THE IMPACT OF NURSING ON PATIENT CLINICAL OUTCOMES

appendix 3

focus groups report
Clinical Quality Indicators in Nursing
Project Focus Groups

Report by Taylor McKenzie Research and Marketing Ltd.

Three focus groups of 8 respondents (4 male and 4 female). Socio economic grouping B, C1, C2, D, E across 3 sites.
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ADMISSION

Site 1

All respondents felt that whether their admission was planned or otherwise it generally went well. All respondents were given enough information regarding the admission procedure and other general issues.

‘No problems at all, I went straight in for immediate surgery’

(Female, site 1)

Two respondents commented that no timescale for their stay was given upon admission. It was only when they asked that they were told. It also caused a problem when arranging visits from friends and relatives, as they didn’t know exactly when they would be discharged.

Leaflets given out prior to admission were a real help to both patients and relatives. One respondent commented that they never received this leaflet until they arrived home upon discharge.

Overall, respondents were happy with admission and felt it was done in a very professional and personable manner.

Site 2

Most respondents received enough information prior to general admission. All respondents had a very smooth admission process with little or no problems.

Most respondents were informed of the timescale of their stay and felt the staff were all very friendly and helpful.

The only problem was when one respondent was admitted with depression. She felt someone should have taken her away privately for half an hour and explained exactly what the problem was. Instead she was just shown into a ward and left.

‘They just put me in a ward and left me, I was in quite a fragile state’

(Female, site 2)

Family members were well briefed on visiting times and timescale of the patient’s treatment, which was thought to be a very personal touch and made the situation less stressful.

Site 3

On the whole fine, one respondent felt there was a lack of information, as she never received an information leaflet.
‘When I got home my admission information leaflet was waiting for me’

(Male, site 3)

Beds were all available and it was a very smooth transition from admission to ward. Relatives were all well informed of visiting times and procedures.

All respondents received a good tour of the ward and the facilities were well explained. Overall there were no real problems with this stage of their treatment.
CARE PLANNING

Site 1

Opinions on this varied depending on what the respondents were admitted for. One respondent was admitted to receive treatment for cancer and found it very difficult to find someone to talk to about the treatment she would receive. She felt nurses were too afraid to talk to her about her condition and instead left it up to the doctor. This doctor wasn’t able to visit very often and she felt very isolated when she was alone in the ward. There was one cancer nurse available but she wasn’t able to visit often enough.

‘It was left to the surgeon to comfort me and explain my symptoms to me, it was a time when I felt very afraid and vulnerable’
(Female, site 1)

Respondents who were in for minor surgery or had been admitted through accident and emergency felt that doctors and nurses made it very clear what would be happening and when.

Respondents felt that, although the schedule for their care was well planned and conveyed to them, details of their condition were not. They felt they would like to have been given more information about what is actually wrong with them. Respondents felt that the nurses had too much work to do and this is why they didn’t have the time to inform them of the exact details of their condition.

‘Nurses are so busy that they can’t care as much anymore, they are more like technicians than nurses’
(Male, site 1)

Respondents had a few problems with their medication. One respondent was offered drugs that would adversely affect her ulcer and felt this was due to poor communication between departments.

‘I was offered anti inflammatory drugs which was bad as I have an ulcer, it was a clash that they should have been aware of’
(Female, site 1)

One respondent had a lot of medication prior to admission. She found that, when it was left to the nurses to administer it, problems would arise. They would either not come on time or in one case not come at all. In the end she took charge of administering her own pills. She put this down to the nurses being too busy.

Other than the previously mentioned points respondents generally had positive opinions about the care planning aspect of their stay.

Site 2

All patients with the exception of the mental health patient were well informed of exactly what was wrong and how it would be dealt with. The doctors were very good at telling patients what was wrong and exactly how it would be dealt with. The mental
health patient felt isolated and poorly informed, she saw auxiliary staff daily and only spoke with the doctor once a week.

Several respondents commented that there was a problem with continuity. They were seen by different nurses and doctors each day, this caused problems when it came to answering questions regarding their progress as different staff would tell them different things. Respondents would like one nurse to deal with throughout their stay.

All respondents were well briefed on the medication they were given and what it was doing, except the mental health patient. She was only told when she demanded to know.

‘They were giving me all these drugs and not telling me what they did, it made me feel like a child’
(Female, Mental Health Patient, Site 2)

Site 3

The nurses told most respondents everything they needed to know; sometimes they had to ask about certain aspects of it in order to be told. One respondent felt that she was left to hang around a lot without being told what was going to happen to her.

One woman wasn’t offered a pre-med, her operation was four hours late so by the time she was taken into surgery she was stressed and worried. No one told her about the delay, they just left her lying waiting. Another respondent did get a pre-med but had to ask for it.

‘By the time I got to my operation I was a bag of nerves, I was worried sick.’
(Female, site 3)

Nurses never asked important questions with regards to administering painkillers and ended up giving them to a patient with a weak stomach. She was sick and the nurses hadn’t explained that this was a possible side effect.

Respondents would have liked a lot more explanation about why they were being given what they were being given. They felt the drugs were just administered with no real explanation as to why.
CONTACT WITH NURSES

Site 1

All respondents agreed that nurses seemed to be overworked and didn’t seem to have enough time to tend equally to all patients. It was agreed that some patients needed more care and nurses couldn’t possibly be expected tend to all patients equally.

Female respondents felt that the nurses seemed to pay more attention to male patients on their wards.

When respondents needed assistance they sometimes had to wait in a queue-like system until other patients had been seen to. One woman had to wait two hours for a dry dressing because the nurse was doing someone’s hair.

It was suggested that nurses had too much paperwork to do and this gave them less time to care for patients as the respondents felt they should be there to do. They also felt there wasn’t an obvious ranking system in place.

‘I think the nurses have too much paperwork to do, they should be doing what the doctors are doing.’

(Male, site 1)

Respondents would like to see a return of a Matron to the ward. They felt that when there was a Matron there was a lot more discipline amongst the nurses and they would work a lot harder.

Respondents didn’t like the fact that legislation limited what the nurses could do for you. One woman had to wait an hour to be propped up in bed because the nurses weren’t allowed to lift her a little.

‘I lay in bed for an hour whilst the nurses fetched something to lift me, all I wanted to do was sit up.’

(Female, site 1)

It was felt on the whole that the nurses were pleasant and if you treated them with patience and respect then they would return the compliment. Respondents felt that some patients on their ward may have been ‘bad patients’ and that, if this was the case, they were poorly treated by nurses. They felt that being ill in hospital could cause some people to behave like this and that nurses shouldn’t treat them any differently.

Site 2

Overall the nurses were described as being efficient, busy and very pleasant. Respondents felt that nurses always seemed to have a lot to do and they felt bad asking them for something. When they did ask for something they usually had to wait until they finished other tasks they had been given.
One respondent needed a bedpan and nurses took over 20 minutes to bring him one. By this point he was very uncomfortable and angry. Another respondent was given a bed bath and it was freezing.

Respondents felt there were too many auxiliary nurses and not enough trained nurses. Should they need something that required a trained nurse they had to wait a long time in a queue.

‘There were more auxiliaries than trained nurses. This didn’t affect me but there were other more serious patients who required a trained nurse more often and couldn’t get one.’

(Female, site 2)

One respondent had blood leaking onto his bed, he asked for a nurse but they just kept walking past. It turned out that what was happening was perfectly normal and this was the reason the nurses were not responding. No one told the patient it was normal, he suggested that all it would have taken was one of the nurses to tell him it was ok to set his mind at ease.

The mental health patient felt that there was no one qualified to deal with her. The nurses were not able to explain what was happening with regards to her progress or treatment plan.

Respondents felt there should be an obvious head nurse on duty and discussed the possibility of the return of Matrons. Respondents felt that there were far fewer problems back in the days when Matrons were on the wards and would like to see them brought back.

**Site 3**

All respondents felt there were far too few nurses on the wards. If they needed attention they had to wait a long time. If they didn’t need attention they very rarely saw a nurse.

When the respondents could get a nurse’s attention they found them to be very helpful and pleasant but could tell that they were really too busy to do much for them. They would have liked to see more trained nurses and felt it would have made their stay more comfortable. Many of the older patients were too afraid to ask the busy nurses for something so most just said nothing.

There was an excellent trainee nurse on the ward who ended up doing most of the basic tasks around the ward, as the other nurses were too busy. Respondents felt it probably wasn’t the most valuable way for a trainee to spend their time.

Respondents felt their care was not as good as it should have been due to the lack of trained nurses.

It was noted that between 6.00pm and midnight there were no nurses on hand to give out painkillers, as they were too busy with other tasks.
One respondent insisted that nurses wash their hand before touching her, as they didn’t seem to be in the habit of doing this. One nurse actually thanked her for reminding her.
PAIN CONTROL

Site 1

All respondents were delighted with the pain control they received. No one had any problems. If they required any explanation of the drugs they were taking it wasn’t a problem.

Most respondents were just told to ask if they needed any pain relief.

Site 2

There were no real problems with pain control methods, respondents felt they were given plenty and should the need arise for more, all they had to do was ask.

Two respondents complained that they were woken in the middle of the night to be given painkillers. This wouldn’t be a problem except they found it difficult to get to sleep in the first place.

Site 3

Pain was well controlled until 6.00pm in the evening when there didn’t seem to be any nurses around to administer the drugs.

When they did get pain control drugs they were effective.
PROGRESS MONITORING

Site 1

All respondents agreed that the doctors were very good at keeping you up to date, it was suggested that the nurses should be able to give you the information that the doctors were giving you. The nurses were too busy to be able to give you this information.

There was a feeling that the doctors and the nurses roles had been reversed in that, in the past, it would be the nurse you would have the most contact with, nowadays it is the doctor. Respondents liked this but they felt the doctors probably have more important things to be doing.

Site 2

On the whole, patients’ progress was well monitored. They received visits from the doctors on a regular basis. Whilst general patients were monitored daily the mental health patient was only monitored once a week.

Site 3

Progress was monitored fairly well by the nurses. They were very busy so communication was minimal. Blood pressure checks were carried out regularly.

One respondent felt that, as her condition was not very serious, nurses were not really interested in her. She had a plaster that was too tight and caused bleeding. It took nurses a day before they listened to her and sent her to have the plaster re-set. She felt this should have been done immediately, as it cured all discomfort.

Doctors were present on the ward quite often and were always happy to help or give information about your progress.
DISCHARGE PLANNING

Site 1

All respondents had no problem being discharged and felt that if anything, they were rushed out. They were all given plenty of information and details of what should happen next.

‘They seemed really keen to give you a bundle of information, a pat on the back and a kick out the door.’

(Male, site 1)

Community nurses were good, it was usually the same one who arrived and this allowed for good continuity and prevented the problems caused by poor communication.

Respondents were given plenty of dressings to take home if required. A problem arose when it came to getting a prescription to take home. Two respondents were rushed out of their bed to go home and then made to wait 2 hours for a prescription. The respondents didn’t like this and suggested it should have been done the night before.

Site 2

Respondents were quite happy with this procedure. They did feel in most cases they were hurried out the door but were quite happy about this.

Most respondents were given information about what would happen next and what to do if a complication arose, which was good. One respondent was not given this information and visited the doctor with perfectly normal swelling, as he had not been told that it would happen. He felt he was wasting his time and the doctor’s time.

‘I had a number to call in the hospital if there were any complications once I was out, it gave me real piece of mind.’

(Male, site 2)

Patients who needed drugs to take home had to wait for them. They were told they could leave and then had to wait up to 2 hours outside the ward for their medication. This was a nuisance as patients missed lunch because of this and many were still quite weak and had to wait without a bed. All agreed that drugs should be prepared the evening before departure.

The mental health patient benefited more from the community nurse than from any of the nurses in the hospital.

Other respondents who had community nurses found them to be friendly, reliable and very helpful, no one had any problems at all with them.
Site 3

The trouble all respondents had was that they were not informed of any problems that might occur after discharge. Respondents suffered what were totally normal symptoms during recovery but worried about them, as they had not been told about them.

The medication given to respondents to take home was not explained to them. They didn’t know what they were taking the medication for or any side effects that might occur.

One woman was sent home with a plaster on her leg. She felt she was forced into leaving early and had 2 children to look after. She was offered no aftercare or help in her home.

One patient who had a hip replacement felt there was a communication problem between the hospital and community nurses. He was still waiting to see a community nurse and had to cope alone with the help of his family.

There was no delay in getting medication to take home.

One respondent needed a wheelchair to get out of the ward. There was only one available and at that point there were two people also waiting to use this wheelchair. He had to wait awhile to actually get out of the hospital.

All respondents were told if they had any problems they should go to their GP.
HYGIENE/NUTRITION

Site 1

Respondents were surprised at the quality of the food, three of them who had never had a stay in hospital before had expected the food to be terrible. Respondents felt the food was of a fairly good standard. One respondent commented that she was on a diet and all the food on the menu contained quite a lot of fat one day, there was no healthy option.

Respondents agreed that the wards all seemed clean but felt that this couldn’t be the case as two out of six had contracted MRSA. Respondents pointed out that cleaners were only there in the morning, should something be spilled on the floor it wouldn’t be properly cleaned until the next morning. Respondents suggested a return to the past when there was a cleaner on all the time.

‘They left my catheter open one day and the mess wasn’t properly cleaned until the next day as the nurses weren’t allowed into the cleaners cupboard.’

(Female, site 1)

It was also pointed out by most that bleach wasn’t allowed so some of the toilets smelled stale.

Site 2

Food was very poor. It was described as being bland, cold and boring. All respondents agreed that there wasn’t enough of it and after a few days were so hungry they had relatives bring food into them.

One respondent talked of how the food was described on the menu. He said it sounded like a restaurant menu, which got his hopes up. When the food arrived it was not only nothing like it had been described, but was also almost inedible.

‘It sounded really posh on the menu but when it arrived it was just a boiled egg.’

(Male, site 2)

Overall the wards were relatively clean, a few of the older respondents remember a cleaner being in the ward full-time and remembered them being much cleaner. The lady in the mental health ward described it as being drab, dull and filthy.

The main problem areas seemed to be the bathroom and toilet facilities. These areas were said to smell and should you require a bath, you had to clean it yourself, this was difficult if you had just had an operation.

One lady who had a catheter didn’t know what to do with it when she went for a shower; she eventually managed on her own.
Site 3

Toilets were only cleaned once a day, which lead to them becoming quite smelly and unpleasant. Cleaners were not allowed to use bleach so cleanliness issues arose. Also toilet bins were always overflowing.

It was also noted that the cleaners served tea, which caused some concern within the ward.

The wards were kept very clean but the bedside tables weren’t kept very clean.

One lady thought the food was not very healthy it was usually quite soggy. The other respondents thought it was very appetising and nutritious. Respondents all agreed that there should be more quality healthy options available.
ADVERSE INCIDENTS

Site 1

Two respondents were told they had MRSA and felt it could have been avoided by having a full-time cleaner as they would have had in the past. They suggested that there was no MRSA in the past. Upon discharge neither respondent was given any further information about MRSA and still don’t know for sure if they have it to this day.

One woman described the nurses as being very disrespectful. The nurse had just shouted to another:

‘I’m just taking this woman for her comfort’

(Female, site 1)

Not only did this let the whole ward know she had a mastectomy but she was also disappointed that she had been there a week and the nurse who had seen her most often described her as ‘this woman’. When she confronted the nurse she was very apologetic but the respondent felt the situation should never have arisen.

Site 2

One lady returned home with an infection, which she thinks she picked up from the bath she was using. The GP managed to clear it up fairly quickly.

One respondent had MRSA and found out that the person who previously occupied his bed also had it. To him is seemed fairly obvious that this is why he contracted it. Another respondent had to be re admitted with an infection that he picked up before he left the hospital.

Respondents didn’t really want to complain about things in case it went on their records that they were a ‘complainer’. They also didn’t want the hassle attached to complaining or felt that they were home and cured and that was all that mattered.

Site 3

It was noted that, due to the shortage of staff, care was jeopardised. Respondents felt that should multiple problems arise there wouldn’t be enough staff to deal with them.

No respondents suffered any infection or other discomfort from their stay in hospital.

Most respondents felt that people were afraid to bother the nurses because they seemed so busy. Instead they chose to suffer mild discomfort. The nurses all seemed to do their best under very difficult circumstances.

‘People are scared in hospital to bother the nurses because they are so busy’

(Female, site 3)
CONCLUSIONS

Site 1

Admission is generally ok. The only problems occurred when patients never received a leaflet about admission or information about the duration of their stay.

Respondents felt that their care was well planned and the only real problem they had was trying to find out from doctors and nurses what was wrong with them.

With regards to nurses, respondents felt they were pleasant but overworked. The fact that they were overworked didn’t allow them to tend to all patients equally and patients would feel bad asking for help with something. Respondents would like to see a ‘Matron’ figure return to the wards to organise and keep the wards in shape.

Pain control was good; it was offered regularly and well administered.

All patients agreed that doctors were very good at keeping you up to date with your progress. Patients felt that nurses were too busy to give you any information with regards to your condition.

Respondents had a problem with getting medication when being discharged. They seemed to be rushed out of bed to go home and then made to sit around for up to 2 hours waiting for their medication to be delivered. Respondents suggested this should be done the night before discharge.

The food was deemed to be above patient’s expectations; the only problem was the lack of low fat options available to patients on some days.

Hygiene was said to suffer because the cleaners were only present in the mornings so any spillage wasn’t properly cleaned until the next day. Respondent suggested a full time cleaner on the ward.

The only adverse incident that occurred was two respondents contracting MRSA. They felt the information they received about it was poor and they still don’t know if they have it.

Site 2

All respondents, with the exception of the mental health patient, were well admitted and briefed as to what was going to happen to them. The mental health patient felt she was shown to a ward and just left there until someone could see her.

Patients care planning was good except when it came to interdepartmental communication. Some patients felt that when they had to go to other departments
there was a lack of continuity and it seemed like the department knew very little about their condition. Doctors were very good at explaining to patients and family what would happen.

A doctor only saw the mental health patient once a week and her medication was not explained to her.

Nurses were described as being busy, efficient and pleasant. They had to wait in a queue system for attention. Respondents suggested a head nurse or ‘Matron’ should be on the ward to organise it. They also felt a need for more trained nurses and less auxiliary nurses.

The only problem with pain control was the fact that some respondents were woken during the night for the drugs to be administered. Otherwise it was well done.

Patients were monitored daily by doctors and nurses. It was well done in all cases, except the mental health patient who felt neglected as she felt no one was qualified to talk to her.

Patients thought the discharge procedure was fast and efficient, they experienced a wait of up to 2 hours for medication after vacating their bed. This was a problem and respondents suggested this be done the night before discharge.

Food was described as bland, cold and boring.

Respondents felt the wards were clean but not as clean as they used to be when a full-time cleaner was on the ward. The only problem was the bathrooms having unpleasant odours and the baths being fairly dirty. Respondents felt this wouldn’t be the case with a full-time cleaner.

The only adverse incidents were two respondents returning home with infection and they felt this was because of the absence of a dedicated full-time cleaner. They felt this was a very important issue.

**Site 3**

Admissions were ok except when patients never received any leaflets or information prior to admission.

Respondents felt that, although nurses were good at giving information about their treatment, they were poor at giving explanation about medication. It was a problem for some patients, as they didn’t know whether it would clash with their current medication.

Respondents felt there were far too few nurses on the ward. They felt the nurses that were available were overworked and stressed. Patients had to wait a long time to be seen by a nurse and when they were, they had little time for them. Many older patients were too afraid to ask for help, as the nurses were so busy; they felt their treatment suffered.
Pain was well controlled until 6.00pm when it seemed hard to get drugs. It was a problem until midnight and some patients felt they suffered unnecessarily.

Progress was monitored adequately but patients felt that, because the nurses couldn’t give you information, it was left to the doctors who were not able to visit very often.

Most respondents felt they were not warned of any complication that could occur after discharge. They were asked to go to their GP if anything was wrong. They had only one wheelchair on the ward so at discharge time patients had to wait for use of this wheelchair.

Respondents felt food was nutritious and appetising but agreed that there could be more healthy eating options available.

Toilets were cleaned once a day, which allowed odours to form and bins to overflow. Cleaners were not allowed to use bleach so cleanliness issues arose on the wards, they seemed clean but patients wondered how clean they actually were. Cleaners also served tea, which caused some concern amongst respondents.

The only adverse incident respondents could think of was the fact that their care was jeopardised by the apparent shortage of staff. They chose to suffer mild discomfort rather than disturb the nurses.
RECOMMENDATIONS

Ensure all patients and family members receive adequate information regarding admission to prevent confusion and unnecessary worry.

Patients prefer hearing from the doctor exactly what their treatment will involve and its timescale.

More trained nurses on wards, as respondents felt that, although the nurses were pleasant, they were overworked and under a lot of stress. They felt there should be less auxiliary nurses. Care suffered when there was not adequate nursing available.

A possible ‘Matron’ or head nurse on every ward to allow patients to see a figure of authority in control of the wards.

Progress should be monitored daily and not just when the nurses have enough time. Respondents felt they sometimes had to ask to find out how they were progressing.

Medication for discharge should be prepared the evening before discharge to prevent unnecessary waiting on the day.

Food was generally adequate but respondents would like to see a healthier menu available.

Respondents would like a full-time cleaner on every ward as they feel cleaning once a day is not adequate. They feel a cleaner should be available as and where needed.
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**NHS Quality Improvement Scotland**

Edinburgh Office  
Elliott House  
8-10 Hillside Crescent 50  
Edinburgh EH7 5EA

Phone: 0131 623 4300  
Textphone: 0131 623 4383

Email: comments@nhshealthquality.org  
Website: www.nhshealthquality.org

Glasgow Office  
Delta House  
West Nile Street  
Glasgow G1 2NP

Phone: 0141 225 6999  
Textphone: 0141 241 6316