Nurses' Presence at the Patient Bedside: Challenges Experienced by Nurses

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Abstract

Background: Nursing presence is one of the important dimensions of care. The presence of nurses improves the outcome of treatment, self-care, satisfaction and reduces patients' loneliness and anxiety. The literature review shows that most studies have conducted on concept analysis of the nursing presence while nurses face many challenges to present at the patient bedside. The study aimed to identify the challenges of nurses' presence at patients' bedside from the perspective of nurses.

Methods: This is a qualitative content analysis study. In-depth semi-structured interviews were conducted with nineteen nurses. Data analysis performed using Zhang's eight stages approach.

Results: Three categories emerged: (1) professional challenges with sub-categories: shortage of medical staff, improperly scheduled visits and rounds, time-consuming supervision, inadequate competence, and cultural unfamiliarity, (2) job attenuation with sub-categories: ignoring the needs of nurses, inappropriate management styles (3) unsuitable environment with sub-categories: inadequate medical facilities, ward congestion, and non-standard hospital environment.

Conclusions: This study identified the challenges and barriers of nurses' presence at the patient's bedside in different dimensions from the clinical nurses' perspective. Nursing managers must adopt appropriate strategies to solve the challenges of nurses' presence at patients' bedside to achieve the positive benefits of the more effective nurses' presence at patients' bedside.

Background

Nursing presence is one of the important dimensions of care[1]. Nursing presence is defined as a therapeutic value by the nurse in communicating with patients[2]. The characteristics of nursing presence include being uniqueness, connecting with the patient experience, sensing, going beyond scientific data, and being with the patient[3]. Finfgeld-Connett (2006), in a meta-synthesis of the concept of presence in nursing, suggests that nurses must possess personal and professional maturity, morality, professional commitment, and respect for individual differences to improve the patient[4]. Research on nursing practice shows that nurses must be clinically competent to have a passionate presence at the patient's bedside[5]. The presence of nurses improves the outcome of treatment, self-care, satisfaction and reduces patients' loneliness and anxiety[6–8]. Also, communications, balance, recovery, growth, and transcendence are known consequences of the nurses' presence [9]. Among the challenges for presence at the patient's bedside is the time constraints due to routine nursing activities in clinical wards [2]. On the other hand, the high workload of nurses and high technology healthcare environments such as telemedicine and medical centers' strategies for profitability bring the nurse's challenges to be present with any given patient [2, 8, 10, 11]. The pressure on the nurse to support the benefits of the system, rather than the patient reduces the presence of nursing and creates feelings of guilt, shame, anger, incapability, and humiliation due to inadequate presence at the patient's bedside[12]. Various studies have been performed on the nursing presence. Some of them focus on the patients' perceptions of the nurses'

presence. For example, Ghafouri Fard (2021) depicts the nursing presence from the perspective of cancer patients; the highest and lowest scores belonged to the items: "I trusted in the nurses" and "these nurses met my spiritual needs," respectively. At the same time, no correlation was observed between nursing presence and the patient's age, length of stay, and the number of hospitalizations [13].

The literature review shows that most studies have conducted on concept analysis of the nursing presence [9, 14–16]. Given that nursing is the basis of humanistic care and the essence of the profession, and we see that nurses do not spend more time caring for the patient. There is evidence that patients have little satisfaction with some aspects of nurses' caring behavior. Hajinezhad et al. (2007) showed patients reported dissatisfaction with receiving respect from nurses and education. Due to nurses' low presence, patients do not receive proper education in the latter case. Therefore, nurses' lack of conscious attention to the presence at the bedside causes patient dissatisfaction [17]. Also, Sadeghian et al. (2017) showed that patients reported a low human presence of nurses and low connectedness [18]. Studies in Iran show nurses' challenges in providing care in clinical settings; for example, the presence at the bedside of female patients creates a stressful work environment for male nurses due to religious-cultural constraints and poor organizational context [19]. In addition, Mohammadipour et al. (2017) in a qualitative content analysis study examined the concept of nursing presence based on the patient's perspective. This study's main theme, structural interaction, is that effective nurse and patient interaction leads to coordination, cooperation in care, and improving nursing outcomes [20]. Regarding the knowledge gap in perception of nurses from presence at the patient's bedside, the researchers were curious to explore nurses' real experiences in this important issue of clinical care.

Aim

The study aimed to identify the challenges of nurses' presence at patients' bedside from the perspective of nurses.

Method

This study is a qualitative content analysis method [21].

Setting and Participants

Participants were 19 nurses. They purposively recruited from educational and private hospitals Alborz province, Iran, 2020. Inclusion criteria were having a bachelor's degree and higher education in nursing, at least one year of clinical experience.

Data collection

In-depth unstructured face-to-face interviews performed data collection. Interviews have done with a general question, "Please describe to me the nursing activities in one of your work shifts." In addition, probing questions were: "explain more?" "What do you mean?" As the interviews progressed, participants

asked semi-structured questions: "What is your presence at the patient's bedside during working hours?", "Why can't you spend more time at the patient's bedside?" All interviews conducted in the Persian language. Each interview lasted for 30–50 min. Data saturation obtained with 19 participants. This was when no new conceptual code of the data appeared.

Data analysis

Data analysis was performed simultaneously with data collection using Zhang's eight steps approach[22] included: (1) the recorded interviews were transcribed verbatim after each interview, (2) meaning units were identified and coded, (3) codes categorized according to their similarities and differences into sub-categories and categories, (4) all authors continuously reviewed the clarity and consistency of the extracted codes, (5) data collection and analysis until saturation, (6) Re-check the accuracy and stability of the data by the authors and two peer reviews, (7) finalization of categories and sub-categories, and (8) reporting all stages of the study.

Trustworthiness

According to Lincoln and Guba, credibility was established through allocating enough time for each interview, prolonged engagement, and member check[12]. For confirmability, two faculty members who were skilled in qualitative studies checked the quality of interviews, coding, and categories to reach a consensus. For dependability, all stages of the study were reported in detail. Finally, transferability was established through maximum variation sampling[12, 13].

Results

Thirteen nurses were women. The average age of nurses was 37.31 ± 6.51 . Fifteen had a bachelor's degree in nursing. Thirteen nurses worked in general wards (Table 1). Data analysis led to the extraction of three categories: professional challenges, managerial challenges, and unsuitable environment (Table 2).

Table 1
Characteristics of Participants (N = 19)

Characteristics		Frequency or mean $\pm$ SD
Age		38.61 $\pm$ 4.2
Clinical experience		14.57 $\pm$ 5.71
Gender	Male	6
	Female	13
Education level	Bachelor's degree	15
	Master's degree	4
Work position	Staff nurse	12
	Head nurse	3
	Supervisor	2
	Nursing manager	2
Work setting	General wards	13
	Intensive care settings	6

Table 2
The Categories and Sub-categories

Example of coding	Sub-categories	Categories
Having a heavy workload due to shortage of nurse	Shortage of medical staff	Professional Challenges
Lack of specific time for morning doctor visits	Improperly scheduled visits and rounds	
Time-consuming inspection rounds accompanied by a supervisor		
Unscheduled rounds of supervisors	Time-consuming supervision	
Spend a lot of time helping and monitoring novice		
Lack of professional skills in communicating with a patient	Inadequate competence	
Unfamiliarity with the culture and behavior of patients	Cultural unfamiliarity	
Managers ignore the low salaries of nurses	Ignoring the needs of nurses	Job attenuation
Nurses' dissatisfaction with managers		
Lack of motivation and energy due to fatigue and burnout of nurses	Inappropriate management styles	
Waste of time due to shortages of medical equipment	Inadequate medical facility	Unsuitable Environment
Crowded ward due to the presence of many medical students in the ward	Ward congestion	
Inadequate conditions of patients' rooms	Non-standard hospital environment	

1. Professional Challenges

This category consists of five sub-categories: the shortage of medical staff, improperly scheduled visits and rounds, time-consuming supervision, inadequate competence, and cultural unfamiliarity.

1.1. Shortage of medical staff

The shortage of physicians, nurses, and nursing assistance was a significant barrier to the presence of nurses at the patients' bedside. Spending more time answering doctors' phone orders increased the workload of nurses. The shortage of nurses prevented the optimal ratio of nurses to beds. These conditions caused nurses to suffer from mental and physical fatigue not to spend enough time at the patient's bedside.

"The shortage of nurses and assistant nurses along with the high number of patients makes it impossible for us to always be present at the patients' bedside." (P.2)

1.2. Improperly scheduled visits and rounds

Participants cited improper scheduling of clinical visits and rounds as the reason for nurses' insufficient presence at the patient's bedside. Also, nursing officials did not act in a specific time frame to attend the wards; this caused nurses to lose useful time at the patient's bedside due to a doctor or supervisor's intrusive presence instead of addressing the patient's needs. Interruption in nursing programs leads to a waste of time and reduces the number and duration of nurses' stay at the patient's bedside.

"Physicians do not have a specific schedule for visiting patients. Sometimes during the day and sometimes at the end of each work shift, they enter the ward to visit. This interrupts patient care." (P.6)

1.3. Time-consuming supervision

Participants stated that novice nurses supervising takes time and reduces nurses' presence at the patient's bedside. The nurses showed that part of their opportunities was wasted to monitor medical procedures.

"We have to spend a lot of time supervising trainees and novice nurses. This makes it impossible to much present in the patients' beds" (P. 10)

1.4. Inadequate competence

The nurses' citations showed that they lacked up-to-date communication skills, teamwork, and technical knowledge that made them fearful and anxious about medical procedures. This caused them to be less sunny at the patient's bedside. Such anxiety caused the nurses not to improve their clinical skills due to their absence from the patients' bedside.

"When the nurse's skills are low, the nurse is afraid that the patient will notice this weakness." (P.3)

1.5. Cultural unfamiliarity

Gender differences between nurses and patients and unfamiliarity with patients' culture make nurses less likely to present at the patient's bedside.

"It becomes really difficult to be in the patient's bedside when you are not familiar with the patient's culture and beliefs." (P.8)

2. Job attenuation

A set of factors weakened the professional work of nurses. In this way, nurses experienced dissatisfaction, fatigue, and burnout. Job attenuation consists of two sub-categories: ignoring the needs of nurses and inappropriate management styles.

2.1. Ignoring the needs of nurses

A set of factors weakened the professional work of nurses. In this way, nurses experienced dissatisfaction, fatigue, and burnout. The nurses stated that the managers' negligence towards the facilities (rest, nutrition, locker room, bed, etc.) reduces their job motivation to present at the patients' bedside.

"Nursing managers do not attempt to solve our problems such as salaries, high workload, and welfare facilities... Their upsets and discourages nurses." (P. 13)

"As an experienced nurse, because I see that no one in charge responds to my needs, I do not have the patience to spend more time in the patients' bedside." (P.6)

2.2. Inappropriate management styles

A management style was considered an important factor in nurses' presence at patients' bedside. Nursing managers decisions in an autocratic manner; rotation programs for nurses regardless of their interests, clinical skills, and always adopting functional labor division reduced nurses' motivation to present at the bedside.

"Nursing managers do not consult with us for decisions... It has happened many times that in the middle of the month I was transferred to another ward as a nurse assistant... Such actions are annoying "(P.9)

Nurses stated that being forced to perform non-clinical tasks such as completing forms and other written activities to accreditation program and attending in-service training sessions wastes time and prevents their presence at the patient's bedside.

"The workload is high... Doing accreditation processes has also doubled the problem. The number of patients has not decreased and has made it difficult for us to be at the patient's bedside." (P.14)

Nurses also spent a lot of time writing nursing reports, entering physician orders into cards, completing vital signs sheets, and entering some information such as drug reservation requests and tests into the computer. The lack of modern software and modern hospital information system made it difficult for nurses to send and receive nursing reports. For example, nurses stated that charting and plotting vital signs in all patient records for each shift wastes a lot of time. This was while they traditionally wrote nursing reports, admission, and discharge information every day. In this regard, a nurse said his experience:

"Frequent recording of information in a patient's medical record and documents, either manually or electronically, is time-consuming... It takes a lot of time for us." (P.6)

3. unsuitable environments

This category consists of three sub-categories: inadequate medical facility, ward congestion, and non-standard hospital environment

3.1. Inadequate medical facilities

Lack of proper and new medical equipment causes nurses to spend a lot of time reporting and following up on these problems.

"Failure of medical equipment always causes trouble... We must constantly worry that these devices will not work properly. For example, sphygmomanometer or even oxygen delivery devices, or the central suction ... This wastes a lot of our time so that sometimes we forget the patient." (P.3)

3.2. Ward congestion

Nurses stated that the presence of medical students and families Increased congestion in the wards. Also, answering students' questions and providing facilities for their practice takes many hours for nurses.

"The presence of medical students, families, and physiotherapist, etc., causes the ward to become crowded I cannot find enough time to be a presence at patient's bedside" (P.3)

3.3. Non-standard hospital environment

The non-standard design of wards in the hospital wastes nurses' time. Lack of proper facilities in patients' rooms, such as air conditioning and insufficient space for patients, creates challenging conditions for nurses to be much and effective in patients' bedsides. Experiencing these difficult conditions reduces nurses' willingness to be more present in patients' beds.

"Some rooms do not have enough light and because of the lack of air conditioning, the unpleasant odor and do not have good conditions ... Nurses under these conditions cannot be present in the patients' bedside much." (P.7)

Discussion

This study shows that nurses have challenges in presence at the patient's bedside due to stress, fatigue, and scheduling problems for physicians' visits or nursing rounds. Accordingly, Katsantoni (2019) shows that work stress causes fatigue in nurses[23]. Peters (2018) reports that nurses are in an ongoing and snowballing process in relationship with needy individuals and are prone to fatigue [24, 25]. The myriad consequences of fatigue included reduction of patient safety, diminished judgment and decision-making, decreased reaction time, and lack of concentration, absenteeism, clinical errors, reduced quality of interaction with colleagues and patients[24, 26]. The finding show that most nurses cite mental and physical fatigue as an obstacle to adequate presence at the patient's bedside. In this study, nurses' poor competency is a professional challenge for nurses at the bedside. In this case, the lack of up-to-date professional knowledge and insufficient clinical competence lead to increased nurse anxiety and stress for the patient's clinical presence. Therefore, fear and anxiety about being present at the patient's bedside are unpleasant experiences. Consistent with this finding, Mohammadipour et al. (2017) found clinical

competence and self-actualization are the antecedents of nursing presence [9]. Nurses' statements indicate nursing management strategies undermine nurses' effective presence at the patient's bedside. Nursing managers' policy for frequent rotation of nurses between clinical wards is an unpleasant process for most nurses. Adopting a high turnover approach without considering nurses' skills and willingness reduces nurses' motivation to presence at the patient's bedside. In this regard, Nantsupawat et al. (2017) show high turnover rates among nurses, leading to the shortage, job dissatisfaction, and intention to leave[27]. This problem, together with documentations' workload, increases the nurse's insufficient presence at the patient's bedside. In recent years, implementing of accreditation programs approved by the Ministry of Health and the need to develop care policies for nurses have caused a lack of time to address patients' care needs further. Studies show a direct relationship between management styles with job satisfaction and the retention of nurses [28–30]. Nursing management behaviors, such as attention to autonomy and motivation, improve nurses' performance [31]. An organizational challenge for nurses' presence at the bedside is managers' neglect of nurses' wages. In line with this finding, McHugh (2014) found salary is associated with nurses' job dissatisfaction and is important for good nurse outcomes, but it does not decrease the work environment's impact and staffing on nurse outcomes[32]. In terms of environmental challenges, shortages, and failure of medical equipment, overcrowded and non-standard wards are problematic for nurses to be present at the patient's bedside. Similarly, Norouzinia et al (2016) suggest the busy environment of the wards (noise and traffic), unsuitable environmental conditions (improper ventilation, heating, cooling, and lighting), or admission of critically ill patients in the wards are serious barriers to successful nurse-patient communication[33]. The presence of many nursing and medical students for internships and lack of appropriate distribution for students' in the wards is an environmental challenge. This challenge causes nurses to avoid being at the patient's bedside for reasons such as not causing more discomfort to the patient in such a crowded environment. Regarding the presence of medical students at the wards, Choudhury (2006) showed a vast majority of patients reported that they would feel comfortable in medical students' presence for clinical education. However, 63.7% of patients preferred one or two medical students to be present during a consultation [34]. However, according to the authors of this article's experiences, because students do a significant part of patients' routine works, the nursing staff seems to think that their presence at the patient's bedside is not so necessary. Therefore, nurses with such an attitude expected to enter a vicious cycle for less attendance at the patient's bedside.

Conclusion

This study identified the challenges and barriers of nurses' presence at the patient's bedside in different dimensions from the clinical nurses' perspective. Some challenges are structural, and some are self-made. Nursing managers in order to achieve the positive benefits of the more effective nurses' presence at patients' bedside must adopt appropriate strategies to solve the challenges of nurses' presence at patients' bedside. This requires serious efforts by nursing officials and clinical nurses. According to clinical work experience and nursing education, the authors of this article suggest some of these strategies, including applying nursing management methods that increase motivation in nurses,

employing nurses in clinical departments in accordance with their expertise, desire, and experience, and use the case method approach in patient care. In addition, strengthening the hospital's physical structures and aligning accreditation programs with the real needs of patients and nurses can improve the presence of nurses at the patient's bedside.

Declarations

Ethics approval and consent to participate

The Ethics Committee Alborz University of Medical Sciences, Alborz, IR Iran approved this research (approval code: IR.ABZUMS.REC.1399.103). verbal consent was obtained from the participants. The Ethics Committee Alborz University of Medical Sciences approved the verbal consent for the study participation. Participants were informed about the study aim, voluntary participation, and the right to withdraw from the study. Permission was obtained from the participants for audio recording. We confirm that all methods were performed in accordance with the relevant guidelines and regulations.

Consent for publication

Not applicable

Availability of data and materials

All data generated or analyzed during this study is included in this article.

Competing interests

The authors have no competing interests to declare.

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The authors have not received any funding.

Authors' contributions

BA, AE and TF designed and conducted the study, performed the analysis and drafted the manuscript. RN and BS advised on the study design, facilitated data collection and revised the manuscript. AE, MA and RN helped in data collection and analysis, interpretation of data and revised the manuscript. All authors read and approved the final manuscript.

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