Nurse Leader Rounding: An Evidence Review
June Rondinelli, PhD, RN, CNS, Cecelia L. Crawford, DNP, RN, Vanessa Fraczek, MSN, RN, Mary Spiering, MN, RN-BC, CNS, Carla Spinelli, PhD, RN-BC, & Judith Toth-West, PhD, RN
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Clinical Question: What is the Quality, Quantity, and Consistency of the Evidence and Cited Structures, Processes, and Outcomes related to Nurse Leader Rounding?

Key Findings:
• Literature demonstrates a fair amount of positive evidence between nurse leader rounding and increased patient satisfaction (Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS] scores).1,3,4,5,9
• Evidence additionally displays positive results for other desired outcomes such as employee satisfaction,5,13 improved safety climate,7,8 patient risk reduction7 and voluntary nurse turnover.2,13
• Nurse leader rounding must be conducted correctly.5,10 Successful leader rounding requires strong managerial support,4,10 strategic implementation, and continued engagement.4,5,6,11 Intended outcome(s) are best reached when nurse leaders express genuine interest, open communication, address concerns,1,12 and provide feedback after rounding occurs.4,6,7,8,10,13 (See Page 2, Structure, Process, Outcomes Table).
• Nurse leader rounding is often implemented simultaneously with other initiatives (i.e., staff nurse rounding, discharge phone calls, etc.), thus influencing the ability to evaluate the sole effects of Nurse Leader Rounding on outcomes.1-5 Other limitations include a lack of control groups1,10 and inability to align direct causation of measured outcomes.7,8
• There are conflicting results influencing the overall consistency of the evidence. One study reported no relationship between leader rounding and HCAHPS scores.12 Another article stated no difference in patient length of stay, staff turnover, or hours per patient day.3
• The information in this review provides the best available evidence to date for informed decision making on planning and conducting successful nurse leader rounding in the inpatient setting 13 (See Page 2, Structure, Process, Outcomes Table). It is possible that these key findings can be translated to other healthcare settings such as ambulatory care.

What Nurse Leader Rounding is and What It Addresses:
• Nurse leader rounding is a formal venue for dialog8 with systematic processes for daily visits to patients,1,3,4,9,11,12 staff,2,6,7,8,9,13 or both.5 Leader rounding builds relationships, verifies consistency of care, gains feedback, performs service recovery, and allows for follow-up regarding compliments and opportunities for improvement.4,11,13 (See Page 2, Structure, Process, Outcomes Table).

Evidence-Based Recommendations for Nurse Leader Rounding:
• Devote time for rounding1,4 with frequency and vigilance4,5,8 to make a difference4,7,8
• Ensure staff are aware of rounding,8 know the schedule,5 and understand that the purpose is for inquiry and support versus surveillance and control.10
• Develop toolkits customized to your intent/purpose of rounding4,7 such as rounding logs to track trends, rewards, and/or issues,4,13 items in progress, and what is completed.4,5,13
• Pilot rounding or stagger initiative roll-out to fine tune processes.10
• Circle back/offer feedback on provided concerns and suggestions at regular intervals.4,5,8,10,13 If present, the staff noted their leaders were committed.6
• Provide recognition of staff hard work3,5 at regular intervals2,4,12 that include congratulations and celebrations.5,10
• Consider having a non-clinical, impartial patient advocate round3 or use of a volunteer12 for patient rounding to promote comfort in sharing concerns.
## Nurse Leader Rounding

### Structures

- **What: Rounding Definition**: Setting a formal venue for dialog with a systematic process in which nurse leaders make daily visits to patients, staff, or both to build relationships, verify consistency of care, gain feedback, perform service recovery, and follow-up regarding improvement opportunities and staff compliments. Rounding labels include:
  - Rounding for outcomes
  - Safety rounds
  - Executive or leadership walkrounds

- **When**: Time devoted to rounding with frequency and vigilance to make a difference. Rounding is performed at regular intervals that ensure completion of planned tasks and set a formal venue for dialog.

- **Where**: Inpatient settings.

- **Who**: Nurse Executives, nurse managers, charge nurses, other clinical leaders.
  - Having a non-clinical patient advocate round who would be impartial or use of a volunteer.

- **Toolkits**: Customized to purpose and to promote consistency.
  - Rounding log to track trends, rewards, and/or issues.
  - Scripted questions.
  - Weekly.
  - Daily.
  - Quarterly/monthly unit or safety rounds by senior exec.
  - Every patient once during hospitalization.
  - Include as many staff as possible.

### Processes

- **How: Quality of Rounding**: Open, meaningful, and genuine conversations to surface concerns, executive/leader presence without sincere engagement may become negative and erode the desired outcome.

- **Two-Way Communication**:
  - Active listening.
  - Having staff or the patient lead the conversation without time limits.

- **For Patients**:
  - Asking about their care; how well key practices are going.
  - Asking has anyone made their stay extra special and what did they do?
  - Completing a follow-up if concerns occur.
  - Collecting staff compliments from patients.
  - Understanding staff needs.
  - Identifying environmental and physical structure safety concerns.
  - Including staff suggestions to create solutions.

- **Closing the Loop**:
  - Circling back/feedback from leaders at regular intervals. If present staff noted leaders were committed.
  - Taking patient concerns and compliments back to staff.
  - Ensuring completion of planned tasks.
  - Actualizing real time resolutions of concerns/issues.
  - Some resolutions may take time or a number of iterations.

- **Recognition**:
  - Of staff hard work at regular intervals.
  - Include congratulations and/or celebrations.

- **Tracking/Auditing Data**:
  - For leader accountability.
  - Patient experience feedback data.
  - Employee feedback data.
  - Address new priorities.
  - Documenting rounding was done.
  - Ongoing review of outcome data for areas to improve.

### Outcomes

- **Potential Outcomes**:
  - Patient satisfaction.
  - Patient concerns addressed, possibly in real time.
  - Positive staff/patient 2-way communication with mitigation of negative experiences.
  - Increased transparency.
  - Staff report senior execs and leadership have safety as a priority.
  - Reflects a changing /learning culture.

- **Measured Metrics**:
  - Improved patient satisfaction, improved HCAHPS scores.
  - Conflicting evidence: No relationship between leader rounding on patients and HCAHPS scores.
  - Staff reported increased safety climate and patient risk reduction.
  - Decreased voluntary nurse turnover.
  - Conflicting evidence: Staff turnover did not change.
  - Improved employee satisfaction scores.
  - Counts of events where an issue was addressed and feedback given to staff.
  - Higher counts of feedback were associated with higher staff-reported safety culture and lower staff burnout.
  - Length of stay and hours per patient day did not change.

### Measuring Metrics

- **Patient**:
  - Improved patient satisfaction.
  - Patient concerns addressed, possibly in real time.
  - Positive staff/patient 2-way communication with mitigation of negative experiences.

- **Staff**:
  - Decreased voluntary nurse turnover.
  - Conflicting evidence: Staff turnover did not change.
  - Improved employee satisfaction scores.
  - Counts of events where an issue was addressed and feedback given to staff.
  - Higher counts of feedback were associated with higher staff-reported safety culture and lower staff burnout.

- **Organizational**:
  - Length of stay and hours per patient day did not change.

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References:


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Evidence Search Strategies: A literature review on the selected clinical question was conducted from January 2016 to March 2016. This review examined the quality, quantity, and consistency of the evidence for nurse manager/leadership rounding. In addition, cited structures, processes, and outcomes related to nurse manager/leadership rounding were gleaned from the literature. A review of the evidence from a 2011 to 2016 search was conducted via electronic databases (CINAHL, PubMed, Clinical Key, OneSearch, the Cochrane Database of Systematic Reviews, ProQuest, and Google Scholar). Search terms included rounding, leaders, leadership, manager, nursing, and supervisor either alone or in combination. Searches were individualized for each database. Inclusion criteria for this review were articles related to inpatient and ambulatory settings, emergency department, peri-operative, perinatal, ICU, medical-surgical units, and included both patient and staff rounding. Exclusion criteria for articles were resident/physician rounding, skilled nursing facility and home care settings, solely advanced practice nursing rounding, and interdisciplinary rounding if the nursing component was not highlighted or the focus. After careful abstraction and then full text examination, 12 articles were identified that pertained to the clinical area of inquiry. An additional reference was added through a contextual link that reflects a book chapter on nurse leader rounding, resulting in 13 references. References were ranked using the Academy of Evidence-Based Practice Evidence Leveling System and graded using the Johns Hopkins Evidence Appraisal tools.

Evidence Review Results: The overall strength of the evidence ranged from low to moderate quality. The evidence consisted of one systematic review,11 three quantitative studies,7,8,9 two qualitative studies,1,6 five quality performance improvement projects,2,3,4,5,12 and one expert opinion.10 There is a general lack of control, leading to the inability to state direct causation of measured outcomes. Although low in number, conflicting results are present in this review. A key limitation that influenced the ability to differentiate leader rounding effects, and even diluted individual strategy success, was having a number of interventions simultaneously executed with nurse leader rounding, (such as staff nurse rounding, discharge phone calls, etc.).1-5 Lastly, bias is considered when studies are self-reported1 and when null results are limited within the published literature.10 There is a lack of literature reporting nurse leader rounding in today’s diverse ambulatory care environments; however, the 5 year search limit for this review may have influenced that result. Future research and quality projects could describe characteristics of the leaders who rounded on successful units, with description of the respective setting environment.
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Academy of EBP Evidence Leveling System

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<th>LEVEL</th>
<th>DESCRIPTION</th>
<th>RELEVANT ARTICLES</th>
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<td>A</td>
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<td>Well-designed controlled studies, both randomized and nonrandomized, prospective or retrospective studies, and integrative reviews with results that consistently support a specific action, intervention, or treatment</td>
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<td>Qualitative studies, descriptive or correlational studies, concept analyses, integrative reviews, systematic reviews, or randomized controlled trials with inconsistent results</td>
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<td>Peer-reviewed professional organizational standards, with clinical studies to support recommendations</td>
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<td>E</td>
<td>Theory-based evidence from expert opinion or multiple case reports, case studies, consensus of experts, and literature reviews</td>
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Designed by Emma M. Cuenca and Cecelia L. Crawford, 2011; ©Kaiser Permanente SCAL Regional Nursing Research Program, Modified 2015. Adapted from AACN Evidence Leveling System (2009) and Canadian Medical Association & Centre for Evidence-Based Medicine, Levels of the Evidence (2001)

John Hopkins EBP Research/Non-Research Appraisal Grading

**High Quality: No articles**
(Consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence OR expertise is clearly evident; draws definitive conclusions; provides scientific rationale; thought leader in the field)

**Moderate Quality: Articles #1, #3, #4, #7, #8, #9**
(Reasonably consistent results; sufficient sample size for the study design; some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence OR expertise appears to be credible; draws fairly definitive conclusions; provides logical argument for opinions)

**Low Quality: Articles #2, #5, #6, #10, #11, #12**
(Little evidence with inconsistent results; insufficient sample size for the study design; conclusions cannot be drawn OR expertise is not discernable or is dubious; conclusions cannot be drawn.

Studies and projects demonstrate conflicting results, a lack of controls, and presence of confounding variables; therefore, cannot infer causation of outcome due to leadership rounding, only an association or correlation.

**Final Summary of the Body of Evidence = Moderate Quality**
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### Clinical Question

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<th>Outcome</th>
<th>Time Period (If Applicable; Optional)</th>
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<tr>
<td>P: managers and leaders, healthcare leadership We have people who round and population of rounding (nursing staff and patients)</td>
<td>I: rounding</td>
<td>C: standard of care</td>
<td>O: outcomes of rounding: as cited in the literature</td>
<td>Setting: Broad Inpatient and ambulatory</td>
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**Final Clinical Question:** What is the quality, quantity, and consistency of evidence related to nurse manager and/or leadership rounding on nursing staff and patients? What are the structures of nurse leader rounding in the literature? What are the identified processes? What are the identified outcomes?

### Key Search Terms

**Database search terms:** round, rounding, leader*, leadership, manage*, manager, nursing, supervisor (either alone or in combination), 5-year limit, English language

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**Inclusion Criteria:** inpatient and ambulatory setting, emergency department, peri-operative, perinatal, ICU, medical -surgical, outpatient, clinic, primary care, specialty care, urgent care, leader rounding patients and staff

**Exclusion Criteria:** resident/physician rounding, skilled nursing facility (nursing home), home care, mental health settings, solely advanced practice nursing rounding, interdisciplinary leader rounding if the nursing component is not highlighted/the focus, roles other than nursing or management (for example physical therapists), staff nurses rounding on patients, conference presentations and posters

**First round of review:**
- titles and year limits
- abstracts
- applying inclusion/exclusion criteria

**Second round of review:**
- removal of duplicates within this individual database search
- continued application of year limits and inclusion/exclusion criteria
- removal of conference presentations and posters, removal of staff nurse rounding, interdisciplinary clinician rounding-unless a focus on nurse leader rounding was present in the article

**Third round of review:**
- removal of duplicates across databases, each article received independent full text review by 2 authors and consensus reached

### Reference/Contextual Link


**Total references: Database (12) + Contextual link (1) = 13**

*When database search results were very large (hundreds or thousands), authors often limited review to the first 100 hits
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