The Impact of Nurse Rounding on Patient Satisfaction in a Medical-Surgical Hospital Unit

Donna Blakley, Michael Kroth, and James Gregson

Patient satisfaction is a high priority for hospitals that face constant pressure to maintain high-quality service, top clinical care, and financial viability (Shaw, 2008; Studer, 2007; Tea, Ellison, & Feghali, 2008). The Centers for Medicare and Medicaid Services (CMS), a significant payer for hospital services, collect and publish consumer satisfaction data online that allow consumers to evaluate and compare individual facilities (www.hcahpsonline.org). In the CMS online Hospital Consumer Assessments of Healthcare Providers and Systems (HCAHPS, 2011) report, consumers can access CMS data that compare hospitals in key areas, such as nurse communication, pain management, and medication information. These and other key areas measure how effectively the nursing staff is able to meet the basic needs of hospitalized patients. Patient satisfaction initiatives coupled with the need to manage productivity efficiently and effectively are a challenge for health care leaders across the nation. To address the growing emphasis on health care service and consumer satisfaction, health care leaders look to organizations such as the Studer Group to better understand how customer service impacts patient satisfaction in the hospital setting. According to Studer (2007), many previously considered training on service excellence to be a sort of “smile school” (p. 11). Today, service excellence is at the top of any health executive’s to-do list because service excellence is a key driver in an organization’s patient satisfaction levels and the organization’s bottom line. Studer asserts that if leaders understand how service, safety, and quality issues impact financials, they can implement tools that boost and sustain both patient satisfaction and strong financials.

Literature Review

Literature indicates periodic nurse rounding, the process whereby a nurse or other member of the health care team checks on patients, can make a significant difference in patients’ perception of nursing care as well as address safety concerns (Doyle, 2009; Meade, Bursell, & Ketelson, 2006; Weisgram & Raymond, 2008). In particular, Meade and colleagues (2006) noted a patient’s level of satisfaction with nursing care depends primarily on the patient’s perception of how well the nursing staff met basic patient care needs. Reporting on results of a 2006 study, Studer (2007) found hospitals that instituted rounding increased patient satisfaction by 8.9 points. Regular nurse rounding is a key component of a hospital’s service excellence program. Additional research is needed in the effectiveness of nurse rounding and its impact on various factors such as overall patient satisfaction, patient safety, and call light use (Meade et al., 2006; Tea et al., 2008; Thomas, Sexton, Neilands, Frankel, & Helmreich, 2005). In summarizing the effectiveness of rounding in 27 nursing units in 14 hospitals, Leighty (2006) demonstrated that consistently checking on patient needs effectively reduced call light usage by 38% while simultaneously increasing satisfaction scores. Wood (2008), a nurse manager at Northeastern Hospital-Temple University Health System (Philadelphia, PA), was skeptical about rounding at first, but she was willing to give the process a chance to help her staff. Within a few weeks of implementing regular rounding, nurses reported more free time and increased patient satisfaction scores. Call light volume decreased by 65%. Regular and intentional nurse rounding contributed to a decrease in call light usage and an environment of patient satisfaction.

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ment that is easier to manage and more rewarding for staff and for patients. In addition, hospitals are challenged to create cultures of safety where risks such as patient falls are monitored and measured continuously (Thomas et al., 2005). Weisgram and Raymond (2008) proposed interventions to provide a feasible solution to an increase in patient falls. Hourly nurse rounding was found effective as a protective strategy to prevent both accidental and anticipated falls.

Factors contributing to a patient’s overall satisfaction with inpatient hospital care include measures, such as commode assistance, call light placement, and telephone placement (Kerfoot, 2008; Meade et al., 2006). Attending to small details demonstrates care and compassion toward the patient’s perception of the care received (Kerfoot, 2008). These small details can be covered in the process of nurse rounding but are sometimes overshadowed by a growing emphasis on equipment, procedures, and quality management (Tea et al., 2008). As Meade and co-authors (2006) stated, “There is limited research on patient call light use as it relates to effective patient-care management, patient safety, and patient satisfaction” (p. 58). Their study sought to determine the effectiveness of regular, consistent nurse rounding on patient satisfaction and call light usage on a medical-surgical unit.

Continued research is needed in the field of patient satisfaction to determine the impact of nurse rounding and attention to small detail on the delivery of quality nursing care and the patient experience. In an effort to understand more fully the relationship among nurse rounding, call light use, and patient satisfaction, nursing leaders of West Valley Medical Center (Caldwell, ID) initiated a rounding program as a significant part of a larger patient satisfaction initiative. West Valley Medical Center is a 150-bed, acute care community hospital. The study, which was conducted on the hospital’s 37-bed medical-surgical unit, was initiated in September 2008 to determine how to meet needs of hospitalized patients and ultimately improve patient satisfaction scores.

**Purpose**

*Rounding* describes the process of proactively meeting patient needs by a nurse making a routine visit to patient rooms to check on specific items and perform basic self-care tasks on a regular, consistent basis (Tea et al., 2008). Nurse rounding is an opportunity to involve patients in their care, and show care and concern for patient well-being and healing. Hospitalized patients often require assistance with basic self-care tasks, such as using the commode, ambulating, and eating meals. Patients’ level of satisfaction with the hospital experience depends largely on their perception of how effectively the nursing staff met their basic needs (Meade et al., 2006). The subject unit for this study experienced a dramatic change in its registered nurse turnover rate over the last 5 years. Registered nurse turnover averaged 16% in 2003; by 2008, it averaged 19%, as reported in West Valley Medical Center human resources data (T. Peoples, personal communication, November 13, 2008). The purpose of this study was to determine if patient and nurse satisfaction is influenced by intentional nurse rounding every 2 hours on a medical-surgical unit in a small community hospital setting.

**Research Questions**

The following questions reflect the study’s direction and focus on both patient and nurse satisfaction:

1. What is the impact of intentional, regular, and consistent nurse rounding on a patient’s satisfaction with his/her hospital experience?
2. What is the impact of rounding on the delivery of patient care from the nursing staff’s perspective?

In addition, researchers were interested in determining answers to the following related questions:

- To what extent do nurses experience less call light usage if they regularly round on patients?
- To what extent do nurses find the rounding process helpful in their practice?
- To what extent do patients report a more positive hospital experience if nurses round regularly?
- To what extent do patients report more effective pain management if nurses round regularly? How is medication administration affected by nurse rounding?
- To what extent do patients report their nurse demonstrated care and concern during their hospitalization if their nurse rounded regularly?

**Conceptual Framework and Methodology**

The case study method was selected for the research design, methodology, and framework. Case study is commonly used in medical and health science research and is grounded in the post-positivist perspective with an emphasis on rigorous multiple data collection methods (Creswell, 2007). Case study was chosen because the researcher explored a bounded system (medical-surgical inpatients and nursing staff on a medical-surgical unit), in-depth data were collected through multiple sources of information (observations, interviews, questionnaires, survey reports), and a final case-based descriptive report was generated.

This project also was considered an action research project. Stringer (2007) defines action research as a systematic approach to investigation that enables people to find effective solutions to common, everyday problems. Stringer’s action research framework, *Look, Think, Act*, was used to organize and focus research activities. Stringer also described action research as localized and specific to a community setting. In this case, the community setting was the medical-surgical unit of West Valley Medical Center and the common everyday problem on the unit was the need to increase patient satisfaction and loyalty.
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Research was conducted under the direction of James Gregson, EdD, University of Idaho professor of Adult, Career, and Technology Education. The project fulfilled requirements for the graduate course “Introduction to Research in Workforce Education” (ADOL 570). Dr. Gregson received institutional review board approval for the project through the University of Idaho. In addition, the hospital administration of West Valley Medical Center reviewed and approved the study.

Data Collection

Patient satisfaction data were collected and summarized on a weekly basis by the Gallup Organization. The HCAHPS survey was also an important outcome measure. HCAHPS scores were updated and published on a quarterly basis and available through the HCAHPS online survey results Web site (hcahpsonline.org).

In addition to the survey data, patients were interviewed during their hospitalization through the rounding process (see Table 1). Informal questions were asked and rounding logs were maintained. In terms of employee satisfaction, nursing staff was asked to complete questionnaires that address the feasibility of 2-hour rounding and whether or not they have observed a reduction in call light usage.

Participant Selection/Sampling

Study participants included members of the medical-surgical nursing staff and persons who had been hospital inpatients within the last 6 months. The study was conducted in a medical-surgical hospital unit.

Table 1: Data Collection (Tools and Descriptions)

<table>
<thead>
<tr>
<th>INSTRUMENTS (Surveys)</th>
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<tr>
<td><strong>Staff Survey on the 4 Ps Rounding Process</strong></td>
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<tr>
<td>• Have you been able to incorporate 4 P rounding every 2 hours into your practice?</td>
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<td>• What system problems have you identified with the 4 P rounding system?</td>
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<td>• What call light changes have you observed since 4 P rounding started?</td>
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<td>• Do you have any specific comments you’d like to share about the 4 P process? How can it be improved?</td>
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<th>INTERVIEW (Nursing Director)</th>
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<td><strong>Medical-Surgical Nursing Director Interview</strong></td>
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<td>• What is the role of rounding from a nursing director’s perspective?</td>
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<td>• What does patient satisfaction mean to you?</td>
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<td>• Since the inception of the 4 P program, have you noticed a reduction in call light usage?</td>
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<td>• Are the nurses still performing 4 P rounding every 2 hours?</td>
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<td>• What relationship do you see between patient safety and 4 P rounding?</td>
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<td>• Do you think 4 P rounding adequately addresses patients’ more mundane and common problems?</td>
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<td>• One of the things the staff mentioned in a questionnaire was how to maintain 4 P rounding when the floor gets busy. What are your ideas to keep the 4 P rounding going when things get busy?</td>
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<td>• What are your ideas for sustaining the gains in patient and staff satisfaction?</td>
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<tr>
<th>LEADERSHIP Rounding TOOL</th>
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Adapted from Tea et al. (2008).
The Gallup Organization surveyed 200 medical-surgical patients each quarter, and data analysis included 2008 4th quarter data. Patients were interviewed during their hospitalization and results were compared to formal survey results. A focus group also was conducted to provide another format to gather patient satisfaction feedback and patient perspectives in the design of improvement efforts. Staff interviews were conducted to assess the feasibility of the integration of the 4 P rounding program (pain, position, potty, placement) in daily workflows. The study period was October 3, 2008, through June 2009.

Data Interpretation and Analysis

Table 2 includes questions and verbatim responses by staff members approximately 2 weeks after the 4 P rounding process was initiated on the unit. Based on staff survey responses, the 4 P rounding process made a difference in the number of call lights answered for needs associated with pain, placement of key items, bathroom assistance, and position. Responses also indicated the need to continue education and training on the 4 P rounding program to ensure staff familiarity with the process and to ensure consistency among caregivers. The 4 P rounding process already was performed by many caregivers on an informal basis. Staff expressed concern that not everyone followed the same process to check the 4 Ps; the need for a structured process was clear to provide a consistent message to all patients.

On November 13, approximately 1 month after the study began, the patient advocate interviewed the medical-surgical nursing director (see Table 3). During the interview, the director became animated and excited when discussing maintenance of the 4P Rounding process during times of high patient census. She saw her challenge as convincing her staff the 4 Ps offer an excellent tool to manage their patient needs.

In addition to the staff questionnaire and the nursing director interview, a patient focus group was conducted October 27, 2008. During the focus group, patients offered their perceptions of care as well as their expectations of community hospital care. A commonly voiced expectation of a community hospital was for compassionate care provided by nurses who take time to attend to their needs.

<table>
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<th>TABLE 2. Staff Questionnaire and Responses</th>
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<td><strong>Med/Surg Staff Meeting</strong></td>
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<tr>
<td><strong>Staff Survey on the 4 Ps Rounding Process</strong></td>
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<td><strong>October 21, 2008</strong></td>
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**Have you been able to incorporate 4 P rounding every 2 hours into your practice?**

- One day on the floor I did notice this was being put into practice.
- Yes
- Yes, I always have, but this makes my patients more aware.
- Yes
- Yes, have been doing the basic contacts as part of job.
- Yes
- Yes
- People seem to appreciate being told at the beginning of the shift that they will be checked on every 2 hours throughout the night.

**What system problems have you identified with the 4 P rounding system?**

- Unable to evaluate due to new orientee.
- It’s not much different than regular practice except explaining to patients what we are doing.
- People not communicating to each other when it gets busy. This could really help us.
- None at this time.
- None really. Only with expected instances with certain patients having greater needs and having to adjust that in.
- None
- None

**What call light changes have you observed since the 4 P rounding started?**

- Unable to evaluate
- Not especially
- Yes
- Depends on the needs of the patient, but overall, yes.
- I really haven’t but I think it’s possible and I just haven’t noticed.
- No – sleeping during nights.
- Less usage by patients.

**Do you have any specific comments you’d like to share about the 4 Ps process? How can it be improved?**

- I did notice the entire staff to be responsive to patients’ pain, needs, and family concerns.
- Not all staff are aware of process still. More signage?
- Make sure the charge nurses tell people who don’t know this yet.
- Not at this time
- It’s a good guideline and goal to work toward.
- Helps to meet patient needs/anticipate needs.

Results

Preliminary patient satisfaction scores, interviews, and other findings showed the 4 P rounding process made a difference in patient and employee satisfaction. The 4 P rounding program was the only intervention in the 3rd quarter 2008.
TABLE 3. Nursing Director Interview Verbatim Results

Med/Surg Nursing Director Interview
November 13, 2008
Semi-Structured Interview

- What is the role of rounding from a nursing director’s perspective?
  “Rounding is the process that lets patients know that others are concerned about them as a person and not just a financial statistic.”

- What does patient satisfaction mean to you?
  “From a nurse’s perspective, patient satisfaction is anticipating and meeting patient needs before the patient needs to ask for something. Ultimately, patients return if they need to be hospitalized again.”

- Since the inception of the 4 P program, have you noticed a reduction in call light usage?
  “Yes, the nurses and CNAs are answering the call lights much more timely. My charge nurse indicated that the 4 Ps have made a tremendous difference and that one day the nurses’ station didn’t receive any call lights. It’s been good until this past week and I don’t know if it’s the moon or what, but it’s been tough on everybody in terms of employee relations. Even my pager has been going off a lot this week.”

- Are the nurses still performing 4 P rounding every 2 hours?
  “As I talk to people, they indicate they’re doing the 4 Ps. We do have a sheet where they document them and it hasn’t been filled out 100% of the time, so I remind them to document.”

- What relationship do you see between patient safety and 4 P rounding?
  “Would hope so. Haven’t heard of any falls lately. The 4 Ps helps because if you’re in every 2 hours patients don’t try to get up on their own. Sometimes patients try and get up on their own because they don’t want to bother the staff. The 4 P rounding helps with this issue because the patients know when someone will be back to check on them and oftentimes this makes them more patient to wait. This helps to eliminate fall risks.”

- Do you think 4 P rounding adequately addresses patients’ more mundane and common problems?
  “Yes, absolutely.”

- One of the things the staff mentioned in a questionnaire was how to maintain 4 P rounding when the floor gets busy. What are your ideas to keep the 4 P rounding going when things get busy?
  “I think that as long as the staff does the 4 P rounding, the patients will have to use their call lights less. It will give them more time to sit down and chart and do the other things they need to do. I encourage staff to do their rounding in pairs. If they go together, the visit with the patient goes more smoothly. For example, if a patient needs to get up and use the bathroom, and he or she is quite large, it will take two staff members to ambulate the patient. If they round together, there are already two people in the room which saves the time of having to go and find a second person. I just have to make sure that staff keep doing the 4 P rounding, particularly if they have told the patient about it and the patient is expecting it. The 4 Ps are an excellent time management tool if I can just convince them of that.”

- What are your ideas for sustaining the gains in patient and staff satisfaction?
  “I believe there is a strong link between patient and staff satisfaction. I think my staff is very satisfied with their jobs 80%-90% of the time. When the unit gets busy or they have a difficult patient assignment, satisfaction goes down but it doesn’t appear to stay down. It is a challenge for me to keep communication flowing during busy times and to hold staff accountable. To keep this alive, charge nurses need to remain supportive and keep staff informed.”

Discussion

During informal discussions after introduction of the 4 P rounding program, patients frequently described staff as kind, considerate, and compassionate. The 4 P rounding program also facilitated better communication among members of the patient care team, encouraging the teamwork that is essential for quality health care. In addition, it contributed to creating a rewarding, enriching environment of trust and rapport among members of the patient care team. The challenge will be to maintain momentum and enthusiasm for the 4 P rounding program. Credit for successful implementation of the program lies with the chief nursing officer and the medical-surgical unit director, as well as the charge nurses who manage patient care each shift.

Conclusion

The 4 P rounding program demonstrated meeting basic patient needs is related closely to overall patient satisfaction. Regular rounding increased patient satisfaction scores and is expected to continue to improve HCAHPS scores. The most difficult aspect of rounding found through this study was the chal-
lenge to maintain the process as patient census fluctuated and staff turnover occurred. In June 2009, the 4 P rounding program became part of a larger initiative designed to improve patient engagement and increase HCAHPS scores. The initiative focused on three key areas: nurse communication, pain management, and cleanliness of room and bathroom. The 4 P rounding program became part of the nurse communication action strategies and a continued focus for the medical-surgical unit of West Valley Medical Center.

REFERENCES


ADDITIONAL READINGS

