

# HOURLY NURSING ROUNDS

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Please find following a summary of a literature search and relevant results. All articles can be provided in full - email [library@monashhealth.org](mailto:library@monashhealth.org) for a list of the articles you require.

## QUESTION

What is current evidence based best practice for nursing hourly rounding?  
Hourly rounding is also known as intentional rounding.

## SEARCH LIMITS

English-language, last 10 years.  
High level evidence only.

## SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened by two librarians using [Covidence](#). See the Appendix for the PRISMA chart, search terms, and Medline search strategy.

## DATABASES SEARCHED

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Emcare – index of nursing, allied health, critical-care medicine and more.
- CINHALL – index of nursing and allied health including high impact nursing journals.
- Grey literature – Google, Google Scholar, Trip database, Biomed Central Proceedings.

## LITERATURE RESULTS

All articles can be provided in full text - email [library@monashhealth.org](mailto:library@monashhealth.org) a list of articles you require.

## GENERAL RESOURCES

### ONLINE RESOURCES (GREY LITERATURE)

Harris R, et al. (2019). **Intentional rounding in hospital wards to improve regular interaction and engagement between nurses and patients: a realist evaluation.** *Health Serv Deliv Res* 2019;7(35). [Web link](#) or [Report PDF](#)

- NIHR (National Institute for Health Care and Research) report published as a special journal issue.
- The aim of this research was to find out what it is about intentional rounding that works, for whom and in what circumstances. It set out to understand how intentional rounding works when used with different types of patients, by different nurses, in diverse ward and hospital settings, and if and how these differences influence outcomes.
- Evidence for the effectiveness of intentional rounding is weak, with concerns that it oversimplifies nursing, creates a prescriptive approach and prioritises the completion of documentation as evidence of care delivery.

Agency for Healthcare Quality and Research. (2013). **Preventing Falls in Hospitals Tool 3B: Scheduled Rounding Protocol.** [Web link](#)

- Hourly rounds are an opportunity to ensure that universal fall precautions are implemented and that patients' needs are being met. These rounds integrate fall prevention activities with the rest of a patient's care. This protocol can be used by staff nurses, nursing assistants, and the unit manager to ensure that universal fall precautions are in place.

### PEER-REVIEWED LITERATURE - IN REVERSE CHRONOLOGICAL ORDER

Articles are grouped by theme:

- Patient Experience
- Falls Prevention
- Nurse Perceptions
- Barriers and Facilitators
- Implementation
- Analysis of Practise
- Clinical Effectiveness and Cost

*Each article summary contains excerpts from the abstract and an online link.*

### PATIENT EXPERIENCE

Mulugeta, H., et al. (2020). **The effect of hourly nursing rounds on patient satisfaction at Debre Markos Referral Hospital, Northwest Ethiopia: A non-randomized controlled clinical trial.**

*International Journal of Africa Nursing Sciences*, 13. 100239 [Full text](#)

The objective of this study was to determine the effect of hourly nursing rounds on patient satisfaction with nursing care. Method(s): A quasi-experimental non-equivalent groups study design was used to determine the effect of hourly nursing rounds on patient satisfaction with nursing care at Debre Markos Referral Hospital. This study revealed that patients in the intervention group have higher satisfaction scores than the control group, providing evidence that hourly nursing rounds improve patient satisfaction with nursing care and quality of care. Therefore, policymakers (FMoH)

need to consider the implementation of consistent hourly nursing rounds in our hospitals to improve patient satisfaction and overall quality of care at large.

Alaloul, F., et al. (2015). **Impact of a Script-based Communication Intervention on Patient Satisfaction with Pain Management.** *Pain management nursing : official journal of the American Society of Pain Management Nurses*, 16(3), 321-7. [Full text](#)

The aim of this study was to evaluate the effectiveness of an intervention (script-based communication, use of white boards, and hourly rounding) related to pain management on patient satisfaction with nurses' management of pain. A prospective, quasi-experimental pretest-posttest design was used. This intervention was simple and effective. It could be replicated in a variety of health care organizations.

Negarandeh, R., et al. (2014). **Impact of regular nursing rounds on patient satisfaction with nursing care.** *Asian Nursing Research*, 8(4), 282-285. [Full text](#)

The purpose of the study was to determine the impact of regular nursing rounds on patient satisfaction with nursing care. The experimental group received regular nursing rounds every 1-2 hours. Routine care was performed for the control group. Patient satisfaction with the quality of nursing care was assessed on the second and fifth days of hospitalization in both groups using Patient Satisfaction with Nursing Care Quality Questionnaire.

## FALLS PREVENTION

Zadvinskis, I. M., et al. (2019). **The Impact of Nursing Work and Engagement on Patient Falls.** *Journal of Nursing Administration*, 49(11), 531-537. [Full text](#)

This study explored the relationships between nurse-sensitive structures, processes (work engagement, frequency of fall risk discussion during report, and frequency of purposeful rounds), and patient falls. Work engagement was not related to patient falls, even after controlling for RN staffing and skill mix. The nursing units that had more nurses performing frequent purposeful rounds experienced greater falls with injury. Highly engaged nurses participated more in purposeful rounding and discussion of fall risk during bedside report than less engaged nurses.

Leone, R. M., et al. (2016). **Safety standards: Implementing fall prevention interventions and sustaining lower fall rates by promoting the culture of safety on an inpatient rehabilitation unit.** *Rehabilitation Nursing*, 41(1), 26-32. [Full text](#)

A retrospective review of IPR fall rates was performed. Quarterly fall rates were then compared with implementation dates of fall prevention interventions (safety huddles, signage, and hourly rounding). Fall rates rise and fall despite multiple fall prevention interventions and encouraging a positive shift in the culture of safety. Clinical Relevance Physical injuries following a fall can reduce mobility and increase morbidity. Costs associated with falls negatively impact costs and reimbursement. Employing evidence-based fall prevention strategies are then of critical importance to nurse leaders as falls remain an ongoing serious adverse event.

Hicks, D. (2015). **Can Rounding Reduce Patient Falls in Acute Care? An Integrative Literature Review.** *MEDSURG Nursing*, 24(1), 51-55. [Full text](#)

The article presents studies showing the association of nurse rounding to the decreased cases of falls among patients in hospitals in the U.S. It considers hourly rounding of nurses as an intervention helping them keep patients safe by meeting their needs. The need for nurses to determine ways for patient outcome improvement is also mentioned.

## NURSE PERCEPTIONS

Hamdan, K., et al. (2022). **Nurses' perceptions of hourly rounding in Jordanian hospitals: A national survey.** *Journal of Nursing Management*, 30(7), 2945-2956. [Full text](#)

This study aims to explore nurses' perceptions of hourly rounding in Jordanian hospitals. Female nurses, nurses who often work on a shift rotation, nurses working in private hospitals and respiratory units had a positive perception of hourly rounding. Findings will inform nursing leaders and policy developers about the implementation of hourly rounding from nurses' perspectives. A protocol should accompany hourly rounding for robust evaluation to measure the impact of this process change with the involvement of nurses in the decision-making process.

Ryan, E. L. J., et al. (2020). **Pre-registration nursing students' perceptions and experience of intentional rounding: A cross-sectional study.** *Nurse Education in Practice*, 42, 102691. [Full text](#)

This paper examines pre-registration nursing students' perceptions of the practice of intentional rounding and perceived benefits for nurses and patients. Mixed opinions surrounded the sufficiency of education received around the intervention. Previous nursing experience was linked to opposing opinions of intentional rounding, depending on education levels. Participants had a positive perception of intentional rounding practices overall. Education surrounding intentional rounding needs to be consistent, and introduced before students are expected to actively participate in the practice of rounding on clinical placement.

Neville, K., et al. (2016). **Validation of the Nurses' Perception of Patient Rounding Scale: An Exploratory Study of the Influence of Shift Work on Nurses' Perception of Patient Rounding.** *Orthopaedic Nursing*, 35(2), 84-91. [Full text](#)

Hourly rounds have re-emerged as standard practice among nurses in acute care settings, and there is the need to identify nurses' perceptions regarding this practice. Further use of the Nurses' Perception of Patient Rounding Scale (NPPRS) is needed to further validate this new instrument. Perceptions of nurse benefits were statistically significantly higher for nurses working 8 hours. Results indicated that nurses perceived rounding to be more beneficial to their own practice than to patients. Analyses revealed that leadership support was instrumental in successful rounding practice. Strong nursing leadership, supportive of rounding, is essential for successful rounding.

## BARRIERS AND FACILITATORS

Christiansen, A., et al. (2018). **Intentional rounding in acute adult healthcare settings: A systematic mixed-method review.** *Journal of Clinical Nursing*, 27(9-10), 1759-1792. [Full text](#)

This study aims to determine the impact of intentional rounding on patient and nursing outcomes and identify the barriers and facilitators surrounding implementation. The evidence on intentional rounding is mixed and suggests that the introduction of intentional rounding should be accompanied by a protocol for robust evaluation to measure the impact of this process change.

Toole, N., et al. (2016). **A systematic review: barriers to hourly rounding.** *Journal of nursing management*, 24(3), 283-90. [Full text](#)

The purpose of this review of the literature is to identify a comprehensive list of the barriers that impact the effective implementation and sustainment of hourly rounding on the adult inpatient medical or surgical unit. Leaders can utilise this information to analyse and create successful options to overcome these barriers before, during and after the implementation process.

## IMPLEMENTATION

Chapnick, M. (2017). **Hourly Rounding in the Emergency Department**. Walden University. [Full text](#)  
A review of the literature to search for solutions led to the support of an hourly rounding project and an educational workshop promoting proactive nurse behaviors as a way to address the quality and safety gap. The goal of this scholarly project was to develop this evidence based, theory supported project and to conduct a formative and summative evaluation by an expert review panel in order to achieve consensus before implementation.

Forde-Johnston, C. (2014). **Intentional rounding: a review of the literature**. *Nursing Standard*, 28(32), 37-42. [Full text](#)

Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs. Concerns about poor standards of basic nursing care have refocused attention on the need to ensure fundamental aspects of care are delivered reliably. A literature review was conducted to inform nurses planning to use this approach in their practice and to direct future research in this area. The aim is to explore the implementation and use of intentional rounding and its effectiveness in improving patient care.

Hutchings, M., et al. (2013). **'Caring around the clock': a new approach to intentional rounding**. *Nursing Management - UK*, 20(5), 24-30. [Request article](#)

Nottingham University Hospitals NHS Trust shares its experience and learning from implementing an innovative approach based on the process across 79 wards. The authors look at the need for education and for cultural shift to achieve the best results. This project demonstrates that interactive intentional rounding, supported by leadership rounding, coaching and feedback, creates the foundations for change to take hold and flourish in ward settings.

## ANALYSIS OF PRACTICE

Bayram, A., et al. (2023). **Nurse manager intentional rounding and outcomes: Findings of a systematic review**. *Journal of Advanced Nursing*, 79(3), 896-909. [Full text](#)

This study aims to summarize the evidence available on Nurse Manager Intentional Rounding (NMIR) describing the main characteristics and methodological quality of studies available, the features of rounding and the outcomes as measured to date. Two main outcomes have been measured to date, the patient satisfaction and some aspects related to the care quality.

Di Massimo D, et al. (2022), **Intentional Rounding versus Standard of Care for Patients Hospitalised in Internal Medicine Wards: Results from a Cluster-Randomised Nation-Based Study**. *J. Clin. Med.* 11, 3976. [Full text](#)

The aim of the study was to explore the effects of Intentional Rounding, a regular-based proactive patient monitoring, on falls and pressure ulcers in internal medicine units. The intervention group had a lower risk of falls and there were no statistical differences in new pressure ulcers or the cumulative incidence of both adverse events. Our study supports the usefulness of Intentional Rounding in a complex and vulnerable population such as that hospitalised in internal medicine units.

Sims, S., et al. (2018). **Realist synthesis of intentional rounding in hospital wards: exploring the evidence of what works, for whom, in what circumstances and why**. *BMJ Quality & Safety*, 27(9), 743-757. [Full text](#)

A realist synthesis of the evidence on IR was undertaken to develop IR programme theories of what works, for whom, in what circumstances and why. Despite widespread use of IR, this paper

highlights the paradox that there is ambiguity surrounding its purpose and limited evidence of how it works in practice.

Mitchell, M. D., et al. (2014). **Hourly rounding to improve nursing responsiveness: a systematic review.** *The Journal of nursing administration*, 44(9), 462-72. [Full text](#)

The aims of this study were to synthesize the evidence concerning the effect of hourly rounding programs on patient satisfaction with nursing care and discuss implications for nurse administrators. There is little consistency in how results of hourly rounds were measured, precluding quantitative analysis. There is moderate-strength evidence that hourly rounding programs improve patients' perception of nursing responsiveness. There is also moderate-strength evidence that these programs reduce patient falls and call light use.

## CLINICAL EFFECTIVENESS AND COST

Ryan, L., et al. (2019). **Intentional rounding – An integrative literature review.** *Journal of Advanced Nursing* (John Wiley & Sons, Inc.), 75(6), 1151-1161. [Full text](#)

This review aims to establish current knowledge about the efficacy and acceptance of intentional rounding in current practice, from the perspective of nurses, patients, patient satisfaction and safety indicators. Intentional rounding is a positive intervention in patient safety and satisfaction generally, but needs further research and consideration about actual impact, staff delegation, education and engagement, student nurse involvement, documentation and specializing the structure of intentional rounding.

Harris, R., et al. (2017). **What aspects of intentional rounding work in hospital wards, for whom and in what circumstances? A realist evaluation protocol.** *BMJ Open*, 7(1), e014776. [Full text](#)

The widespread implementation of IR across the UK has been driven by the recommendations of the Francis Inquiry although empirical evidence of its effectiveness is poor. This paper presents a protocol of a multimethod study using a realist evaluation approach to investigate the impact and effectiveness of IR in hospital wards on the organisation, delivery and experience of care from the perspective of patients, their family members and staff. As with all healthcare interventions, it is also important to provide evidence of the effectiveness and cost of IR, and shed light on poor or ineffectual practice and the factors that influence this.

Nuckols, T. K., et al. (2017). **Clinical Effectiveness and Cost of a Hospital-Based Fall Prevention Intervention: The Importance of Time Nurses Spend on the Front Line of Implementation.** *Journal of Nursing Administration*, 47(11), 571-580. [Full text](#)

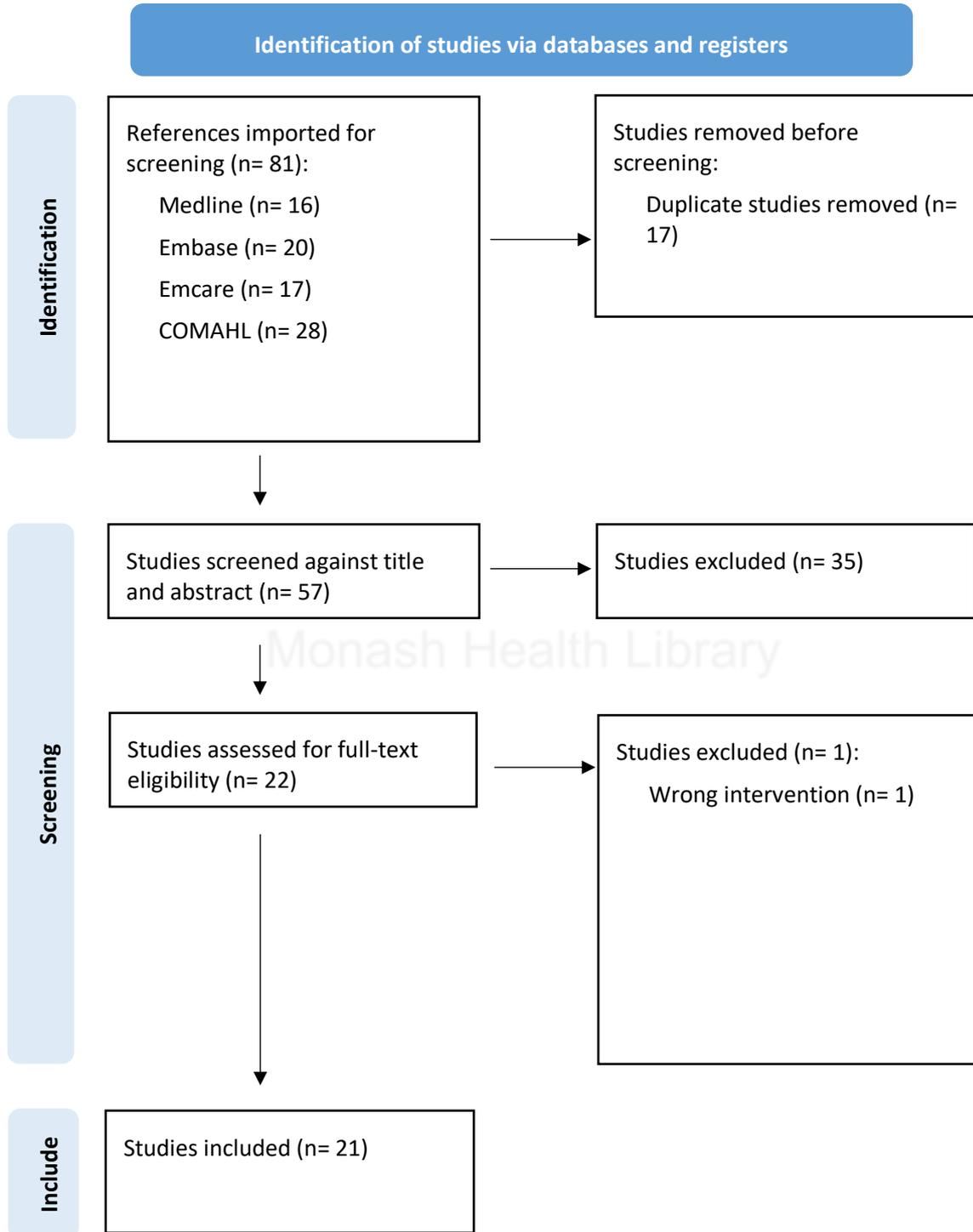
The aim of this study is to evaluate the clinical effectiveness and incremental net cost of a fall prevention intervention that involved hourly rounding by RNs at 2 hospitals. Incorporating fall prevention into hourly rounds might improve value. Time that RNs invest in implementing quality improvement interventions can equate to sizable opportunity costs or savings.

MEDLINE SEARCH STRATEGY

1	Nurses/ or Nurses, public health/ or Nursing Care/ or Nursing/	122685
2	nurs*.ti,ab.	517918
3	1 or 2	567107
4	Teaching Rounds/	1467
5	(rounds or round or rounding).ti,ab.	101257
6	4 or 5	101546
7	Time Factors/	1229737
8	((hour* or intentional* or purposeful*) adj5 round*).ti,ab.	395
9	7 or 8	1230090
10	"Clinical Studies as Topic"/ or Clinical Trial/ or Clinical Trial Protocol/	549429
11	Multicenter Study/ or "Multicenter Studies as Topic"/	353098
12	Meta analysis/	180883
13	((meta adj analy* or meta?analys*).tw.	268557
14	Systematic Review/	228448
15	(systematic adj (review* or overview*)).tw. or systematic*.ti.	319824
16	Randomized Controlled Trial/ or "Randomized Controlled Trials as Topic"/ or Random Allocation/	837490
17	10 or 11 or 12 or 13 or 14 or 15 or 16	1785269
18	3 and 6 and 9 and 17	29
19	limit 18 to (english language and last 10 years)	16

APPENDIX

PRISMA CHART



This report contains curated literature results against a unique set of criteria at a particular point in time. Users of this service are responsible for independently appraising the quality, reliability, and applicability of the evidence cited. We strongly recommend consulting the original sources and seeking further expert advice.