members of the round were adequately prepared and familiar with their case, 77% ($n = 73$) cardiology and 86% ($n = 60$) urology (Fig. 3b). In 64% (cardiology, $n = 61$) and 81% (urology, $n = 57$) of cases, patients reported that the consultant had introduced themselves (Fig. 3c).

Privacy

The majority (78%, $n = 75$ cardiology; and 83%, $n = 58$ urology) of patients agreed or strongly agreed with positive statements regarding privacy (Tables 10, 11, 12, 13). The urology ward is a custom-built unit consisting of 20 single bedrooms.

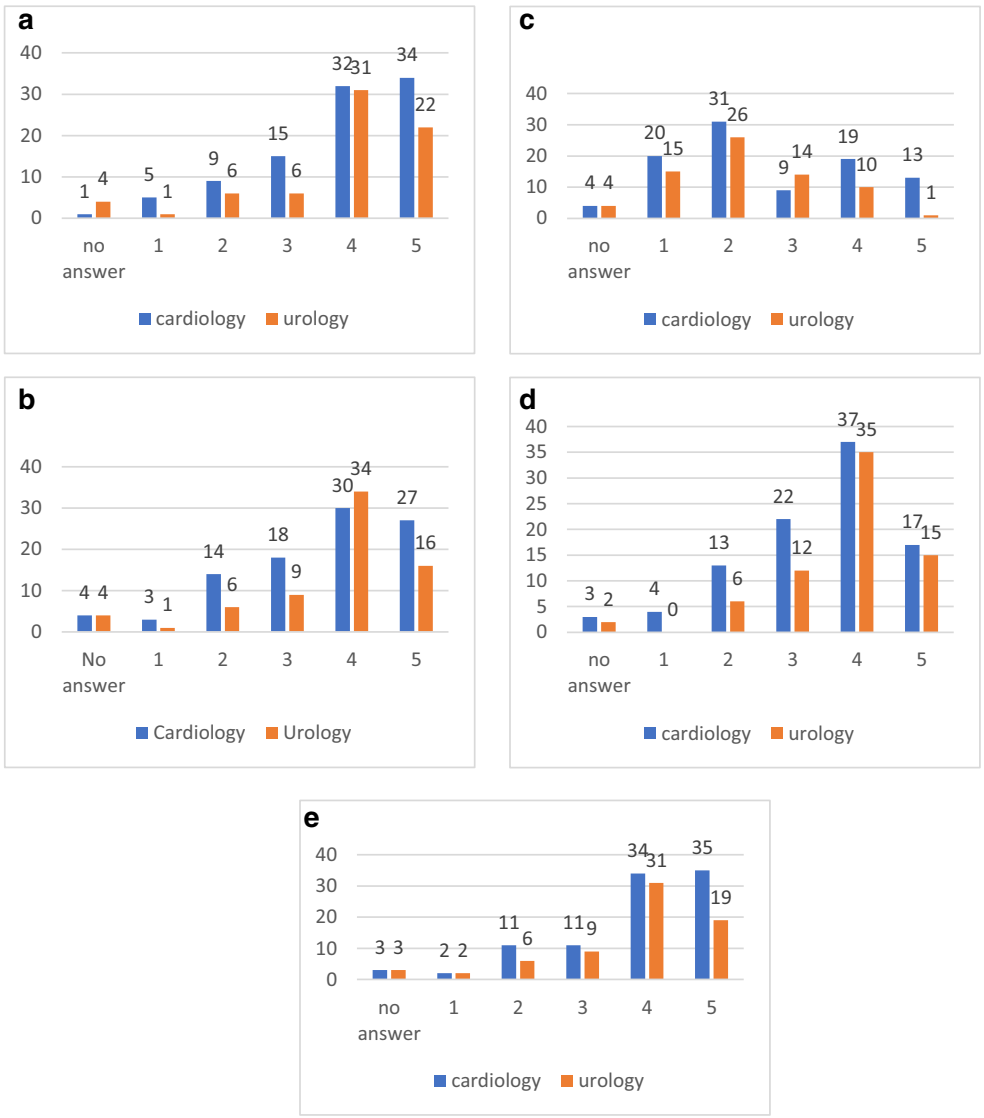

Fig. 1 Education and communication. **a** Responses to "I feel fully informed of my diagnosis and treatment" in the education and communication category. **b** Responses to "I feel fully informed of my follow up arrangements" in the education and communication category. **c** Responses to "The language used by staff on the ward round can be difficult to understand" in the education and communication category. **d** Responses to "I feel the ward round is rushed" in the education and communication category. **e** Responses to "I feel I have the full opportunity to ask question when the ward round is at my bedside" in the education and communication category

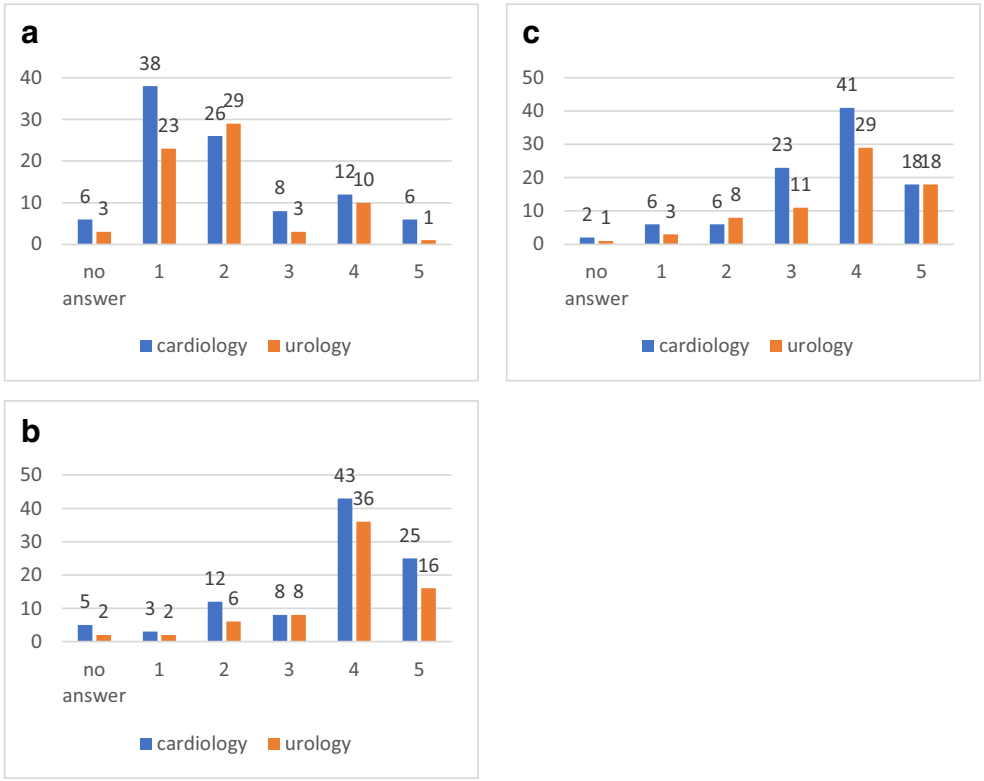

Fig. 2 Emotional reaction. **a** Responses to "When the ward round is at my bedside I feel frightened or nervous" in the emotional reaction category. **b** Responses to "When the ward round is at my bedside I feel relaxed" in the emotional reaction category. **c** Responses to "I feel included in the ward round discussions" in the emotional reaction category

Most patients felt that their modesty was respected (77%, $n = 74$ on cardiology; and 89%, $n = 62$ on urology) and that their privacy was respected (83%, $n = 80$ on cardiology; and 91%, $n = 64$ on urology) (Fig. 4a and b). Seventy-four percent of cardiology patients ($n = 71$) perceived other patients privacy to be respected and 69% of urology patients ($n = 48$) agreed with the statement (Fig. 4c).

Discussion

Results across all four categories analysed in the present study are heterogeneous. Key areas of the ward round requiring improvement and strengths that should be emphasised and maintained are identified. An integral part of the ward round, education and communication is poor and requires attention. Several factors have been highlighted as contributors to poor communication, such as medical jargon and the perceived lack of time and inopportunity to ask questions. Patients overall "emotional reaction" towards the ward round was also poorly scored. Certain aspects of this category could be improved upon; in particular, patient's perception of exclusion from the ward round could be addressed by ameliorating patient-doctor communication. "Privacy" was the second highest scored category, even seemingly small gestures knocking on the room door were interpreted as an act of appreciation for patient privacy. Professionalism was the best scored of all the categories; Consultants introducing themselves, staff behaving professionally and being adequately prepared for the round were all positively scored markers of professionalism.

Patients' perception towards the ward round is heterogenous in other similar studies. One study on the otolaryngology ward round demonstrated predominantly positive findings [2] while other studies investigating the ward round have had less

Table 6 Emotional reaction. Cardiology responses. Negative statements in the emotional reaction category

Cardiology	No answer	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Total respondents
When the WR is at my bedside I feel frightened or nervous	6	38	26	8	12	6	96
Total respondents	6	38	26	8	12	6	

19% of cardiology patients agreed or strongly agreed with the above statement. The above table represents the number of respondents

Table 7 Emotional reaction. Urology responses. Negative statements in the emotional reaction category

Urology	No answer	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Total respondents
When the WR is at my bedside I feel frightened or nervous	3	23	29	4	10	1	70
Total respondents	3	23	29	4	10	1	

16% of urology patients agreed or strongly agreed with the above statement. The above table represents the number of respondents

favourable results [5, 3]. In the present study, patients perceived that staff were extremely professional and adequately prepared. This result is similar to other studies where high levels of professionalism were perceived [2]. Interestingly, privacy scored very well. This is not only surprising because of the layout of the cardiology ward, where beds are approximately 5 ft apart, divided only by pulling a curtain, but also because failure to maintain confidentiality was highlighted as an issue in other studies [5, 6, 3]. Indeed, in other studies, patients noted that they felt like an exhibit [5] and staff also raised concern over patients confidentiality [6]. Seemingly small gestures appeared to appease patient's concerns over confidentiality in the present study with one patient stating, "The doctors respected my privacy because they always pulled the curtain around my bed".

It is not surprising that education and communication scored poorly as other investigators have found similar reports, from failure to recognise a patient's lack of understanding, or need for private consultation to the creation of alarm and despondency [2, 5]. The use of medical jargon, the perceived lack of time and inopportunity to ask questions are possible contributors to poor education and communication. Medical jargon has been cited as a barrier to communication in other publications [2, 5]. Almost 19% and 16% of cardiology and urology patients, respectively, felt frightened when the ward round arrived; other studies have noted patients feeling intimidated towards the ward round [7]. Poor patient understanding of their diagnosis likely contributed to patient fear as it is often lack of information that exacerbates patient anxiety [1].

We have identified a need to address patient education and communication; in doing, so we will improve patient care and health outcomes. An editorial entitled "Ward Rounds: What comes around goes around" stated that failure to adequately communicate with patients is failure to provide even the bare minimum of care to your patient [8]. In fact, poor communication was one of the top three complaints reported to the Medical Council, UK, in 2012. The Royal College of Physicians/Royal College of Nursing state the importance of full engagement of the patient and recommend viewing the ward round as an opportunity for "effective communication, information sharing and joint learning through active participation of all members of the multidisciplinary team" [1]. Effective communication greatly impacts patients' compliance with treatment, particularly important in cardiology patients where lifestyle modifications are often recommended. Improved education and communication could have a direct effect on patient emotional reaction towards the ward round. We found patient's emotional reaction towards the ward round was poorly scored.

Patients felt excluded from the ward round which clearly impacts on the delivery of patient-centred care. Providing patient-centred care is one of six goals of the Institution of Medicine [9]. Patient-centred care is defined as "providing care that is respectful of and representative to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions" [9]. To ameliorate patient inclusion, we must improve communication and patient education; indeed, key dimensions of patient centeredness include shared decision-making and improving healthcare literacy through information and education [9]. The Royal Colleges highlight the role the ward round plays in patient-doctor communication, and the opportunities it creates to develop a rapport with patients, which may help alleviate patients' fear. Amin et al. introduced the ward round safety checklist in the

Table 8 Emotional reaction. Cardiology responses. Positive statements in the emotional reaction category

Cardiology	No answer	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Total respondents
When the WR is at my bedside I feel relaxed	5	3	12	8	43	25	96
I feel included in the WR discussions	2	6	6	23	41	18	96
Total respondents	7	9	18	31	84	42	

66% of cardiology patients strongly agreed or agreed with the above statements. The above table represents the number of respondents

Table 9 Emotional reaction. Urology responses. Positive statements in the emotional reaction category

Cardiology	No answer	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Total respondents
When the WR is at my bedside I feel relaxed	2	2	6	8	36	16	70
I feel included in the WR discussions	1	3	8	11	29	18	70
Total respondents	3	5	14	19	65	34	

71% of urology patients strongly agreed or agreed with the above statements. The above table represents the number of respondents

Table 10 Professionalism. Cardiology responses. Positive statements in the professionalism category

Cardiology	No answer	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Total respondents
The WR is conducted by staff in a professional manner	0	1	0	7	31	57	96
I feel the doctors are familiar with my case on the WR	2	2	6	12	40	34	96
Total respondents	2	3	6	19	71	93	

85% of cardiology patients strongly agreed or agreed with the above statements. The above table represents the number of respondents

National Hospital for Neurology and Neurosurgery and stressed that building rapport should be the principal purpose of the ward round [6].

Uniformly, across all four categories, cardiology patients scored the WRs lower than urology patients. This is most notable in the "Education and Communication", where up to 30% of cardiology patients and 19% of urology patients did not agree that they felt fully informed of their diagnosis. While the study did not take into account individual patients admitting diagnosis, it is arguable that the complexity and severity of disease on the cardiac ward surpassed the complexity and severity of illness on the urology service. Broadly speaking, patients on the cardiology service were admitted to the service for decompensated congestive heart failure, ACS, myocarditis and arrhythmias, whereas patient on the urology service were admitted for ureteric obstruction due to calculi, urinary retention due to bladder outlet obstruction, prostate and bladder cancer and urological infections. Urology patients often had a surgical procedure or conservative measures performed to relieve their incoming diagnosis and were discharged often with short-term treatments such as stents or antibiotics in the case of a stone. In contrast, cardiology patients were often discharged with a plethora of new medications and lifestyle modifications and with a new diagnosis of, e.g. heart failure, coronary artery disease.

Further driving the difference in understanding is the evening ward round that occurred in the urology service but not on the cardiology service, after initially learning of a plan or diagnosis on a morning ward round and having the time to process the information throughout the day followed by the opportunity to consolidate and question their diagnosis and treatment plan with their doctor on the evening ward round likely had a positive impact on patients' education.

The median age of cardiology patients was greater than urology patients (69 years of age in cardiology and 62 years of age in urology) which is likely another factor that impacted outcomes. Older patients have more medical problems overall than younger patients, which complicates diagnosis and treatment. They also have a greater chance of having illnesses that effect mentation such as hospital-acquired delirium, dementia, and while patients with diagnosed mental deficits were not included in this study, patients with mild disease who have not been diagnosed could have been included.

Table 11 Professionalism. Urology responses. Positive statements in the professionalism category

Urology	No answer	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Total respondents
The WR is conducted by staff in a professional manner	2	0	0	3	27	38	70
I feel the doctors are familiar with my case on the WR	3	0	1	6	37	23	70
Total respondents	5	0	1	9	64	61	

89% of urology patients strongly agreed or agreed with the above statement. The above table represents the number of respondents

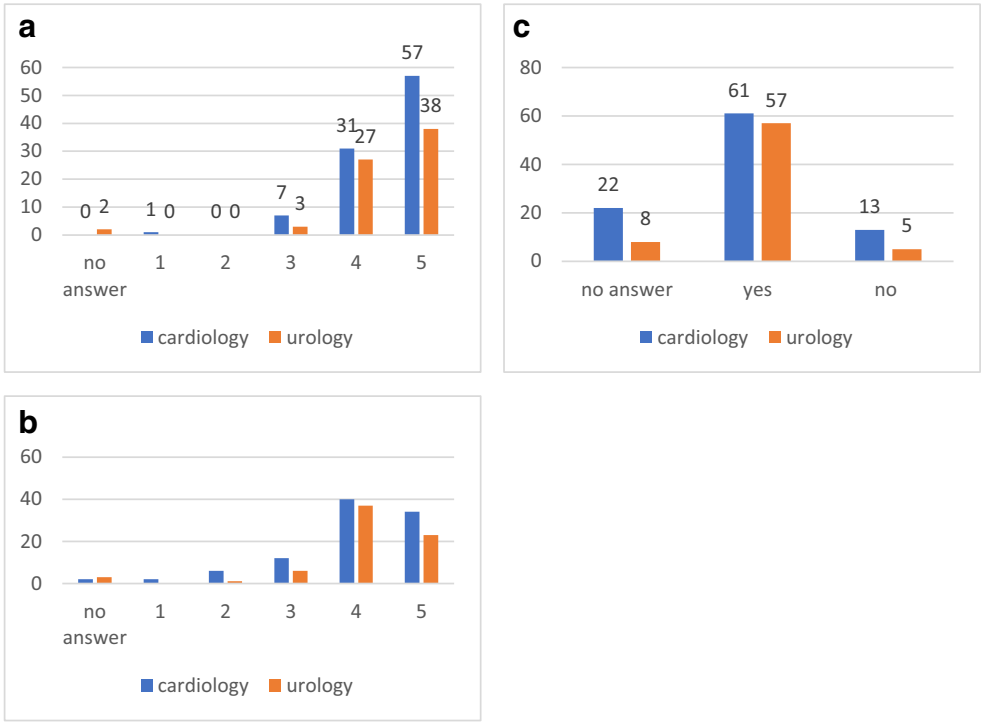

Fig. 3 Professionalism. **a** Responses to "The ward round is conducted by staff in a professional manner" in the professionalism category. **b** Responses to "I feel the doctors are familiar with my case on the ward round" in the professionalism category. **c** Responses to "The consultants introduced themselves to me" in the professionalism category

Table 12 Privacy. Cardiology responses. Positive statements in the privacy category

Cardiology	No answer	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Total respondents
I feel my modesty is respected during the WR	18	1	1	2	30	44	96
I feel my privacy is respected during the WR	3	2	6	5	37	43	96
Other patients privacy is respected during the WR	7	5	6	7	36	35	96
Total respondents	28	8	13	14	103	122	

78% of cardiology patients agreed or strongly agreed with the above statements. The above table represents the total number of respondents

It is apparent that the gateway to successful healthcare delivery relies heavily on strong doctor-patient communication and information transfer; however, barriers exist. As mentioned above, medical jargon, the perceived lack of time and inopportunity to ask questions were all identified as challenges to communication. Both doctor- and patient-specific factors limit the exchange of information. Doctor-specific factors previously identified include poor or deteriorating communication skills, not viewing the patient holistically, nondisclosure of information, avoidance of discussion of emotionally distressing issues with patients and discouraging patients from discussing their concerns or asking questions [10]. Patient-limiting factors such as advanced age, poor hearing, cognitive impairment and patients resisting information transfer have previously been identified [10].

Table 13 Privacy. Urology responses. Positive statements in the privacy category

Urology	No answer	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Total respondents
I feel my modesty is respected during the WR	4	1	1	2	31	31	70
I feel my privacy is respected during the WR	3	0	1	2	32	32	70
Other patients privacy is respected during the WR	7	2	0	13	24	24	70
Total respondents	14	3	2	17	87	87	

83% of urology patients agreed or strongly agreed with the above statements. The above table represents the number of respondents

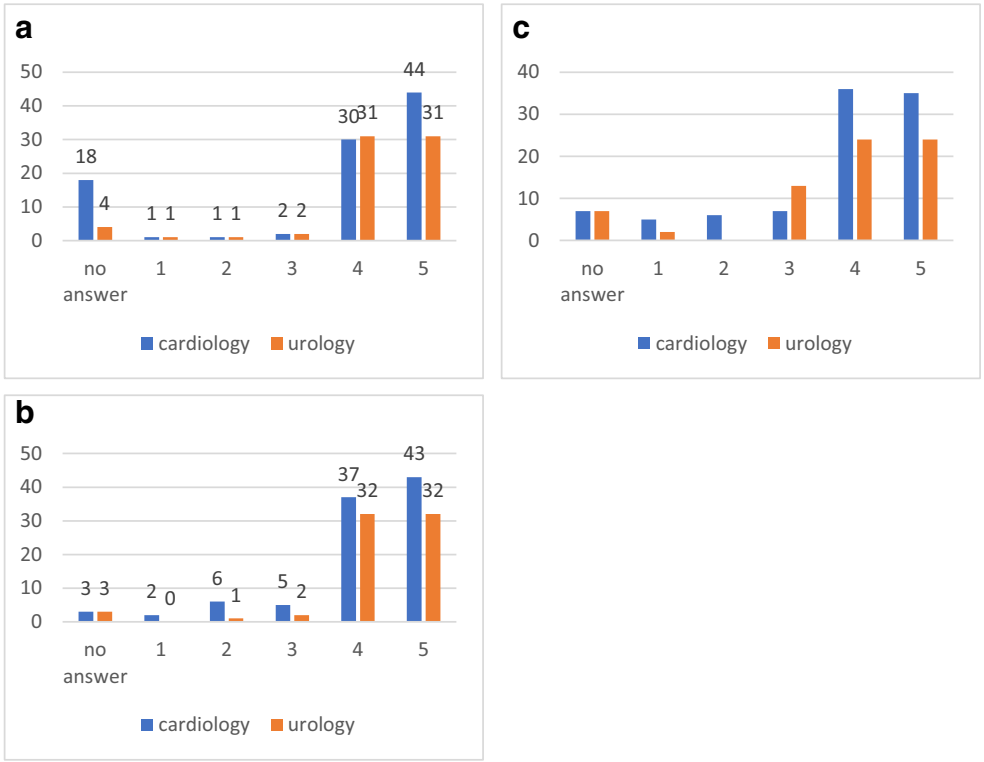

Fig. 4 Privacy. **a** Responses to "I feel my modesty is respected during the ward round" in the privacy category. **b** Responses to "my privacy is respected during the ward round" in the privacy category. **c** Responses to "other patient's privacy is respected during the ward round" in the privacy category

Conclusion

The ward round plays a vital role in the day-to-day management of patients. Importantly, it also provides an opportunity to improve patient communication, education and rapport building. Patient education and communication is not only integral to the ward round but also to the delivery of patient care. It has been identified as a key weakness of the ward round. It also negatively impacts on the patient emotional reaction towards the ward round, notably feelings of exclusion and fear. We have also identified two key strengths of the ward round: privacy and professionalism. Similar to previous literature, our findings demonstrate that patients perceive members of the ward round to be professional. Interestingly, cardiology and urology patients believed their privacy was respected. We believe that building on our strengths and improving patient education and communication is key to establishing the ward round as a task of pinnacle importance to the hospital day and delivering superior safe patient-centred care.

Limitations

This study is limited by its small size, limited time and services. This is an important and interesting topic and it should be expanded to include patients on all services, carried out over a longer period of time and incorporate more patients.

The study is also limited by the narrow range of variables it measures; it would be strengthened by including patient variables such as patient's admitting diagnosis, treatments, outcomes and past medical history.

Measuring the impact of the evening ward round on urology would have strengthened this study as it can only be assumed that it had a positive impact.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

Informed consent Informed consent was obtained from all individual participants included in the study.

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