

## Going Beyond-The-Routines View in Nursing: a Qualitative Study

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### ABSTRACT

**Introduction:** Nurses' practice of beyond-the-routine view leads to a better treatment process and higher professional status for nurses. However, most studies show that such care is ignored in nursing. The objective of the present study is to analyze nurses' experiences with regard to beyond-the-routine care in order to know this type of better care and encourage nurses to practice it.

**Methods:** This is a qualitative study based on conventional content analysis. Eighteen nurses participated in the study. Data collection was based on purposive, snowball and theoretical sampling. The data was collected through comprehensive interviews conducted in various wards at the university hospitals of Urmia and Tabriz, Iran. The collected data was analyzed according to qualitative content analysis and by using the software MAXQDA.

**Results:** The results showed that the categories of attempting to identify the patients' problems and listening to one's inner voice are effective factors in going beyond the routines in providing care which can in turn lead to more satisfactory care plans.

**Conclusion:** Effective communicative skills, sufficient nursing knowledge, strong religious and professional principles will encourage nurses to provide beyond-the-routine care. Accordingly, it is necessary to emphasize these factors during education in order for nurses to practice this type of caring.

## Introduction

As the essence of nursing, care complements the four paradigm concepts of health, environment, individual, and nursing.<sup>1</sup> Care is closely related to concern for the patient and is defined as the supportive and facilitating activities to meet the patient's current and potential needs and improve his/her living conditions.<sup>2</sup> The more provided care meets the patient's needs, the more effective and satisfactory it will be.

However, studies show that care is commonly routine-based and attention is paid to the usual problems,<sup>3</sup> the patients' physical needs and the doctors' instructions.<sup>4</sup>

Under these conditions, the patients' psychological, spiritual, emotional and social needs are often ignored,<sup>5</sup> or not fully identified and satisfied.<sup>3,6</sup> Disregard for patients and their words<sup>7</sup> and inflexible behavior toward patients are among the other characteristics of routine-based care.<sup>8</sup>

The features of routine-based care result in a waste of time and resources, slower recovery and, even, risking the patient's life,<sup>3</sup> which is why this type of care is treated as a crisis in the nursing profession.<sup>9,10</sup> The prevailing manner of care is limited to medical care and a satisfaction of the patients' physiological needs, which results

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in various problems, including slow recovery.<sup>11</sup> This limitation, a one-dimensional approach, is problematic.

Nurses' one-dimensional approach to care is one of the main reasons for routine-based care.<sup>12</sup> To overcome this problem, it is important to modify nurses' attitudes and encourage them to attend to patients' entire needs. Going beyond the routines view in nursing may encourage nurses feeling responsible again,<sup>13</sup> increase patients' self-knowledge and self-care, enhance understanding between nurses and patients, boost patients' self-confidence and self-sufficiency, and consequently improve not only patients' life quality and satisfaction, but nurses' professional status, independence and professional self-esteem.

Such an attitude will change nurses from passive compliers and minor members of the health team to creative individuals who can make important contributions to patients' recovery.<sup>14,15</sup> It will also increase the popularity of nurses and correct, in general, society's attitude toward nurses.<sup>6</sup> In view of the benefits of beyond-the-routines care to the recovery process and nurses' professional status, it is important to study the ways to form and encourage this attitude in nurses. Most studies in this field cite higher knowledge of caring and better communicative skills on the part of nurses as important factors in the development of beyond-the-routine care.<sup>3</sup> However, studies show that changes in the educational structure and the courses in order to enhance nurses' knowledge and communicative skills have not been influential.<sup>16</sup> Apparently, in addition to higher knowledge and better communicative skills, there are other factors that need to be considered in order for nurses to have a beyond-the-routine attitude.

One way to identify those factors is through a qualitative study where data collection and an in-depth analysis of the participants' experiences are emphasized.<sup>17</sup>

Accordingly, this study is an attempt at identifying and explaining the factors

influencing beyond-the-routine care through an analysis of the experiences of the participated nurses with regards to their performance in the wards.

## Materials and methods

Using content analysis, this qualitative study investigates the ways nurses develop a beyond-the-routine view. The content analysis consists of a definition of a phenomenon and a mental interpretation of the content of the context which are achieved through a careful classification of the codes and identification of themes or patterns.<sup>18</sup>

Content analysis is based on induction and includes three methods: conventional, directed, and summative. Since this study seeks to explain the factors that affect holistic care, the conventional approach is applied.

In this approach the researcher, instead of using pre-determined categories, employs codes and categories that emerge from the data, and by immersion in data achieves new insights. Many researchers employ this approach to design and analyze their studies.<sup>19</sup>

The researcher used purposive, snowball sampling to conduct the study. Through purposive sampling, experienced nurses who were known to go beyond patients' clinical needs and attend to their whole needs were selected to be interviewed.

Subsequently, snowball sampling was applied: the early participants were asked to introduce the researcher to other nurses to interview. Sampling was continued to the point of data saturation. The participants consisted of 18 nurses- 4 males and 14 females. The study was conducted in emergency, operation, internal, and intensive care units in 5 university hospitals in the cities of Tabriz and Urmia, Iran in 2013. To make the data more reliable, male and female participants from various cities were selected from diverse hospitals and wards. One of the participants worked in Tehran and another one worked in Ardebil,

Iran. Table 1 shows the participants' characteristics.

The study lasted 18 months. For further and better information about the environments of the study, we establish a better relationship with the participants, and analyze the data more realistically; the researcher took notes while interviewing the participants. Data were collected through semi-structured interviews; each took 60-90 minutes. Initially the interviews were unstructured and began with general questions like "can you tell me about your professional experiences?", "which of the patients' needs do you attend to?", "has your manner of providing care changed since you started?", and "what factors made you change your approaches"? Based on the participants' answers to the interviewer's questions, the structures of the interviews were adjusted so that the nurses would explain the strategies they used to provide beyond-the-routine care.

The interviews were recorded, transcribed and finally analyzed by MAXQDA 2010. The software facilitates selection of codes and placing them in the categories.<sup>20</sup> Once all interviews were read and interpreted, units of significance were established. Then by using MAXQDA 2010, a code was assigned to each paragraph. Subsequently, related or similar codes were placed in like categories. The categories were similarly compared and reorganized until the themes emerged. To ensure the reliability of the data and the results, the researcher was present in the wards for long periods to be witness to the nurses' performances, and the findings were verified by the participants, the co-researchers, and two external researchers.

To further verify the reliability of the findings, data were collected at various times and places. Data-collection was performed on morning, afternoon and evening shifts in four different cities. Furthermore, by using the two methods of witnessing and interviewing, the researcher was able to check the validity of the collected

data.<sup>17</sup> The entire process was later described to supervisors and external researchers to make the findings verifiable. This study has been approved by the ethics committee of Tabriz University of medical sciences. The interviews were scheduled in order to suit the participants. Also, the objective of the study was explained to the participants at the outset and each was asked to sign a written consent to the effect that their information could be used in the study.

## Results

The findings revealed that beyond-the-routine care derives from attempting to identify patients' needs and listening to one's inner voice. The above-mentioned factors encourage nurses to identify patients' entire needs and provide holistic care. The main themes derived from nurses' experiences concerning beyond-the-routine care are shown in Table 2.

### 1. Determining the patients' needs

An analysis of the data demonstrates that determining the patients' needs is a strategy employed by nurses who tend to go beyond the routines and attempt to complement the care plan. According to the participants, determining the patients' current and potential needs, alongside evaluating the patients' overall conditions and establishing closer ties with the patients and other nurses, is the way to design the ideal care plan. The factors above—evaluating the patients' overall conditions and establishing closer relationships—form the characteristics of the sub-category of determining the patients' needs.

#### 1-1. Evaluating the patients' overall conditions

By evaluating the patients' overall conditions nurses are able to identify their current and potential needs and subsequently design a comprehensive care plan that addresses patients' various needs. One of the participants maintains that meeting the

**Table 1.** Participants' demographic characteristics

No	Position	Age	Sex	Experience	Ward	Interviews
1	Nurse	40	Male	14 years	Emergency	1
2	Nurse	42	Male	16 years	General	1
3	Nurse	28	Male	7 years	General	1
4	Nurse	27	Female	5 years	General	2
5	Nurse	23	Female	1 year	ICU	2
6	Nurse	25	Female	2 years	ICU	2
7	Nurse	32	Female	7 years	General	2
8	Nurse	35	Female	9 years	ICU	2
9	Nurse	36	Female	9 years	General	3
10	Nurse	39	Female	16 years	Emergency	2
11	Nurse	39	Female	14 years	General	1
12	Nurse	42	Female	12 years	General	2
13	Nurse	49	Female	22 years	General	1
14	Nurse	26	Female	4 years	General	1
15	Nurse	23	Female	1 year	General	1
16	Nurse	30	Male	5 years	General	1
17	Nurse	24	Female	2 years	CCU	1
18	Nurse	34	Female	7 years	ICU	1

**Table 2.** Main themes, sub- themes and codes

Main theme	Codes
<b>Going beyond the routines view</b>	
Overall evaluation of patients' conditions	Investigation of patient' ECG, symptoms, bandages, and financial status
Developing closer relationships for recognizing patients' needs	Asking doctors about patients' needs, asking patients and their companions about their diseases, being curious about patients' financial statuses, asking patients about their manners of insulin injection to identify their educational needs, asking patients about their emotional problems, asking patients about sleeping problems and appetites
<b>Responding to one's inner voice</b>	
Following one's beliefs and principles	Satisfying patients' needs to please God, attending to patients' needs as an ethical obligation, attending to patients' needs as a professional obligation
Attempting to achieve inner peace	Visiting patients regularly to have a clear conscience, sympathizing with patients to achieve inner peace, providing holistic care to feel fulfilled, doubling attention to patients' needs to relieve the sense of fulfillment

patients' clinical needs and attempting to identify their potential needs are essential to a general evaluation of the patients' conditions and the development of a holistic care plan:

"I'm much more skilled now than when I started. I want my job to be perfect in every way; I never skip anything. I make sure I know my patients' conditions and possible

changes that may occur. So when I'm in the ward, I examine everything: the I. V. line, the oxygen and the bandages. Then I check their files, test results, cardiographs, and medicines. I try to predict how their conditions may change. All these help me have confidence in myself, and do my job without anxiety and much better than my coworkers. All the measures I take give me a

chance to see a potential problem and take preventive action, by which I can sometimes save a life" (participant 6).

### *1-2. Establishing closer relationships*

Another determining factor in identifying patients' various needs and designing an optimal care plan based on going beyond the routines view is having effective relationships with one's patients and coworkers. One of the participants maintained that expanding one's relationship with the patients is essential to the provision of better care:

"I communicate with my patients more than I used to: when I'm with my patients, I always make a point of talking to them and making small talk. I explain to my patients what I'm doing for them. I take every opportunity to get closer to them. I did talk to my patients in the past, but I do it much better now. I respect my patients more and treat them with dignity. I've realized that communication is the key to nursing; I've experienced it first-hand. By starting a good relationship with my patients and their companions I get them to trust me and tell me their troubles. That has improved the quality of my caring" (participant 11).

The same participant refers to an effective relationship as resulting in mutual respect and understanding between patients and nurses, thereby attracting attention to the patients' needs and improving the quality of care plans:

"My relationship with the patients is much stronger now, they trust me. Sometimes, if they have to be hospitalized again, they call first to see if it's my shift. Many patients who had been in the ward before won't allow anyone else to take care of them; for example, they won't let anyone puncture their veins except me. Even if I fail, they still prefer to have me. All this is because of our relationship; they treat me like a family member that allows me to get closer to them and know about their problems, which helps me take better care of them."

Another nurse considered expansion of relationships with one's coworkers as necessary to the provision of such care:

"to help the patients and give them the care they need, teamwork is essential. I need to communicate with the doctors, interns and residents as well as the other nurses before I can have a correct picture of my patients' conditions. Through good cooperation, the patients' entire problems can be known and nothing will be overlooked. That's why I do my best to be friendly to everyone. I didn't realize the importance of teamwork before. By cooperating with others, you get to speed up your performance and can have more time for your patients too" (participant 16).

## *2. Responding to one's inner voice in nursing*

Based on the findings, responding to one's inner voice is another major factor in encouraging nurses to go beyond the routines and having a holistic approach. Inner voice—which refers to one's conscience, ethics and principles—induces a nurse to attend to the patients' whole needs and provide care accordingly. Personal beliefs and principles forms a subcategory.

### *2-1. Following one's beliefs and principles*

Religious, moral, and professional principles can greatly influence nurses' attention to patients' various needs and tendency to provide holistic care. The findings show that despite the impact of having principles and following them on the quality of nursing, most novice nurses are either indifferent to their moral principles or find it difficult to act upon them. A participant commented:

"when I started my career, I knew that it would be unethical to ignore the patients' non-clinical needs, and I really wished I could help them in every way; however, I was often pressed for time and so would stick to my basic tasks. Most of what I did back then was limited to the routines" (Participant 8).

The participants' experiences demonstrate that once they had become proficient in their clinical roles and had begun to realize the importance of going beyond the routines, their principles and beliefs became dominant. By following their beliefs and principles, nurses design care plans that match their principles and meet the patients' various needs. One of the participants emphasized the important role of having ethical principles in the provision of holistic care:

"one of the major influences on my nursing and considering of patients' various needs has been my principles. I follow a set of moral principles, and, like I said, as I became more skilled in my job, when I was done with the routines, I didn't deem it acceptable to sit and rest while my patients were not as comfortable as possible. I would go and ask them what they needed. It made me feel good to examine their conditions and made sure that they had everything that they needed. You should listen to the voice of your conscience. Your patients are alone and need your help. Frankly, I find it more relaxing to help my patients than rest and drink tea with the others. I had the same beliefs in the beginning but just didn't have time to act upon them" (Participant 9).

Similarly, another participant commented on the role of religious beliefs in meeting the patients' different needs and improving the quality of one's nursing:

"Nurses' religious beliefs deeply affect their performance. It's important to believe in God and that he is always watching you. I must take care of my patients and their needs. Doing the routines alone is not enough. Since ICU patients cannot be with their families, many of their needs may go unnoticed. They have only God. Maybe no one will notice if you ignore them, but God is watching you. So you must pay more attention to them. Your belief in God won't allow you to neglect your duties; it will make you stay with your patients and meet their needs. In the beginning, when I was not

skilled enough, I was always busy with the routines and couldn't meet the patients' non-routine needs. That would make me upset and feel dissatisfied with myself. But now, thanks God, I can pay more attention to my patients. My conscience is clear now" (Participant 18).

A third participant stressed professional ethics and the ensuing sense of commitment: "I feel committed to my patients and that makes me, in spite of my low salary and tardiness in its payment, stay in the job and give my patients as much care as I can. I believe that once you start this career, there are certain principles you should stick to. You should never ignore your responsibility for your patients and do your best. These principles make me feel responsible for my patients and their needs" (Participant 8).

#### *2-2. Attempting to achieve inner peace*

The results of the interviews show that the nurses' main motives for listening to their inner voices and providing care based on their beliefs and principles were to achieve inner peace, avoid a sense of guilt, and feel fulfilled. According to one of the participants:

"If I knew that a patient had a problem, physical or otherwise, and I ignored it, I would feel guilty. I'd be dissatisfied with myself. It's not a good feeling to know that you can do something, but you're not doing it. To get rid of the guilt I would approach my patients and satisfy their needs, which in turn gave me new insights into their diverse needs. It made me feel good to help the patients and make them more comfortable. I felt useful. It would give me energy and relief. To relive the joyful feeling, I would spend more time with them and that way I would learn more about their problems and try harder to meet them. I knew God was pleased with me, I could see Him smile at me! It was a great feeling, not like anything else. Those are my best moments". (Participant 10).

## Discussion

Based on an analysis of the data, being motivated to go beyond the routines is an important stage in the development of effective care plans and strategies to provide optimal care planning. By attempting to identify the patients' problems and listening to one's inner voice, a nurse achieves broader insights into the patients' needs and can therefore offer a more satisfactory care plan and go beyond the expectations of the medical system.

Determination of the patients' problems is the first step taken by nurses on their way to go beyond the routines. It includes attempts to not only establish closer relationships with patients but evaluate the patients' overall conditions. Development of communicative skills—which has been identified in this study as a way to better determine patients' problems and provide better care—has been addressed by other researchers and introduced as the most important factor in obtaining information from patients and pinpointing their needs.<sup>21</sup> Such researchers as Olive, McEvoy and Duffy have referred to communication as effective way to identify patients' needs more accurately and provide care accordingly.<sup>3,22</sup>

An overall evaluation of patients' conditions was identified in this study as another technique employed by nurses to determine patients' various problems.

Florence Nightingale had stressed the same issue and its role in the determination of patients' needs and improving quality of care.<sup>23</sup> Thompson, likewise, has emphasized such evaluation.<sup>24</sup> McEvoy and Duffy also deem a general evaluation of patients' needs as essential to the development of a comprehensive care plan.<sup>22</sup>

Today, it is widely believed that an overall evaluation of the patient's situation is essential to providing care beyond the routines. In many studies, including Akbari and Atashzadeh,<sup>25,26</sup> overall evaluation is

stressed as a priority that must be observed before nurses can identify patients' needs and provide satisfactory care.

Another strategy used by nurses on their way to go beyond the routines is responding to one's inner voice. Based on the findings, this approach helps them to do better than what they are expected by their organizations. The role of religious beliefs and principles in meeting the patients' different needs and improving the quality of care is so important so that many studies have considered it as indispensable to the achievement of ideal nursing.<sup>23</sup>

According to the participants, religious, ethical and professional principles contribute to a nurse's sense of commitment and, should a nurse ignore a patient's slightest need, results in a guilty conscience.

Therefore, being principled induces nurses to pay more attention to their patients, have a better understanding of their needs, and try to offer an optimal care plan. Shahriari, likewise, stresses the significance of responding to one's inner voice in the improving the quality of care.<sup>27</sup> However, the pioneers of the nursing profession—like Nightingale—were the first to underline the influence of religious and professional principles on professional maturity.<sup>23</sup>

Similarly, Christopher considers nurses' belief in religious principles as a major factor in their satisfactory performance, ability to effectively communicate with patients, and sympathizing with them.<sup>28</sup> Other researchers, such as Shakibae, and Salsali, have also emphasized the contribution of religious, ethical and professional principles to nurses' better performance, higher motivation and greater commitment.<sup>29,30</sup> The present study supports these views, and stresses the important role of religious, ethical, and professional principles in enabling nurses to develop and implement holistic care plans.

The participants affirmed that in order to achieve inner peace, avoid a sense of guilt, and feel fulfilled, they were inclined to listen

to their inner voices and follow their beliefs and principles while taking care of patients.

Despite the significance of nurses' inclination to avoid a sense of guilt and feel fulfilled in the provision of satisfactory care, these two factors are often treated as being inconsequential.<sup>22</sup> The present study emphasizes the important contribution of religious, ethical, and professional principles to nurses' better performance and attention to patients needs. One of the limitations of this qualitative study is its psychological, spiritual, and sociological nature and the influence of the researcher's attitude on it.

Despite the researcher's attempts to identify and record her assumptions, biases and beliefs in this field, total objectivity was not possible.

## Conclusion

Based on the data collected from the experiences of the participants, good communicative skills, an overall evaluation of the situation of the patient, and religious and professional beliefs and principles encourage nurses to listen to their inner voices and provide care beyond the routines.

Accordingly, it is necessary to provide nurses with the knowledge required for an effective evaluation, teach them communicative skills, and reinforce their beliefs and principles. Attention to these factors in the educational system and hospital management will incline nurses to adopt a beyond-the-routine-care attitude and develop and implement better care plans based on this new attitude.

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## Ethical issues

None to be declared.

## Conflict of interest

The authors declare no conflict of interest in this study.

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