

# **Nursing Grand Rounds (NGRS) Regularly to Encourage Continuing Professional Development (CPD) Achievement of Nurses**

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## **ABSTRACT**

Nursing Grand Rounds (NGRs) affords discussion for the nurse to share experiences and expertise. It provides nursing best practices in the clinical area to improve patient outcomes. Continuing Professional Development (CPD) helps nurses update their skills and knowledge related to the newest evidence-based practice. This study aimed to recognise the relationship between NGR and CPD of clinical nurses. The study approaches a non-experimental study with a cross-sectional design. A total of 208 nurses were selected by using a purposive sampling technique. The Resulted showed the majority of the respondent as follows female 81.7% (n=170), Diploma (DIII) Nursing with 60.1% (n=125), clinical experience 1-10 years 44%, medical competency with 33.7%. NGRs results were effective at 70.2%, and nurse perceived continuing professional development is good with 63%. Likewise, increasing data from 2017 to 2018 showed nurses achieved CPD requirement were 72.1% (n=150) in 2017 and 74% (n=154) in 2018. The analysis showed a significant relationship between NGRs and perceived of CPD (p<0.05). Thus, conducting NGRs frequently to enhance CPD achievement, including quality and safety of nursing care.

**Keywords:** clinical competence, evidence-based practice, knowledge, teaching rounds, cross-sectional studies

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## **INTRODUCTION**

Continuing professional development (CPD) is a mandatory requirement for health care staff, especially nurses. CPD enables nurses to update their knowledge and skill relevant to current evidence-based continuously. It also provides an opportunity for nurses to promote their professionalism and eventually improve patient outcome. There has been a range of events for CPD nurses, face-to-face instruction and online learning. Ross et al. stated CPD such as Face to face teaching and online learning<sup>1</sup>. Face-to-face education, including seminar, workshop, conference, lecture, and mandatory training in the workplace. Online learning is a solution to face some challenges encountered by nurses flexibility time and cost to attend a face to face teaching. Nursing grand rounds (NGRs) was an American concept based on physician grand rounds as a clinical education technique commonly in the medical profession and was first discussed in nursing literature in the 1960s<sup>2</sup>. NGRs is defined as a strategy to provide nursing education and communication in a lecture format<sup>3</sup>. NGRs were regular program designed to update clinical nurses on the latest patient-care issues and best practices<sup>4</sup>. NGRs is a regular program that is providing an opportunity for nurses to expose with teaching and learning through lecture format current evidence-based practice.

Sanglah General Hospital Bali was one of a tertiary teaching hospital with 742 beds and one of magnet hospital in Indonesia also referral hospital from eastern provinces such West Nusa Tenggara and East Nusa Tenggara. It also received a referral from other countries, including Timor Leste. The number of nurses employed was 1013 nurses and 130 midwives in 2019, the majority of nurses had Diploma III qualification 61.9 % and 20.3 % had a bachelor degree. As part of the sister hospital program with

Royal Darwin Hospital, clinical nurse educator (CNE) was introduced from initially six CNEs became twelve CNEs dedicated to supporting nurses and midwives at Sanglah Hospital. Brown et al.<sup>5</sup> stated that partnership between two institutions would provide benefit in a longterm, including capacity building, shared best practices and building relationship and networking among two nations. CNEs at Sanglah were mentored and supported by CNEs from Royal Darwin. Before the sister hospital program, there was no requirement for continuing professional development among nurses, and there was no CPD record or nursing portfolio. CNEs at Sanglah introduced grand rounds at the hospital named NGRs and nursing portfolio to record nurses CPD for one year.

NGRs have been developed since August 2016 designed and organised by clinical nurse educator (CNEs). They developed their program for NGRs topic and presenter each year. NGR has been covered many topics and provided an opportunity for various health profession background to present at this session. The format of the NGRs program was a one until two hours presentation that was offered at lunchtime at a centralised location. NGR flyer was distributed through all unit in the hospital. The purpose of NGRs was to provide nurses with the opportunity to enhance with continuous professional development. Presenter at NGRs mostly nurses, however other professional doctors, allied health are welcome to join. A presenter who joined the NGRs will provide a certificate as a presenter for their CPD evidence. Nurses who came to NGRs will be documented in the nursing portfolio. The nursing portfolio was an evidence record of nurses CPD that standard required nurses to achieve twenty (20) hours CPD per year. After the implementation of NGRs from 2016 until 2018, all nurses were invited to attend the session. Attendance was not mandatory,

majority staff recognise from a flyer that distributed to each ward and also via WhatsApp group. The study is a non-experimental study used a cross-sectional design. This study aimed to investigate the NGR and perceived CPD among nurses in the hospital, including nurses perceived NGRs and CPD, and analyses the relationship between NGRs and CPD of nurses in the hospital.

## METHODS

**Population and Samples:** The population in this study were all nurses with the total number of 311 nurses in Sanglah General Hospital. The sample was selected by using simple random sampling with a total of 247 nurses. Nurses as providers of nursing services inpatient and outpatient installation who had attended the nursing grand rounds. The nurses who were maternity and sick leave excluded from this study.

**Data Collection Procedure:** Data collection techniques are carried out using Primary Data. Primary data from this study were obtained by distributing questionnaires to respondents, to obtain information about NGR and CPD implementation in the Sanglah General Hospital. Questionnaire distributes to the nurses who had attended the nursing grand rounds. The total of 247 questionnaires was distributed, and 208 (84,21%) questionnaires were completed. The questionnaire is not filled in because the questionnaire is incomplete and does not want to be a respondent.

**Instrument:** The instrument used self-administered questionnaires. Questionnaire divided became into three parts, as follow Questionnaire A for demographic data, Questionnaire B for Nursing Grand Rounds and Questionnaire C for Continuing Professional Development. Demographic data including sex, educational background, working experiences, area of nursing competency. NGR questionnaires using four Likert scales and nurses perceived of continuing professional development using Guttman scale. NGR questionnaire had been tested for validity and reliability results of Cronbach alpha 0.89.

**Data Analysis:** Data analysis was performed using univariate analysis and bivariate analysis. Univariate analysis is a general description of the research problem by describing each variable used in this variable, namely by looking at the description of the frequency distribution and the single percentage associated with the research objectives. Univariate analysis was employed to describe the characteristic of respondents including sex, education background, working experiences and competency area and evaluation of NGRs, perceived CPD implementation at Sanglah General Hospital. The bivariate analysis was performed to determine the relationship of the dependent and independent variables in the form of cross-tabulation by using a computerised system of SPSS (Statistical Package for Social Sciences). Bivariate analysis using spearman rho to analyse the relationship of NGR and CPD with the level of significance.

**Ethical considerations:** Ethical approval for this research was obtained from Sanglah General Hospital with the following number: 376/UN.14.2/KEP/2018. In addition, formal consent was obtained from the Director of Sanglah General Hospital. All participants, the beneficiary of this

research, were told of the purpose of this study. Their engagement has been voluntary. Researchers confirmed that the participants were free to withdraw, protected their data and that their information would be released anonymously. Finally, the researchers asked the participants to read and sign a consent agreement without any coercion whatsoever. It was confirmed that all participants had received all necessary consent forms.

## RESULTS

This study showed from the total of 208 respondents who participated in this research majority of the respondents were female 81.7% (n=170) and male 18.2% (n=38). Educational background majority Diploma (DIII) Nursing 60.1% (n=125), Bachelor Degree of Nursing 31.3% (n= 65), others were Diploma (DIII) midwifery and Diploma (DIV) Nursing 6.7% (14) and 1 % (n=2) respectively (Table 1) Data showed in table 1, the majority of nurses have their clinical experience 1-10 years 44% (Table 2). Nurses who participated majority were medical and surgical area competency 33.7% and 29.3% respectively as shown in table 2

Majority of nurses 'perception of Nursing Grand Round were effective 70.2% and only 29.8% nurses perceive NGR was not effective. Nurse's perceived continuing professional development is good (63%) and 37% acknowledged deficient. Data also showed in 2017 nurses who were able to achieve CPD requirement 20 hours per years 72.1% (n=150) and in 2018 increased to 74% (n=154). 27.8% (n=58) nurses unable to fulfil twenty hours mandatory CPD requirement per year in 2017 and 26% (n=54) in 2018. Bivariate analysis showed there were significant correlation between NGR and perceive of CPD with p value = 0.00 (p<0.05). Data showed coefficient correlation 0.29 mean positive correlation between NGR and CPD.

Table 1: Working Experiences

Years of Working Experiences	Frequency	%age
1-10 years	92	44.2%
11-20 years	61	29.3%
21-30 years	43	20.7%
31-40 years	12	5.8%

Table 2: Nurse's area competency

Competency Area	Frequency	%age
Medical	70	33.7%
Surgical	61	29.3%
Emergency	30	14.4 %
Pediatrics	26	12.5%
Midwifery	14	6.7%
Neurology	4	1.9%
Critical Care	2	1 %
Oncology	1	0.5%

## DISCUSSION

This study found NGRs was effective implemented in hospital 70.2% and CPD perceived by nurses is good 63%. The study also showed there was a significant correlation between NGRs and perceive of CPD. This study supported a study by Gibson et al. 2014 that almost 99% of nurses agreed with implementation NGRs in hospital. Armola,

Brudenberg, and Tucker<sup>3</sup> study showed NGRs in one of tertiary teaching hospital successfully resulted in high attendance of staff nurses, and a presentation from bedside nurses had enhanced professional development, excellent practice building new knowledge, innovation and improvements. Odedra and Hitchcock study of NGRs in one of a large teaching hospital in United Kingdom result of NGRs evaluation almost 59% (n=37) nurses strongly agree with NGRs and 95 % recognised that information presented in NGRs was appropriate<sup>6</sup>. NGRs was one of many education formats to support nurses to participate in continuing education. Ross et al<sup>1</sup> stated in contemporary society that changes inevitably due to new health issues, technology development, increasing health care costs, therefore, health care professional required to enhance their professional development through CPD. CPD enables them to become aware of their nursing profession. The introduction requirement of CPD in Indonesian nursing profession context was one purpose of the development of NGRs. NGRs was developed from nurses to nurses without any additional cost or free. Even though many seminar or workshop available in Indonesia where nurses had to pay to get their certificate. Ross et al.<sup>1</sup> stated although many educational available there was still some barrier associated with CPD including personal factors, including cost, nurses in a remote area, and another factor with the content or relevant clinical learning. NGRs is quite sufficient to provide access for continuing education in the clinical setting and eventually supported of CPD requirement. Gibson et al.<sup>4</sup> stated barrier of NGRs include the speaker availability, length of presentation and frequency of NGRs presentation, topics based on clinical nurse's request. Most nurses are more favoured to attend NGRs presentation close at their units rather than going to another unit although at the same location in the hospital. Therefore, NGRs not only can be located in the large central area where hundreds of nurses can join but also can be a move to unit or department, where some nurses also can attend the session without leaving their patients for so long. Indonesian nurses comprise of large of the number of health care professional, with new regulation such as mandatory CPD, NGRs had a significant impact on CPD achievement among nurses in Indonesia. The challenge now is to ensure barriers for NGR successful developed in each institution was appropriate topics and allocated time and location; hence more nurses able to access NGR and become enthusiastic about joining the session<sup>7</sup>. It also the role of clinical nurse educator (CNE) into Indonesian context become more evident. This study has some limitation including whether NGR effective to enhance

nurse's knowledge, and any changing nurses' practice in clinical practice.

## CONCLUSION

This present paper evaluation of NGR in a large teaching hospital in Indonesia, whilst many nurses still have problems to update their knowledge, such as educational access and personal factors to achieve mandatory CPD requirement. NGR implementation had a positive correlation to support CPD of nurses. There still need further study to implement NGR into some other hospital in Indonesia with a variety of learning styles and conduct an evaluation in terms of increasing knowledge and skills among nurses. It also furthers effectiveness to change the practice of nurses in the clinical setting.

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