Medical-Surgical Nurse Perceptions of the Barriers to Sustainment of Hourly Rounding

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Purpose: The purpose of this study is to identify the barriers and challenges of sustaining hourly rounding from the perspective of registered nurses from adult inpatient medical-surgical units.

Conclusions and Implications for Practice: The workload of the staff was identified as a major barrier to hourly rounding. Leaders need to focus on the nurse-to-patient.

Background: Hourly rounding is a popular initiative which proclaims to improve patient satisfaction scores and outcomes. Despite the associated benefits, challenges with implementation and sustainment have been reported on medical-surgical units. Additionally, there is a lack of evidence to show long-term outcome improvements with hourly rounding, which implies there are barriers to sustainability of hourly rounding.

Methods: A quantitative descriptive study was conducted. A convenience sample of registered nurses from the adult medical-surgical units at Franciscan St. Francis Health and St. Vincent in Indianapolis was used. A Likert-style survey was created which consisted of 19 Likert scale questions from 1 "strongly agree" to 5 "strongly disagree." The content validity was established by a systematic review that identified barriers found in the literature. Two open-ended questions were included to capture additional barriers and the registered nurse perceptions of what would help them perform hourly rounding more consistently. Institutional review board approval was obtained prior to the start of the study through both organizations' review boards. A link to the voluntary survey was emailed to all nurses on the medical-surgical units at both hospitals. The data was summarized using frequency tables of the responses.

Results: A total of 165 surveys were completed which resulted in a 28 percent response rate. The majority of nursing staff believe hourly rounding can improve patient outcomes, improve patient satisfaction, decrease the use of call lights, and assist with pain management. However, only 25 percent agree that rounding consistently happens on their units. The survey also showed that 84 percent of the respondents agreed they had received education on hourly rounding. The main barriers identified are: workload, competing tasks and priorities, interruptions, burdensome rounding logs, a lack of staff buy-in and acuity levels. This corresponded to the themes found in the systematic review of the literature. Two additional barriers emerged through this study: inefficient processes and a lack of teamwork. Ninety seven percent of nurses think that rounding frequency should be done based on assessment of individual patients and not at a prescribed rounding frequency.

Conclusions and Implications for Practice: The workload of the staff was identified as a major barrier to hourly rounding. Leaders need to focus on the nurse-to-patient ratios and the acuity levels of the patients to identify the correct staffing mix to support the hourly rounding process.

Correct any inefficient processes that consume the nurse's time to allow the nurse to concentrate on rounding.

Nurse Perceptions to the Barriers of Hourly Rounding

Barrier Identified	Agreement (%)	Neutral (%)	Disagreement (%)
Workload			
Workload	90	6	4
Completing tasks	82	9	9
Interruptions	84	9	7
Staff buy-in			
Patient outcomes	74	14	12
Planning	28	38	34
Process buy-in	52	27	21
Rounding logs			
Burdensome	68	16	16
Accurate	8	13	79
Specific patient populations			
Acuity	88	7	5
Individual needs	97	2	1
Lack of education			
Received education	84	10	6
Need more education	6	15	79

Focus on teamwork, as hourly rounding can be performed by anybody on the care team. Target the proactive part of rounding by anticipating and addressing the patient needs with each encounter rather than focusing on the timing. Further research to identify specific patients that would benefit from hourly rounding is recommended. This would allow the nurse to individualize the intervention based on the patient's need and maximize the use of limited resources.

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