

# **Nurses' perceptions of working according to standardized care plans. A Questionnaire study**

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## **Ethical approval**

The study was approved by the Research Ethics Committee of Malmö University, HS60-08/831:19.

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## **Author contributions**

Jenny Jakobsson was responsible for the data analysis input and interpretation, as well as the design and drafting of the manuscript. Christine Wann-Hansson was responsible for designing the questionnaire, managing the data collection, drafting the manuscript and critical revision of the manuscript for intellectual content and supervision.

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## **Introduction**

Administrative work has become an extensive part of nursing practice at the expense of decreased time for the near patient-related care. Documentation in the patient medical record is one of several time-consuming important administrative tasks. In addition, changes in the Swedish health care system have led to an increasing number of very sick patients with short hospital stays (1). This places new demands on health care teams as the patients should receive the same care and information during their hospital stay and also be prepared to manage parts of their recovery at home. Altogether, these are reasons for the increased development and use of standardized care plans (SCPs) in Sweden during recent years (2). The SCP is a part of the patient medical record as a general plan of action describing the care which is to be provided relating to a specific condition and to ensure safe, high-quality care (3). The development of SCPs is seldom a problem compared to the implementation-process that aims to instruct all staff on how to use and comply with the SCP. Knowledge about the healthcare staff's experience of working according to the SCP could shed light on obstacles and possibilities in the implementation process of other SCPs. This is a description of an evaluation project including nurses' perceptions of using SCPs as a working tool and the effect on quality of care.

## **Background**

In Sweden all registered health care professionals e.g. physicians, nurses, physiotherapists and occupational therapists are required by the law to prepare patient record documentation with relevant information about treatment and care (4). It is primarily the nurse that is responsible for the patient record documentation, regarding prevention and nursing care. Traditionally, nurses write their own record opposite the notes of physicians, who are assisted by medical secretaries. The nurse patient record documentation has been debated, and is claimed to take too long time thereby reducing time for bedside care (1, 2). A further problem that has been mentioned is the risk of duplicated documentation which means that the same information is written more than once by different health care professionals (2). In an investigation of the amount of administrative work in healthcare performed by the Swedish National Board of Health and Welfare, it was found that nurses on average spend 12.9 hours per week for administrative tasks, including documentation (1). The need to reduce time for the patient record documentation was one reason for the development of SCPs (2).

The first SCP was developed in 1985 by Bower and Zander at New England Medical Center. Since then, numerous documents have been developed and called SCP. Different terms such as clinical pathway, critical pathway, care pathway and critical path are used in textbooks and studies describing similar standardized procedures (3, 5). The SCP sets a basic level, a standard, for nursing intervention and can be used for patients with the same medical diagnosis, patients who undergo similar treatment or for patients with similar nursing problems. In this way the care for the patients is standardized. Additionally, the SCP allows individual care plans (ICPs) for specific patients or conditions if necessary (6). Furthermore, Bryan et al. (7) describe the SCP as a map of the process in which a normal clinical condition or situation is handled. It will outline and describe what should be done, when, where and by whom. Besides this, the SCP is intended to be a part of the patient record and it also guides the healthcare professionals in their clinical decision-making (8, 9).

The SCP should be developed for the joint healthcare team and be able to cover at least 75 percent of the selected group of patients. Documentation made by each relevant professional group takes place in the SCP, avoiding duplication of documentation (3, 6, 10). In practice, the SCP consists of two parts; the patient record in which patient-related actions are documented and signed, and a knowledge summary providing the scientific evidence for a specific condition or treatment and supporting the care and treatment which is specified in the SCP (2). The knowledge summary should also contain guidelines for the documentation and use of SCPs and current assessment instruments and memoranda. The head of the clinical department must approve and sign the SCP and knowledge summary. Furthermore, an annual audit of the knowledge summary must be performed, after which a new approval is required (6).

The SCP could be a useful tool when focused and structured care is required (6). However, earlier studies evaluating the use of SCP have shown the healthcare professionals, mainly reported by nurses, experiencing both pros and cons regarding documentation and usability. Previous studies have reported an increased ability to provide high quality of care for all patients when using an SCP (11, 12). Nurses in a study by Westling (11) experienced a better overview of their patients and the work to be done as well as decreased time spent on documentation. In the same study a review of patient records revealed the nursing documentation becoming clearer and the amount of duplicated documentation decreasing after the introduction of the SCP. On the other hand, an interview study by Atwall and

Caldwell (13) disclosed that the use of the SCP for patients with femur fracture was considered as making the care more fragmented and disorganized, especially if someone had forgotten to sign their notes in the SCP. The SCP was perceived by some as controlling; however, the controlling aspect was also perceived as positive in training and guiding new nurses. Criticism on the SCP being rigid and sometimes difficult to apply has also been presented by Lee and Chang (14). However, in their interview study most of the nineteen nurses answered that the SCP worked well as a checklist and a reminder of things to do. It was also experienced to save time which could instead be spent on the care of patients.

The implementation process is an important part in SCP development (15, 16). Adherence to new clinical guidelines depends on several factors such as level of scientific evidence, current circumstances and whether the guideline facilitates the decision-making or if new skills or organizational changes are required (17). To assure improvements after changes in clinical practice, it must be measurable. Evaluations can serve as an incentive for the involved employees (18, 19). By including repeated evaluations, the importance of introducing new guidelines can be obvious and the healthcare staff may feel they make a difference and have an influence over the care (19). Therefore efforts to develop SCPs should also include multiple levels of evaluation in which the nurses' perceptions of working according to SCP are one important part.

### **Aim of study**

The aim of this study was to investigate nurses' perceptions of working according to SCPs, regarding usability, documentation, quality of care and the implementation process.

### **Methodological design**

The study was carried out using a cross-sectional survey performed at a university hospital in Sweden.

A convenient sampling technique was used (20). The sample consisted of all registered nurses who at the time of data collection, worked in eight different wards from seven different clinics who had developed and implemented at least one SCP, in total 225 nurses. The SCP should have been used in clinical practice at the wards for at least six months. After two reminders 130 questionnaires (57.7%) were returned. Inclusion criteria were that the nurses should have experience of using the SCP in their own ward. Thereby 14 questionnaires were excluded

since only the characteristic was filled in due to that these nurses had stated that they had no experience of working according to the SCP, leaving a final response rate of 116 nurses (51.5%).

#### *Instrument*

The questionnaire was developed for the purpose of present study and the questions were based on a Swedish national survey (2), and a previous Master's dissertation (11). Face validity was tested by six nurses who were members of a hospital network of SCPs and were familiar with both development of SCPs and working according to SCPs. Besides, additional questions were asked about comprehension, whether any important aspects of working according to the SCP were missing and if it was experienced as relevant or if it was experienced as time consuming to complete the questionnaire. After this some small adjustments were made in the instructions of the questionnaire, however, no changes were made to the content itself.

The final version of the questionnaire consisted of 23 items, formulated as statements and divided into four areas. The area of Usability (5 items) concerned to what extent the SCP facilitated the daily work. The area of Documentation (5 items) evaluated how the documentation according to the SCP was perceived. Quality of care (9 items) evaluated to what extent the SCP could secure the quality of care. Finally, the area of Implementation included items about the implementation process (4 items). Each statement had a four-point scale from totally agree (4) to totally disagree (1). The internal consistency of the four areas was tested by using Chronbach's alpha and showed an overall satisfactory internal consistency ( $\alpha > 0.7$ ) (21) with alpha values of 0.86 for Usability, 0.68 for Documentation, 0.76 for Quality of care and 0.81 for Implementation. Two more questions were asked concerning the overall impression of the SCP; 'The implementation of SCP at my ward has resulted in positive side-effects such as reduced time for hospitalization and changed routines' and 'I feel positive about SCP and think that it facilitates my daily work/ I feel negative about SCP and think it complicates my daily work'. At the end of the questionnaire there was space for written comments about the SCP. The questionnaire also included additional questions about gender, age, work experience, workplace, and the format of the current SCP (paper or electronic).

#### *Procedure*

An initial contact was made with the ward managers and clinical directors, who gave approval for the study. An information meeting was then held at all eight wards and the questionnaires together with written information were administered immediately afterwards. Those nurses who were not present at the information meeting received the questionnaire together with the written information from the ward manager or a nurse responsible for SCPs at the specific ward. Two reminders were given at each ward.

### *Ethical issues*

All participants received written information about the aim of the study and the principles of confidentiality and voluntary participation. The study was approved by the Research Ethics Committee, Faculty of Health and Society, Malmö University, Sweden (HS60-08/831:19).

### *Analysis*

Descriptive statistics for characteristics of the participants and response distributions on the four areas in the questionnaire were calculated. Demographic questions, as well as questions about the overall impression of the SCP were compiled numerically and in percentage terms but not regarding age, where averages were calculated. Due to small sample size, ordinal data and the data not being normally distributed, the median value for each of the 4 areas in the questionnaire was calculated (20). A higher median value represented a more positive attitude to working according to the SCP with a maximum score of 20 for the areas Usability and Documentation, 36 for Quality of care and 16 for Implementation process. It is worth mentioning that two of the questions in the questionnaire were asked negatively; question 8, 'My documentation is limited when I work according to the SCP' and question 13, 'I have greater trust in my own work experience than in the content of the SCP'. Therefore these two questions were reversed in the analysis. The analysis was performed with the statistical software package SPSS (version 17.0).

## **Results**

The mean age in the total sample was 37 years (range 22-65) and 98 nurses (84.5%) were female. Furthermore, 63 nurses (54.3%) had experience of >5 years and 52 (44.8%) had worked >5 years at the current ward (Table 1). 28 nurses, (24.1%), reported their SCP to be in paper format and 20 nurses (17.2%) reported use of an electronic SCP included in the patients' medical record and finally 12 nurses (10.3%) used SCPs in both electronic and paper format.

**Table 1.** Gender, age, work experience and experience at workplace (n=116)

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<b>Gender, n (%)</b>		
Male	18	(15.5)
Female	98	(84.5)
<b>Age, m (SD)</b>		
	37	(10.9)
<b>Work experience, n (%)</b>		
< 2 yrs	31	(26.7)
2 – 5 yrs	23	(19.8)
> 5 yrs	63	(54.3)
<b>Experience at workplace, n (%)</b>		
< 2 yrs	39	(33.6)
2-5 yrs	25	(21.6)
> 5 yrs	52	(44.8)
<b>Format of SCP, n (%)</b>		
Paper	28	(24.1)
Electronic	20	(17.2)
Both	12	(10.3)

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n= number, m =mean value

In the area of Usability highest possible score was 20 and median score among the total sample was 16.5. However, the Usability scores differed between various clinics from 14.0 to 19.0. When considering item distribution, 83.6% -87.9% of the nurses totally or partially agreed with four of the five usability items and 70 nurses (60.3%) totally or partially agreed with item number 5 ‘It is easier and quicker to read and get knowledge about a patient who is cared for according to the SCP than a patient without the SCP’ (Table 2).

The total sample reported a median score of 15.0 regarding the Documentation area where maximum score was 20. Among the different clinics, Documentation scores ranged from 13.0-17.0. 49 nurses (42.2%) totally or partially agreed with the negatively formulated item ‘The way I document is restricted when I am working according to the SCP’. In the remaining four items in the area of documentation, 62.0% -84.5% of the nurses totally or partially agreed that documenting in the SCP was easy, saved time, and decreased redundant information (Table 2).

Highest possible score was 36 and the median score was 29.0 among the total sample regarding the area Quality of care with a variation of 25.0-32.0 between the different clinics.

There was 92.2% total or partial agreement for item 16 'It is easier for a new nurse to care for a patient with the SCP than without'. Forty-eight nurses (41.4%) agreed totally or partially with the negative formulated item 'I have greater trust in my own work experience than in the content of the SCP' (Table 2).

The total sample reported a median score of 11.0 regarding the area of Implementation where highest possible score was 16. Median score varied from 8.0 to 14.0 between the clinics. When looking at item distribution the total or partial agreement varied between 51.7% and 74.1% for three out of four questions. The total or partial agreement for statement 21 'I felt like I participated in the SCP development process', was reported by 38 nurses (32.8%) (Table 2).

**Table 2** Items sorted by areas presented in percentage (%) and median scores in the four areas of the SCP questionnaire (n=116)

Items sorted by areas	Totally Agree (4)	Partly Agree (3)	Partly Disagree (2)	Totally Disagree (1)	Median Score	q <sup>1</sup> -q <sup>3</sup>
<b>Usability</b>					16.5	14.0-19.0
1. I feel that it is easy to work according to our SCP	58(50.0)	44(37.9)	5 (4.3)	7 (6.0)		
5. It is easier and quicker to read and get knowledge about a patient who is cared for according to the SCP than a patient without the SCP	34(29.3)	36(31.0)	23(19.8)	23(19.8)		
10. It is easier to see which nursing measures have been taken when the patient has the SCP than without the SCP	54(46.5)	43(37.1)	12(10.3)	6(5.2)		
15. The use of the SCP helps me to structure my work so that nothing gets forgotten	53(45.7)	45(38.8)	13(11.2)	4(3.4)		
22. I feel that it is easy to work with the SCP at our ward	55(47.4)	43(37.1)	12(10.3)	6(5.2)		
<b>Documentation</b>					15.0	13.0-17.0
2. I feel that it is quicker to document in the SCP than in traditional patient records	53(45.7)	36(31.0)	14(12.0)	12(10.3)		
6. I feel that it is easy to document in the SCP	60(51.7)	37(31.9)	13(11.2)	6(5.2)		
7. I feel that double documentation has decreased with the use of SCP	29(25.0)	43(37.1)	25(21.6)	18(15.5)		
8. My method of documentation becomes restricted when I work according to the SCP	17(14.6) (1)	32(27.6) (2)	39(33.6) (3)	28(24.1) (4)		
11. It is easier to see what needs to be done when the patient has the SCP than if the documentation consists of notes of nursing care	59(50.8)	39(33.6)	13(11.2)	4(3.4)		
<b>Quality of care</b>					29.0	25.0-32.0
3. I feel that I have more time for patient-focused care since the SCP was implemented at my ward	34(29.3)	36(31.0)	22(19.0)	21(18.1)		
4. I get a quick overall view about the patient's condition when using the SCP	34(29.3)	46(39.7)	18(15.5)	18(15.5)		
9. I feel that patients cared for according to the SCP receive good and safe care to a greater extent	45(38.8)	55(47.4)	8(7.0)	7(6.0)		
12. I do not deviate from the SCP unless the patient's condition necessitates an individual care plan (ICP)	68(58.6)	28(24.1)	10(8.6)	9(7.8)		
13. I have greater trust in my own work experience than in the content of the SCP	13(11.2) (1)	35(30.2) (2)	42(36.2) (3)	20(17.2) (4)		
14. The knowledge overview related to SCPs has been helpful for me to understand why we should care for the patient in accordance with the measures in SCPs.	49(42.2)	47(40.5)	8(7.0)	7(6.0)		
16. It is easier for a new nurse to care for a patient with the SCP than without the SCP	71(61.2)	36(31.0)	7(6.0)	1(0.9)		

17. The use of SCPs facilitates the introduction of new nurses	67(57.8)	35(30.2)	10(8.6)	3(2.6)		
23. I was informed that the knowledge overview related to SCPs is supposed to be based on evidence	68(58.6)	22(19.0)	10(8.6)	12(10.3)		
<b>Implementation process</b>					11.0	8.0-14.0
18. I was well aware of what an SCP is when it was time to start using it.	47(40.5)	39(33.6)	14(12.1)	8(7.0)		
19. I continuously received information about the work on developing the SCP development process	29(25.0)	31(26.7)	27(23.3)	20(17.2)		
20. I felt well informed about the expected benefits of using the SCP	38(32.8)	31(26.7)	23(19.8)	16(13.8)		
21. I felt that I participated in the work on developing the SCP	18(15.5)	20(17.2)	29(25.0)	42(36.2)		

Writing in italics represent negatively asked questions thereby reversed in analysis.

Overall impression of working according to the SCP showed that 57 (49.1%) of the nurses did not know whether the use of SCP has resulted in any positive side effects, 34 nurses (29.3%) experienced positive side effects and 25 nurses (21.6 %) experienced no positive side effects. Furthermore, 94 of the nurses (81%) had a positive attitude to working according to the SCP and thought that it facilitated their daily work while 16 nurses (13.8%) reported a negative attitude. Six nurses did not answer this question (5.2%).

In some of the completed questionnaires respondents also gave written comments describing both positive and negative aspects of working according to the SCP. Most comments concerned the areas of Usability and Documentation as it was described that working according to the SCP could be experienced as inflexible and inadequate. It was stated that suitable keywords were missing for documentation in the SCP whereas it became necessary to write parallel notes or start an ICP. Difficulties in obtaining a comprehensive view of a patient and lack of information about the patient's psychosocial well-being were also stated.

‘It is sometimes difficult to get an overview when reading about patients in the SCP. It tells nothing about the patient's psychosocial or general wellbeing. The SCP sometimes feels flat. There is no possibility for free text on certain keywords.’ (Respondent No. 70)

Several respondents with the SCP in paper format would prefer it to be electronic and thought this would make the documentation easier. Respondents who already had an electronic SCP stated some layout-related concerns making it difficult and unclear to read because the notes were not in the proper order.

‘If the patient does not follow the SCP template, if something else happens, there is no space to write this ... Then you have to open a day note which ends

up at the bottom of the medical record, which perhaps no one sees and reads.'

(Respondent No. 67)

Comments about how the use of SCP has influenced the quality of care include that it worked as a checklist to ensure what and when the different nursing actions should be done. Recently graduated nurses experienced the SCP to be a helpful guide and following the SCP made them feel safe.

'Good as a checklist so you know what needs to be done/controlled.'

(Respondent no. 70)

'As a new employee I feel that the SCP facilitated my work considerably because it is so easy to work with.' (Respondent no. 55)

## **Discussion**

The nurses reported both advantages and disadvantages of working according to SCPs. In general, all nurses were positive to SCPs and seemed to have good experiences of working according to the SCP since each area in the questionnaire showed relatively high median scores.

The usability of the SCP was considered as high among the total sample with high median scores in the area of Usability and the majority of nurses reported it easy and quick to document according to the SCP. Similar results were also shown in the study by Westling (11) where 85% of the nurses agreed it was easy to document in the SCP. On the other hand, nearly half of the nurses in this present study reported their documentation was restricted due to the SCP and both the written comments and the answers to item number 5 in the questionnaire indicated some difficulties in gaining a comprehensive view of the patients. Other written comments pointed out that important parts such as psychosocial aspects were missing in the SCP. This was also indicated by some nurses in the study by Fogelberg Dahm and Wadensten (12) which stated that there is a risk for the patients' individual needs not to be discovered. Furthermore, the nurses in the study by Lee and Chang (14) implied that although the SCP was time saving, it was rigid and problems appeared when not all patients "fit the model". This implies a need to further develop both the content and layout of the SCP.

Some of the written comments in the present study showed that those who had their SCP in a paper format believed an electronic SCP could further facilitate their work. On the other hand, nurses who had an electronic SCP highlighted other problems such as notes which did not end

up in “proper order”. This emphasizes the importance of having optimal organizational and safe, user-friendly technical support when implementing SCPs in the daily work. This was supported by Bahtsevani et al. (19) who suggested that one of the factors contributing to successful implementation of a clinical practice guideline was support from optimal computer systems. The use of different documentation systems may be one reason of decreased usability of the SCP in the present study. There is currently no single model for the content and layout that can guarantee a comprehensive SCP, thus, each clinic is free to develop the SCPs on their own. A model or guideline for development and design of an SCP could be one way to increase the usability of the SCP.

A majority of the nurses reported the use of SCP helping them to guarantee a good quality of care. This was also seen in previous studies where nurses found SCPs to increase their ability to provide the same high-quality basic care for all patients and to work according to evidence-based methods (12). However, almost half of the nurses in the present study reported they primarily rely on their own work experience rather than on the content of the knowledge summary and SCP. Similarly, the nurses in the study by Fogelberg Dahm and Wadensten (12) were uncertain whether the SCP and the knowledge summary actually guided the provided care. It has also previously been demonstrated that nurses tend to prefer their own experience or experience from colleagues over referring to standardized protocols (22). Decision-making is then a social activity, in which nurses discuss and confirm appropriate decisions. Rycroft Malone et al. (22) described also that nurses who were more familiar with and confident in their nursing tasks referred less to protocols. This suggests that decision-making may change over time. In the present study, more than half of the nurses had work experience of more than five years, which could be one explanation for why so many stated that they referred to their own experience.

The nurses reported that the SCP worked well as a checklist and facilitated the work for new employees. This complies with previous studies showing the controlling aspect of the SCP to be positive in training new nurses (13). Furthermore, previous studies have shown that SCPs served well as a reminder of what to do (14) and provided a better overview (11). Thus, SCPs seem to be a useful tool in introducing new staff members in evidence based practice.

The implementation process of the SCP at the different clinics was not optimal according to the nurses. A majority experienced they were not involved in the development of the SCP.

The introduction of new guidelines and SCPs is a complex process dependent on many factors such as context and leadership as described in several studies (15-17, 19). How the implementation process was actually performed at the different clinics was however, not studied in the present study. There are probably several factors which may have influenced both positively and negatively during the implementation process at the different clinics and needs to be further investigated.

### *Study limitations*

The present study has some limitations needed to be considered when interpreting the results. The response rate was lower than desired (51%), despite two reminders. Hence, selection bias in the sample may have influenced the results. However, no further information about the attrition is available due to promise of anonymity which means the result could not be generalized to all nurses. It should be mentioned that one of the two SCPs used in the Department of Women's Health concerned intrauterine foetal death which, according to the midwives is a rare condition occurring only a few times throughout their careers. This may explain some of the large loss of responses from this clinic.

There were no established valid and reliable instruments available at the time of data collection and a questionnaire was developed for the specific aim of this study. Although the face validity and internal consistency was satisfactory, the questionnaire needs to be further tested regarding stability with a test-retest and the area constructions (21). The possibility of leaving comments was used by some respondents which contributed to additional details and enriched the analysis (20). Finally, there was no hypothesis testing or significance calculation due to the material not being comparative in nature and because of the small number of participants.

### **Conclusion**

The results showed the nurses having overall positive perceptions of working according to the SCP as it was reported as usable, easy to document in and guaranteed the quality of care. However, it became evident that the SCP should be included in the electronic medical record in order to be easy to use. Moreover, the finding highlights the need of optimal computer systems to support the use of SCP which has not been fully described in previous studies. As computers are an important working tool in the health care of today, this is an important knowledge. Furthermore, the results showed some limitations in the implementation process

and a lack of involvement and information during the development of the SCP which needs to be considered in future developments of SCP.s. During the process of this study the development and use of SCP has increased both in Sweden and abroad. With the increasing number of SCPs, there is a need for establishing a well-designed and tested instrument for evaluation. This instrument should capture the healthcare staff's workload, attitudes and adherence to use SCPs and enable comparisons both nationally and internationally. However, it would be desirable to also include patient reported outcomes as well as cost effectiveness analysis regarding hospital length of stay and new working routines when evaluating the use of SCPs. It is also important to further study the most optimal prerequisites needed for a successful implementation of an SCP.

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