

## Assessment of Head Nurses' Practice Regarding Nursing Round

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### Abstract

**Background:** Nursing round is integral to the continuity of high quality care. Nursing involvement is crucial to the effectiveness of the nursing process. **Aim:** This study was aimed at assessing the head nurses practice regarding nursing round. **Research design:** A descriptive design was used in carrying out this study. **Study setting:** at Arab Contractors Medical Center. **Study subjects:** all available head nurses their number was (42). **Tools:** one tool was used in data collection included nursing round observational checklist for head nurses. **Results:** The study sample of head nurses whose age ranged between 30 and 58 years, but one (2.4%) being male, and having a bachelor' degree in nursing. Their experience ranged between 9 and 35 years, with great majority of them (92.9%) were married. Concerning the practice of nursing round preparation as observed among head nurses, some items were observed to be done by all of them (100.0%) such as reviewing shift report, and kardex, at the other extreme, only one (5.6%) of them practiced the items related to other physical assessment tools, and (2.4%) related to the aim and outcome of nursing round. More than half of the items were observed to be done by the majority at the implementation stage of nursing round, reaching 100.0% for the items related to patient condition, recording all details in kardex. Conversely, only a few of them were observed to practice infection control precautions (4.8%), and encouraged patient participation (9.5%). The practice of nursing round termination as observed among head nurses was generally low. Only the item related to patient safety was observed to be done by all of them (100.0%). On the other hand, only three (7.1%) of them practiced the item related to the quality of nursing care. The adequate practice of the three stages observed among the head nurses was very low for the preparation (16.7%) and termination (11.9%) stages, while the majority (83.3%) had adequate practice of the implementation stage. **Conclusion:** the assessment of the nursing round practice is effective in assessing and improving the deficient practice among the head nurses. **Recommendations:** the study recommends improvement of the head nurses performance regarding nursing rounds through in-service training program, and more frequent meeting with supervisors. Scheduling fixed times for rounds. Further research is proposed to evaluate the long term positive practice of the nursing round revealed in the present study, and to explore the effectiveness of the nursing round practice in other organizations, as well as on head nurses and patients' outcomes.

**Keywords:** Head Nurses, Nursing Round Practice.

### Introduction:

A ward round is an essential organizational process providing a link between patients' admission to hospital and their discharge or transfer elsewhere. Without rounds, there would be sluggishness in patient flow, especially for emergency activities where planning of care may not be possible (**Royal college of physicians, 2012**)

Ward round are an established, but sometimes fragmented, core activity of inpatient

care during which decisions are made and tasks allocated that aid the daily running of wards. They require a well-organized multidisciplinary team to take part in the round, and nurses play an essential role in their smooth running (**Royal college of Physicians, Royal College of Nursing, 2012**).

Nursing rounds are used to foster the use of evidence-based practice, enhance expertise, maintain updated competence, acknowledge leadership, diminish staff isolation, and promote

the skills of decision-making, communication, and presentation (Rahmawati, 2021). However in most studies there was recognition that a dependence on routinization and standardization did not always ensure successful nursing rounds and that a flexible approach to process and design may be more appropriate (Tobiano et al., 2019).

### Significance of the study:

Walking round is a proactive plan of care that provides the opportunity for collaboration, trouble-shooting, and planning. Daily goal-setting or structured care gives the management of patient care into the hands of the nurses and involves patients and families, and it is crucial for head nurses to be equipped with needed skills to practice and conduct nursing round effectively

### Aim of the Study:

The aim of this study is to assessing the head nurses practice regarding nursing round.

### Research question:

What is the head nurses practice regarding nursing round?

### Subjects and Methods:

#### Research design:

A descriptive design was used to conduct this study.

#### Setting:

The study was conducted at 42 medical and surgical departments and units at Arab Contractors Medical Center.

#### Subjects:

All available head nurses their number was (42).

#### Tools for data collection:

Data for this study was collected by using one tool:

#### Nursing round observational checklist:

It consists of two parts:

**Part (1):** This was for the identification data of head nurses.

**Part (2):** This was intended to assess the performance of head nurses during the nursing round, it covered three stages of nursing round process, preparatory stage (27 items), implementation stage (23 items), and termination stage (9 items).

#### ❖ Scoring System:

In the observation checklists, the items “not done” and “done” were scored “0” and “1”, respectively. The items “not applicable” were not scored and were discounted from the totals. For each area and for the total checklist, the scores of the items were summed-up and the total divided by the number of the items, giving mean scores. These were converted into a percent scores, and means and standard deviations and medians were computed. The practice was considered adequate if the percent score was 60% or more and inadequate if less than 60%.

#### Validity and Reliability of the data collection tools:

To achieve the criteria of trustworthiness of the tool of data collection in the study, they were evaluated by a jury group consisting of five professors specialized in Nursing Administration. These were two professors from Ain-Shams University, two from Cairo University, and one from Modern University for Technology and Information (MTI). Their opinions were solicited to ascertain the relevance, clarity, and comprehensiveness of the tools. The tools were modified according to their relevant comments and suggestions.

#### Pilot study:

A pilot study was performed after an official permission was granted from the general manager of the hospital. It was carried out on a number of head nurses representing about 10% of the main study sample. The purpose was to examine the feasibility, simplicity, understandability, validity, legibility and clarity of the language, and applicability of the tools. It also helped identify any possible potential problems that might face the researcher in the fieldwork. Since no

modifications were needed in the tools, these participants were included in the main study sample.

#### **Field work:**

The actual field work of the study started on the beginning on August 2020 and ended at the end of October 2020.

#### **Administrative design:**

An official letter was issued from dean of faculty of nursing, Ain-Shams University, to the directors of Arab Contractors Medical Center to take their approval about the conduction of the research. Then, the researcher met the center directors after explaining the study aims and seeks their support and to obtain their approval.

#### **Ethical consideration:**

The study protocol was approved by the Scientific Research Ethics Committee of the faculty of nursing, Ain-Shams University. Before asking any subject for participating in the study, the researcher explaining the aim and procedures of the study to participants with emphasis on the confidentiality of any obtained information. The questionnaire forms were anonymous. An oral informed consent were obtained from each participant in the research. The study maneuvers could not lead to any actual or potential harm to the participants. The study beneficence was clear in the improvement of head nurses performance of nursing round, which would be reflected positively on their work practice environment.

#### **Statistical design:**

Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations and medians for quantitative variables. Guttman Split-Half and Cronbach alpha coefficient was calculated to assess the reliability of the practice scale through their internal consistency. Quantitative continuous data were compared using the non-parametric Mann-Whitney or Kruskal-Wallis tests. Qualitative categorical variables were compared using chi-square test. Whenever the

expected values in one or more of the cells in a 2x2 tables was less than 5, Fisher exact test was used instead. In larger than 2x2 cross-tables, no test could be applied whenever the expected value in 10% or more of the cells was less than 5. Spearman rank correlation was used for assessment of the inter-relationships among quantitative variables and ranked ones. Statistical significance was considered at p-value <0.05.

#### **Results:**

**Table (1):** Reveals that, the study sample of head nurses consisted of 42 age ranged between 30 and 58 years, median 40.1 years, the great majority (97.6) being females and having a diploma degree in nursing. The great majority were married (92.9). Their experience ranged between 9 and 35 years with median 21.0.

**Table (2):** Indicates that, a very wide range of variation at the preparation practice of nursing round, thus some items were observed to be done by all of them (100.0%) such as reviewing shift report, kardex, and ensuring good light and ventilation, at the other extreme, only one (5.6%) of them practiced the items related to other physical assessment tools, aim and outcome of nursing round, time and place of nursing round, and the purpose of nursing round for the patient.

**Table (3):** More than half of the items were observed to be done by the majority, reaching 100.0% for the items related to patient condition, recording all details in kardex, and moving with staff to next

**Table (4):** Demonstrates that, only the item related to patient safety was observed to be done by all of them (100.0%). On the other hand, only three (7.1%) of them practiced the item related to the quality of nursing care.

**Table (5):** The adequate practice of the three stages observed among the head nurses was very low for the preparation (16.7%) and termination (11.9%) stages, while the majority (83.3%) had adequate practice of the implementation stage.

**Table (1):** Demographic characteristics of head nurses in the study sample (n=42).

	Frequency	Percent
Age:		
<40	16	38.1
40+	26	61.9
Range		30-58
Mean±SD		42.4±8.4
Median		41.0
Gender:		
Male	1	2.4
Female	41	97.6
Marital status:		
Unmarried	3	7.1
Married	39	92.9
Nursing qualification:		
Nursing school diploma	41	97.6
Bachelor	1	2.4
Experience:		
<20	16	38.1
20+	26	61.9
Range		9-35
Mean±SD		21.4±7.1
Median		21.0
Courses in administration:		
No	2	4.8
Yes	40	95.2

**Table (2):** Practice of nursing rounds preparation as observed among head nurses throughout intervention phase (n=42).

Preparation of round	No.	%
1- Identified the number of nurses to share in nursing round	38	90.5
2- Assessed the patients to be discussed during the round	12	28.6
3- Reviewed the plan for nursing round	4	9.5
4- Reviewed patients' records	38	90.5
5- Reviewed shift report	42	100.0
6- Patients' progress	40	95.2
7- Patients' prognosis	10	23.8
8- Nursing care given and its effectiveness	8	19.0
9- Patients' sleeping or tiredness time	13	31.0
10- Visiting hours	19	46.3
11- Time of feeding	41	97.6
12- Time of medication administration	28	66.7
13- Physicians round	37	92.5
14- Kardex	42	100.0
15- Patients' files	38	90.5
16- Nursing notes	27	64.3
17- Other physical assessment tools	1	5.6
18- Prepared suitable place for nursing round	2	66.7
19- Aim and outcome of nursing round	1	2.4
20- Time and place of nursing round	6	16.7
21- Quiet	16	38.1
22- Enough space around patient bed for all staff nurses	5	11.9
23- Well-lighted and ventilated	42	100.0
24- Free from visitors	12	29.3
25- Asked staff nurses for barriers to participation in round	7	16.7
26- The time and place of nursing round		
27- The purpose of nursing round for the patient	1	2.9
	1	2.4

**Table (3):** Practice of nursing rounds implementation as observed among head nurses throughout intervention phase (n=42).

Implementation of round	No.	%
1-Escorted staff nurses to designated patient room	7	16.7
2- Introduced her/himself and her/his staff to the patient	36	85.7
3- Maintained patient privacy and respect during round	16	38.1
4- Took history from the patient and patient file	31	73.8
5- Assessed patient physical condition	35	83.3
6- Asked patient about his/her general condition	37	88.1
7- Encourage patient's participation	4	9.5
8- Included patient (and family if possible) in the discussion	5	13.2
9- Allowed patient to ask questions about his/her condition	40	95.2
10- Asked patient for any complaints	35	83.3
11- Safety	40	95.2
12- Cleanliness	28	66.7
13- Arrangement	8	19.0
14- Patient condition	42	100.0
15- Patient's care needs	39	92.9
16- Nursing notes	38	90.5
17- Patient's prognosis	9	21.4
18- Patient safety	39	92.9
19- Nursing care.	31	73.8
20- Infection control precautions.	2	4.8
21- Asked patient if there is anything she/he can do for him/her before she leaves.	37	88.1
22- Recorded all details in kardex.	42	100.0
23- Moved with her/his staff to next patient.	42	100.0

**Table (4):** Practice of nursing rounds termination as observed among head nurses throughout intervention phases (n=42).

Termination of round	No.	%
1- Summarized information obtained from the nursing round	11	26.2
2- Discussed patient care with staff nurses	25	59.5
3- Discussed patient complains with staff nurses	27	64.3
4- Summarized the problems with staff nurses	7	16.7
5- Patient safety	42	100.0
6- Infection control	8	19.0
7- Quality of nursing care	3	7.1
8- Gave staff nurses immediate summary about nursing round	18	42.9
9- Asked staff nurses about their feedback about nursing round	5	11.9

**Table (5):** Total practice of nursing rounds as observed among head nurses throughout intervention phases (n=42).

Adequate (60%+) practice of nursing rounds	No.	%
Preparation	7	16.7
Implementation	35	83.3
Termination	5	11.9
Total practice:		
Adequate	12	28.6
Inadequate	30	71.4

**Discussion:**

Nursing rounds are intended to address problems through involvement patients and/or families in discussions, and then examining the outcome of the actions taken. However, very low hospital employ nursing rounds, and this is due to barriers including high workload, time pressure, and lack of knowledge (**Francis et al., 2019**).

This study was aimed at assessing the head nurses practice regarding nursing round. Its research hypothesis was that the assessing the head nurses practice regarding nursing round will identify the deficient practice among the head nurses regarding nursing round.

According to the present study, less than two thirds of head nurses had age ranged between 30-58 years old, the majority of them were females. This result might be due to the head nurses had a sense of obligation and loyalty for remaining in the hospital. **Cohen, (2013)** was described a commitment as “the work behavior of individuals, guided by a sense of duty, obligation and loyalty towards the organization”. Employees with strong commitment contribute more to the accomplishment of organization goals and are less likely to leave the organization **Brown, F. (2012)**.

More than two thirds of them were married. The majority of them had nursing school diploma, might be due to the nursing in the past did not have a culture of higher education, and they were most interested in working immediately after graduating from the diploma degree.

More than half of head nurses ranged from 9-35 years of experience, the head nurses had feeling of experience due to many years of experience in the hospital, the employees perception of their willingness to work over their energy in order to succeed the hospital to achieve it's goals (**Bass, 2004**). And majority of them had attended courses in administration, may be due to the organization interest in improving performance and supporting their employees to provide the best service.

Concerning the practice of nursing rounds as observed among the head nurses, the

present study results revealed that the great majority of them were having inadequate practice of the preparation stage of the rounds. The deficiency was mainly related to the lack of preparation of other physical assessment tools as well as the aim and outcome of the round, and its time and place, in addition to explaining the purpose of nursing round for the patient. This latter is mainly attributed to their common mistaken belief that the patient has no role in the management of his/her case. The importance of the place where the nursing round should be conducted has been demonstrated in a study of related perceptions in Switzerland (**Gross et al., 2022**).

The practice of the implementation stage of the nursing round as observed among the head nurses' in the present study was no better. The main defects in their practice were related to the lack of compliance with the infection control precautions during the round. This defect was also observed in their practice of the termination stage of the nursing round. Such lack of compliance is very alarming particularly in era of COVID-19 pandemic. In line with this, a study in the United States examined the impact of the COVID-19 pandemic on rounds involving family members and demonstrated the need for more precautions to prevent transmission (**Davidson et al., 2022**).

Another area of deficiency in the observed practice of the implementation stage of the nursing round among the head nurses in the present study was related to patient participation. Thus, the study results revealed that most of them were not encouraging patients' participation and where reluctant to include them and their family members, whenever possible, in discussing their case. This can again be explained by the misconception that the patient has a passive role in his/her case management.

Conversely, all head nurses were observed to prepare and use the kardex at the preparation and implementation stages of the nursing round. This reflects the importance of the kardex in nursing care. Moreover, it is continuously reviewed by nursing administration and quality management, and thus should always be ready and completed. In this respect, **Chien et al. (2017)** and **Shahrokhi**

et al. (2018) demonstrated that the improper use of the kardex was associated with high rates of medications errors. Another area observed to be fulfilled by all or almost head nurses in the current study was that of patient safety. This was noticed in their practice of the stages of implementation and termination of the nursing round.

The findings reflect a high level of patient safety culture in the study settings. In congruence with this, a study in the United States highlighted the major importance of patient safety in public hospitals, and developed related standard tracking measures (Niederlaender et al., 2017).

As regards the termination stage of nursing round as observed among the head nurses, the results of the current study showed that it was mostly inadequate. The main deficiencies were related to their failure to summarize the information obtained from the nursing round, to summarize the problems with staff nurses, and to ask about their feedback about nursing round.

These areas are of major importance in the proper termination of the nursing round and are critical in its effectiveness and efficiency to achieve the goals of the nursing round. In congruence with this, Carroll et al., (2017) in a study in Australia highlighted the importance of feedback in nursing rounds for more effective communication. Overall, the present study results demonstrated that the main deficiency in the head nurses practice of the nursing round was related to the preparation and termination stages. Conversely, the implementation stage of the nursing round was adequately performed by the majority of them.

This implies that they give more importance to the implementation of the round although a good preparation and proper termination are essential in its success. The finding might be explained to a lack of time, high workload, and shortage of staff. Similar barriers that may impede the effectiveness of nursing rounds were reported according to (Tobiano et al., 2019).

### **Conclusion:**

The study findings indicate generally deficient practice of nursing rounds among the head nurses at the preparation and termination stages. Conversely, the implementation stage of the nursing round was adequately performed by the majority of them

### **Recommendations:**

The study recommends improvement of the head nurses performance regarding nursing round through in-service training program, and more frequent meeting with supervisors. Scheduling fixed times for rounds. Further research is proposed to evaluate the long term positive impact of the nursing round practice assessment revealed in the present study, and to explore the effectiveness of the nursing round assessment in other organizations, as well as on nurses and patients' outcomes.

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