

Effects of Leader Rounding on Staff Satisfaction

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Notes from the Author

As I reflect on all the time and effort that went into the DNP project, I would like to acknowledge those individuals in my life that loved and supported me from start to finish. My family (Den, Allie, and Sam) have been cheering me on the entire way. I have cherished every moment my girls and I have been able to experience working together towards each of our different degrees (one in her Undergraduate program, one in her Master's program, and me in my Doctorate program). My parents have been a rock for me through these two years and have always encouraged me to keep going. Also, to the entire team that made this project possible, including Dr. Brad Sherrod, Dr. Susan Pedaline, Jamie Cargal, Renee Kendrick, Ed Donald, all the OB Triage unit staff, and the facility I currently work. Finally, I must acknowledge the hours and hours my dog, Murphy, sat by my side every moment I sat down to work on the written portion of the project.

I want to dedicate this DNP project to my entire OB Triage unit. I cannot thank them enough for all they have taught me through the years and during this project. The challenges and obstacles we confronted together have made me the leader I am today. They have helped me find my purpose and passion and how to handle the diverse and flexible needs of the job during a hospital build hospital move and a pandemic. As the implementation of this project started, COVID numbers began to decline, and vaccines were newly offered to staff. It was a perfect time to huddle with staff together and have meaningful conversations we had lacked for a while. As I move to a new role in my career, I will forever be grateful for the opportunities and relationships made while leading this fantastic, resilient team.

Abstract

The literature review focuses on a manager's role in staff satisfaction through four common themes: visibility, communication, recognition, and support. As the themes improve, research validates that staff satisfaction improves when an effort is placed into these four areas. Since scores in the annual Press Ganey survey were low for OB Triage, the goal of this Quality Improvement project was to improve staff satisfaction. Research revealed staff-management relationships provide the highest potential for the most significant impact. The hypothesis involves leader rounding on staff to improve each management category statement rating and the overall 2021 “management category” composite rating. The goal is to reach at least a 5% improvement for all 11 areas (ten questions and one composite score). Throughout the 16-weeks, leaders rounded on 28-30 female staff (nurses and nurse techs) three times on both day and night shifts. During rounds, the team discussed Celebrations, Updates, Barriers, Support, and what work is in progress. Action items included dividing up with tasks, follow-through with staff, and assessing weekly PDSA steps to provide changes if needed. Every 28 days for four months, the staff took the survey to rate how they feel about their management team with the same ten statements. After the QI project was complete, the individual statement ratings from October 2020 to May 2021 increased anywhere from 16.35%-33.83%, and the overall composite scores increased by 25.07%. All results are a substantial increase over the initial hypothesis to reach a 5% improvement or more. As relationships improve between leaders and managers, so does job satisfaction, retention rates, staff engagement, and the unit's morale.

Keywords: Nurse, Manager, Obstetrical, Huddles, Retention

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Section I. Introduction

As the nursing shortage continues to increase, organizations, leadership, and staff must do their part to create a positive, healthy work environment. Surveys for nursing staff can provide healthcare organizations and leadership teams with insight into the pulse of staff satisfaction (Muñoz et al., 2020). Units with low survey scores are at greater risk for high staff turnover, low patient satisfaction, lack of teamwork, lower quality of care, and an overall negative culture on the unit (Lu et al., 2019). Understandably, the survey scores should be studied and used to create action plans to improve the culture's low-scoring units. Nurses already have a high-stress job, so listening to their voices through the survey scores provides an excellent opportunity to reach a positive, safe, collaborative, and respectful workforce (Gallegos et al., 2020).

Background

The targeted project site is a large, not-for-profit organization that serves many counties in central North Carolina. Within this healthcare system, hereafter referred to as "system," a "flagship" hospital was established over 65 years ago. The Magnet-designated facility added a state-of-the-art tower in February 2020 for women and children that included 137 beds. The entire system strives towards a positive and nurturing culture where employees are supported as their careers flourish. I-CARE is an acronym ingrained throughout healthcare, which stands for Compassion, Accountability, Respect, and Empowerment (Cone Health [CH], n.d., p. 6). Appendix A highlights the I-CARE values. Over the years, the I-CARE expectations have significantly positively impacted most units' overall atmosphere and how the staff treats each other.

Even today, at the project site, the culture work continues throughout the system, and some units require additional attention and effort to improve low scores. An obstetrical triage unit, hereafter referred to as "OB Triage unit," in the new tower, continues to struggle with staff satisfaction. Throughout fiscal years 2019 and 2020, the OB Triage unit's survey scores have remained low in staffing, communication, senior leadership, wellness, and autonomy. Some of the worst scores were regarding questions in the management category. There is an overall sense of mistrust and lack of respect among staff towards leadership. Moreover, there is a desire for better communication and recognition from leadership to staff. The focus is for management, with I-CARE values in mind, to improve overall Registered Nurse (RN) job satisfaction and unit morale.

Organizational Needs Statement

The entire system takes an annual Strategic Management Decisions (SMD) Heartbeat Engagement Survey (HES), owned by Press Ganey (PG). The results help organizations better understand job satisfaction through 15 categories of questions: staffing, safety, management, and engagement, just to name a few. The Fall 2019 and 2020 SMD HES, given to staff throughout the entire system, showed varying scores in the categories, with some units that struggled to reach the benchmark (PG, 2019; PG, 2020). There are two benchmarks used to compare each nursing area. The first one is the average score of all other units throughout the whole system. The other one is the average score of similar hospitals across the nation (hereafter referred to as "industry") that also uses PG's SMD HES.

The OB Triage unit scored low on all ten management scores (PG, 2019; PG, 2020). Appendix B notes the 2019 and 2020 OB Triage Unit survey results. In comparison, during 2019, the OB Triage unit had an overall management score of 3.38, with 5.0 being the best score.

The system scored 4.2 (+0.83), and the industry scored 3.95 (+0.57). As reported in the 2020 SMD HES, the OB Triage unit had an overall management score of 3.63. The organization scored 4.18 (+0.55), and the industry scored 4.06 (+0.43). Even though there was an overall improvement in the management category from 2019 to 2020 SMD HES scores of 7.4%, it is vital to make sure the scores continue to trend upward. The system focuses on staff satisfaction because when staff is happy in their role, there is a higher quality of care for patients and fewer absences, which leads to better staffing ratios (Lu et al., 2019). Staff who do not feel support from management lack interest, increased frustrations, and turnover (Bradley et al., 2016). The OB Triage unit's 2019 turnover rate was 21.2%, which was higher than the overall system turnover rate at 17.8% (Cone Health System [CHS], 2019). According to the NSI National Health Care Retention & RN Staffing Report (2020), nurses' national turnover rate in 2019 was 15.9%. Current national turnover rates range from 8.9% to 37%, depending on many factors related to staff satisfaction (Annamaraju et al., 2020).

Leaders who lack effective communication, trust, or staff respect will see minimal to zero staff engagement (Manning, 2016). However, frontline leaders who frequently interact with their employees will see higher engagement and retention rates (Mulligan & Taylor, 2019). Likewise, high engagement yields high performance, which positively impacts an organization's performance. When employees are engaged, their performance is high, positively impacting overall organizational performance (Hammoud & Osborne, 2017). Since leadership has a very impactful role in healthcare organizations (Gutberg & Whitney, 2017), the decision was to intentionally improve the OB Triage unit's SMD HES "Management" scores.

In 2008, the Triple Aim was defined as "improving the individual experience of care, improving the health of populations; and reducing the per capita costs of care for populations"

(Berwick et al., 2008, p.760). A fourth focus led to the Quadruple Aim, which added the goal to improve work-life balance for those employed in health care (Longbrake, 2017). The fourth aim's focus is on staff satisfaction. For example, decreasing burnout and improving staff engagement will contribute to patient safety within organizations (Longbrake, 2017). One of the systems' True North Metrics, also known as strategic goals, keeps staff turnover 11.7% or lower for Fiscal Year (FY) 2020 (CHS, 2019).

One primary target of Healthy People 2020 includes promoting good health through positive physical and social environments (Office of Disease Prevention and Health Promotion [ODPHP], 2020a). A more recent key indicator within this focus is to improve an individual's "health-related quality of life (HRQL)" (ODPHP, 2020b, para. 2). When achieved, people feel satisfied with their life in all areas, including mentally, socially, and physically (ODPHP, 2020b). The system provides an entire wellness platform that allows staff to utilize health apps, gyms, online and in-person nutritionists, counseling services, and massages to help staff reach this goal (CH, 2020). In one study conducted by Acker (2018), self-care improved overall job satisfaction. Employees who took better care of themselves had lower turnover rates. Since turnover and staff satisfaction are two metrics that the system focuses on, the OB Triage unit's leader rounding project stays in line with the system's strategic goals.

Problem Statement

The OB Triage unit had low survey scores during the 2019 and 2020 SMD HES, with some of the lowest marks in the management category. A deeper dive into the survey results reveals a lack of communication, trust, respect, and management recognition. After the survey results were available, the OB Triage unit management team realized the negative impacts of

management dissatisfaction, including increasing staff frustration, burnout, turnover, and resistance to change.

Purpose Statement

The purpose of this quality improvement project was for the OB Triage unit's management team to devise a standardized workflow for leader rounding to improve the same six management questions' scores used in the 2019 and 2020 SMD HES. Also, improve the four new management questions introduced in the 2020 SMD HES. There can be increased unit morale and staff satisfaction by improving the management-to-staff relationship, decreasing the negative impacts noticed throughout the OB Triage unit.

Section II. Evidence

Literature Review

A current literature review utilized the following search engines: Google Scholar, PubMed, and Cumulative Index to Nursing and Allied Health Literature (CINAHL). The MeSH terms used included: nurse, management, leader rounding, and satisfaction. All evidence was published between 2016-2020. Google Scholar search yielded 14,400 articles. The inclusion criteria also included a search with only nursing and healthcare journals. After searching through the 720 most relevant articles, 37 were read, and 17 were kept. PubMed inclusion criteria noted a search of full-text literature printed only in English, excluding hourly and interdisciplinary terms. The search narrowed to a list of 58 articles, and 11 were chosen. CINAHL inclusion criteria included full-text literature, printed in English, and articles on humans. There were 49 articles found, with five that were kept. According to the Hierarchy of Evidence, the level of evidence discovered was V through VII (Fineout-Overholt & Melnyk, 2015). The majority of the research has been using qualitative data from interviews, surveys, and questionnaires. The literature's

title, abstract (when available), conclusion, and recommendation sections helped determine the appropriate and applicable articles. The 25 articles that included the manager's role in staff satisfaction remained for review (see Appendix C).

The current state of knowledge. A wide-ranging literature review revealed that nursing leaders substantially impact staff satisfaction (Cadmus et al., 2017; Ogashi, 2019). One reoccurring theme to motivate fulfillment in the workplace is when leaders round on staff because it builds trust and improves communication (Rios, 2018; Tapp, 2018). “Rounding” includes connecting with all available on-site staff for a few minutes to discuss pertinent information during appropriate times. (Blake & Bacon, 2020; Rios, 2018). As leaders are visible and collaborating more with nurses on the unit, the leader-staff relationships are nurtured, improving job satisfaction and retention (Drake & King, 2018; Muñoz et al., 2020; Rios, 2018; Hessels et al., 2019). While rounding, leaders can provide staff recognition, set expectations for a healthy work environment, and promote engagement in the unit (Blake & Bacon, 2020; Ezpeleta et al., 2018; Jiang et al., 2020). Flexibility is essential when rounding due to the fluctuating patient demands on staff (Black & Bacon, 2020; Ford et al., 2020). When there is standard work to regularly round on staff, there is an increase in nurse retention, engagement, quality of patient care, and teamwork (Blake & Bacon, 2020; Muñoz et al., 2020).

Leaders who maintain a predictable presence on a unit are available to praise the staff at the moment or act swiftly, positively, and justly on unacceptable behaviors, which helps create a cohesive, healthy work environment (Ford et al., 2020; Jiang et al., 2020; Ogashi, 2019). Being available to communicate with staff regularly improves the leader-to-staff personal connection, increasing trust (Colwell, 2019). When trust increases, the staff feel supported by the leader, both personally and professionally, to achieve career goals while reaching a work-life balance

(Colwell, 2019). When staff feels appreciated where they work, they have a higher likelihood of remaining employed (Blake & Bacon, 2020; Drake & King, 2018; Hudson & Tang, 2019; Muñoz et al., 2020). Leaders who can have high staff satisfaction rates tend to have less turnover of senior nurses (Shimp, 2017). The direct impact leads to improved quality of care due to the years of experience and knowledge these staff offer to a unit (Hudson & Tang, 2019). Research has also revealed that when leaders lack a visible presence with staff, the unit achieved lower patient safety ratings (Arnrich et al., 2016; Baker et al., 2020; Cadmus et al., 2017; Fischer et al., 2018). In order for leaders to maintain productive, cost-effective, and high-quality nursing care, leaders must be available to staff.

The literature review disclosed current solutions to improve staff satisfaction through management's presence, such as leader rounding. The four most reoccurring themes include visibility, communication, recognition, and support.

Visibility. Visibility for leaders on the unit is seen as a walking resource and authority figure when they need assistance handling a situation (Cadmus et al., 2017). Visibility allows leaders to ensure that staff provides excellent patient care and identifies inconsistencies to eliminate workarounds (Ogashi, 2019). When a process is in place a few times a week to be visible on the unit, it allows for face-to-face communication, building trust and respect (Cadmus et al., 2017; Rios, 2018).

Communication. There are various reasons that communication positively impacts job satisfaction. The ability to provide immediate feedback, education, information, or guidance while rounding continues to build trust and respect with staff, especially if the interactions are bidirectional and inclusive (Fischer et al., 2018). Communication provides leaders the opportunity to encourage staff and positively impact work engagement and organizational

outcomes. When regularly rounding, leaders can hear from the staff regarding what is working and what barriers they have on the job (Hudson & Tang, 2019; Lee, 2017). Leaders need to be approachable as they round so the staff feels comfortable discussing topics openly (Hudson & Tang, 2019; Lee, 2017; Tapp, 2018). Only honest and credible information should be shared, and leaders should ask staff for opinions and get curious to find out the unit's atmosphere (Hudson & Tang, 2019; Lee, 2017). There are many routes leaders can utilize to enhance the communication with staff while rounding, such as one-on-one or staff meetings, huddles, focus groups, surveys, suggestion boxes, huddle boards, and bulletins (Hudson & Tang, 2019). The literature review revealed numerous communication methods between a leader and the staff, which is crucial for improving job satisfaction.

Recognition. Recognition allows staff to feel appreciated, supported, and connected to peers and leaders in the work environment (Drake & King, 2018; Hudson & Tang, 2019; Kester, 2020; Jiang et al., 2020; Shimp, 2017; Tapp, 2018). As leaders recognize staff while rounding, nurses feel more empowered (Jiang et al., 2020). Whether a welcome card, a thank-you note, or verbal recognition for compassionate care, these are examples of gratitude for staff and improve moral job satisfaction (Jiang et al., 2020, Lown, 2018). When nurses feel heard by a leader, they realize their opinions matter, plans implemented, and directly help improve the unit and patient care (Jiang et al., 2020; Manning, 2016; Shimp, 2017).

Support. Leaders can help through advocating, clarifying procedures, providing emotional support, promoting teamwork and collaboration, and nurturing staff. Support can also be demonstrated through teamwork, maintaining a cohesive unit, and appropriately staffing (Muñoz et al., 2020). Additionally, leaders show support by educating and teaching staff at the moment, such as new or revised patient safety initiatives and evidence-based practice (Fischer et

al., 2018). During rounds, leaders can perform environmental audits to bring attention to potential safety concerns, check that proper personal protective equipment is worn, and make sure patients have correctly been identified per policy (Cadmus et al., 2017). Being on the unit often also helps support a better working environment because leaders can coach up low-performing employees and eliminate opportunities for negative conversations or habits (Lee, 2017). Furthermore, to maintain job satisfaction from high-performing employees, leaders need to recognize low-to-medium performing employees, coach them up to promote employee development and minimize burnout of all staff (Thibeau, 2019). Leaders should also be very supportive of work-life balance by being open to changes to shifts, positions and working around educational opportunities (Colwell, 2019; Thibeau, 2019).

Evidence to support the intervention. Based on the evidence, leader rounding should occur a few times per week to ensure that leaders commit to seeing higher staff satisfaction scores (Bacon & Blake, 2020; Ogashi, 2019). During the leader rounding, either the Director or one of the Assistant Directors should walk the unit and meet with staff to connect with the staff to earn their trust and respect (Arnrich et al., 2016; Blackmore et al., 2016; Lee, 2017; Muñoz et al., 2020). A quick, less than ten-minute huddle should occur to give staff a chance to discuss the shift, barriers, patients, and anything to make a connection with the staff (Blackmore et al., 2016; Blake & Bacon, 2020). The leader should discuss any policy or procedure changes, provide updates, and list reminders, so staff is up to date on the most current information (Bacon & Blake, 2020; Ogashi, 2019). Any opportunity to share recognitions and celebrations to show appreciation for each other and improve the units' morale should be taken (Black & Bacon, 2020; Drake & King, 2018; Hudson & Tang, 2019; Jiang et al., 2020; Kester, 2020; Shimp, 2017; Tapp, 2018). Lastly, the leader should ask about staffing or patient care issues before

leaving the floor so the staff feels supported (Colwell, 2017; Lee, 2017; Manning, 2016; Thibeau, 2019). The huddle would end, and the leader should be available for one-on-one discussions on the unit (Shimp, 2017; Thibeau, 2019). An environment check should also occur to ensure cleanliness, equipment is stored correctly, supplies stocked, and there are no safety concerns else (Arnrich et al., 2016; Baker et al., 2020; Blake & Bacon, 2020; Cadmus et al., 2017; Fischer et al., 2018). Based on the literature evidence appraised, leader rounding effectively builds positive connections with staff through visibility, communication, recognition, and support.

Evidence-based Practice Framework

Identification of the framework. The project utilized the Plan, Do, Study, Act (PDSA) model (Institute for Healthcare Improvement [IHI], 2020). The “plan” stage consisted of developing a strategy to improve identified metrics. During the “do” stage, the plan was implemented, which entails executing the plans. The “study” stage included analyzing the effects of the plan during identified timeframes. The information provided direction on what is working and what barriers still need to be addressed. Finally, the “act” stage included adjustments to the process with the knowledge gained during the “do” and “study” phases. An evaluation by the project team leaders determined what modifications should be made to improve the plan. Then, the PDSA cycle started over again. The model continued as long as there was a need to improve this process (The W. Edwards Demings Institute [WED], 2019).

Ethical Consideration & Protection of Human Subjects

The OB Triage unit project's ethical considerations through the East Carolina University (ECU) Doctor of Nursing Practice (DNP) program include beneficence, informed consent, confidentiality, and privacy protection. All four areas had been addressed throughout the

system's Institutional Review Board (IRB) requirements to proceed with any DNP project. The requirements included filling out an application for the facility's IRB process. Next, a PowerPoint had to be created and presented to the Nursing Research Council (NRC) on October 13, 2020. It highlighted the project's clinical concern, organizational priorities, team members, literature review, project plan, and nursing implications.

Before approving the project's implementation, completing the Collaborative Institutional Training Initiative (CITI) modules was a requirement by both the system and the ECU DNP program. The CITI Program website boasts they provide "The trusted standard in research, ethics, and compliance training" (2020, para. 1). The system required the completion of the following modules by anyone that will interact with the participants. For this project, the Director and the two Assistant Directors had to complete the following CITI modules: Biomedical Data or Specimens Only Research; Conflicts of Interest; and Employees, Clinicians, Students, and Instructors- Basic Course (CITI Program, 2020). ECU required completing the following modules by the DNP student: Conflicts of Interest and Social/Behavioral Research Investigators and Key Personnel (CITI Program, 2020). All the CITI module certificates of completion were uploaded to ECU's Canvas site or the system's IRBnet.org account.

Furthermore, the NRC required either informed consent or a waiver request to use a consent statement. The CITI modules helped guide whether to utilize a statement versus consent. The decision was to proceed with the waiver and use the consent statement before starting each survey. The statement ensures all participants understand what information the project would provide, who is participating, and whom to contact. The consent statement also declares that all survey information would be confidential, and participants can withdraw at any point during the survey.

Finally, the system required a Research Data Security Plan (RDSP) to ensure the appropriate security measures to increase privacy and confidentiality. The RDSP document has essential topics examined before the project, such as privacy, data storage, electronic versus paper media, device types, survey tools, and data sharing/destruction. Other documents required by the facility included a letter from the system's Site Champion, Dr. Sue Pedaline, stating project approval (see Appendix D). Also, the survey questions were provided for NRC members to review. All of these documents and the PowerPoint presentation allowed the NRC to determine whether the project's benefits are sufficient and to ensure minimal-to-no harm to any participants.

Along with the Site Champion's letter of approval for the project, the system required specific paperwork to be uploaded through IRBnet.org, which included the PowerPoint presentation, the consent statement, proof of the required CITI modules, the Research Data Security Plan form, and the IRB application. On October 14, 2020, the NRC members agreed to approve the project's implementation with the OB Triage unit staff (see Appendix E). On October 17, 2020, the system's written IRB approval and the IRB QI/Program Evaluation Self-Certification Tool Guidance were presented to ECU College of Nursing (CON). The project's approval to progress from ECU CON was granted on October 19, 2020. The project was formally allowed to start in the approved system within the parameters agreed upon on the OB Triage unit.

To ensure equality and equity throughout the project for every participant, every OB Triage unit staff member had the same: 1) chance to participate; 2) education/information; 3) timeline; and 4) deadlines. As stated earlier, any participant may decline participation at any point in the DNP project without penalty. SurveyMonkey's utilization offered settings for all

participants to be assigned a random "identifier" instead of identifying labels. The option allowed anonymity for all the participants. Staff who wanted to fill out the survey(s) but may have limited access to the internet or a smartphone had access to a computer in a private, quiet area in one of the two OB Triage unit workrooms. With the project including a voluntary participation model, a consent statement, confidentiality, and participants' ability to withdraw at any point, there was no potential harm or opportunity to take advantage of the target population during or after the project's implementation phase.

Section III. Project Design

Project Site and Population

The project site in central North Carolina is within a not-for-profit, Magnet-designated community hospital. The hospital's Women & Children's Services has a 137-bed tower. Within the tower, there are five units. One of the units, OB triage, is the project site. The Chief Nursing Officer was the Site Champion and helped to facilitate the project. Barriers to this project site included a limited number of employees to participate. Moreover, as staff turnover occurred, the number of participants decreased during the project's implementation phase.

Description of the Setting

The OB Triage unit is on the first floor of the tower. The ambulance bay feeds into the tower's ground floor, where the OB Triage unit is one elevator ride up for quick access during obstetrical or postpartum emergencies. The unit includes a total of 12-beds: one triage room, ten exam rooms, and one larger room for emergencies. All rooms have fetal monitoring capability, gynecologic stretchers, delivery lights, Hill-Rom nurse-call system, ready-for-use oxygen and suction in the walls, a semi-private or private bathroom a television. The 12 rooms surround the one staff station, and the provider office connects to the staff station. The unit has two staff

bathrooms, one consulting room, one waiting room, one workroom area for meetings or non-productive work tasks, a clean and soiled utility room, a medication room, and an equipment storage area.

There are always three registered nurses (RN) and one nurse technician (NT), and an advanced practice provider (APP) located on the unit. The staffing matrix allows for staggered staffing that purposely increases during busier times to support patient care. An OB physician is always available to the APP(s). There is always an anesthesiologist and certified registered nurse anesthetist (CRNA) available for emergencies. Registration, phlebotomy, and ultrasound services regularly support the patients on the OB Triage unit. An ultrasound department is across the hall. Labor and delivery, along with three operating rooms, are directly above the OB Triage unit on the second floor. An 18-bed high-risk obstetrical and postpartum unit is located right next to the OB Triage unit on the same floor.

Description of the Population

The OB Triage unit staff were requested to participate in the project after the Project Lead obtained IRB approval. The OB Triage staff includes RN's and NT's. An average total of 30 female staff members, including 24 RN's and 6 NT's, work on the unit. There were not any male staff members at this time. Staff ranged in age from 22 to 67 and had less than one year to 40 years of experience. Twenty of the RN's had a Bachelor of Science in Nursing (BSN), one had a Master's of Science in Nursing (MSN), and the other three had an Associate Degree in Nursing (ADN).

Project Team

The project team included a Project Lead and two additional team members implementing the project at the site. The Project Lead was also the Department Nursing Director

for the OB Triage unit. The two other team members were the two Assistant Nursing Directors for the OB Triage unit. The three members worked closely together to define a standard of work, collect data, and assess the necessary changes to pursue quality improvement. As stated earlier, the CNO was the Site Champion. Throughout the project, the CNO was available to troubleshoot, provide advice, or assist with any on-site barriers. The university provided a DNP Project Faculty and DNP Compliance Coordinator to ensure all guidelines were followed throughout the project. Furthermore, the DNP Project Faculty provided guidance, support, and suggestions.

The facility's Medical Library Director was the Information Technology (IT) liaison to create the survey. He also monitored and gathered the data and statistics during all four of the survey periods. The system also has an Assistant Director (AD) of People Performance. She worked directly with the Press Ganey team and interpreted the 2020 SMD HES results for the entire organization. Most importantly, she facilitated the approval to use the exact wording of the "Management Category" questions from the SMD HES. An email permitting the ten Press Ganey Management questions in the DNP project was sent to the Project Lead on October 9, 2020.

Moreover, the facility has a Patient Experience Manager who works closely with units to improve patient and staff satisfaction. She was the DNP Project Consultant regarding the implementation strategy. Due to the COVID-19 pandemic causing numerous changes to work assignments and workflow, she could not regularly assess the data to provide suggestions on the areas to focus on after reviewing each survey result. However, she was available to the leadership team for any questions or concerns.

Project Goals and Outcome Measures

The project goal is to improve each SMD HES question score and the overall 2020 Management composite score by a total of 5% or more by the end of the project. Two of the system's True North metrics include increased staff satisfaction and improved retention rates. The OB Triage unit has had low scores under the management category, which caused increasing staff frustration, burnout, turnover, and resistance to change. To improve the overall staff satisfaction on the OB Triage unit, based on a comprehensive literature review, an improvement with the staff-management relationship appeared to have the highest potential for the most significant impact.

Description of the Methods and Measurement

The project utilized the Survey Monkey tool to email each survey to the entire OB Triage staff. The survey included the 10 SMD HES management category statements (see Figure 1). These same ten statements were sent to the staff via Survey Monkey between early February 2021 through late April 2021. The choices on how staff could respond mimicked both the 2019 and 2020 SMD HES, which included the Likert Scale scoring option ranging from 1 (Strongly disagree) to 5 (Strongly Agree). Since the survey was sent to staff every 28 days, the monthly survey results were assessed four separate times during the project to determine if the leader rounds impacted each question and the overall "Management Category" composite score of all ten questions.

Discussion of the Data Collection Process

The OB Triage unit staff were given a survey, through the Survey Monkey platform in email, with the same questions used in the 2020 SMD HES. The IT Liaison assisted the Project Lead with sending out the ten "management" questions every month. There were no changes to

the actual survey questions, sent every 28 days on a Monday morning (2/1, 3/1, 3/29, and 4/26 2021). The staff had five days to respond, so results were available the following Monday (2/8, 3/8, 4/5, and 5/3 2021) by noon. As each of the four survey results was compiled monthly, the IT Liaison taught the Project Lead how to pull the data to review. The Survey Monkey platform ensured anonymity before receiving the responses. The DNP project data was also saved on a password-protected computer to keep the information secure and confidential.

Figure 1

DNP Project Measurements, Results, and Conclusions

<u>Objectives:</u> To Improve survey question scores	<u>Measurement</u>	<u>Results</u>	<u>Conclusions</u>
I respect the leadership abilities of the person to whom I report	Likert Scale average for the question results provided on each survey. Compare each score to the FY 2020 SMD Employee Engagement Heartbeat scores.	Expect an increase in the score during each survey.	Improve overall score by 5% by the last survey (4 months after project implementation).
The person I report to is an effective communicator			
The person I report to creates an environment of trust			
The person I report to treats me with respect			
The person I report to provides recognition for employees who do a good job			
I receive useful feedback from the person to whom I report.			
The person I report to cares about my job satisfaction.			
The person I report to cares about my well-being.			
The person I report to makes sure my questions get answered.			
The person I report to manages conflict well.			

Note. The ten statements the OB triage unit staff will take every month for four months.

The project's progress was tracked with a stacked bar chart to reveal individual scores (1-5) every month. Once all results were received, each of the individual question scores from Feb. 2021, early March 2021, late April 2021, and May 2021 were charted over time on a bar graph. The monthly composite scores were charted during the exact dates on a bar graph. The results demonstrated whether leader rounding affected staff satisfaction over time.

Implementation Plan

Intentional leader rounding occurred three times a week for the day shift and three times a week for the night shift. The leadership team set each week's actuals rounding days the week before to maximize availability to round despite frequent schedule changes and additions to the calendars. Furthermore, some staff works the same days each week, so the actual days we rounded (Monday-Friday) had no pattern, which allowed leaders to be visible to more staff each week. The Project lead or a team member rounded on staff two weekend days every four weeks.

The OB Triage unit leaders huddled at the staff station, near the huddle board. The rounding lasted less than five to fifteen minutes to not interfere with unit workflow. Each of the three leaders (the Project Lead and the two team members) discussed the same five topics in every huddle:

- 1) Celebrations/Recognitions
- 2) Updates: unit and system-wide
- 3) Staff work in progress on the unit
- 4) Barriers
- 5) Support

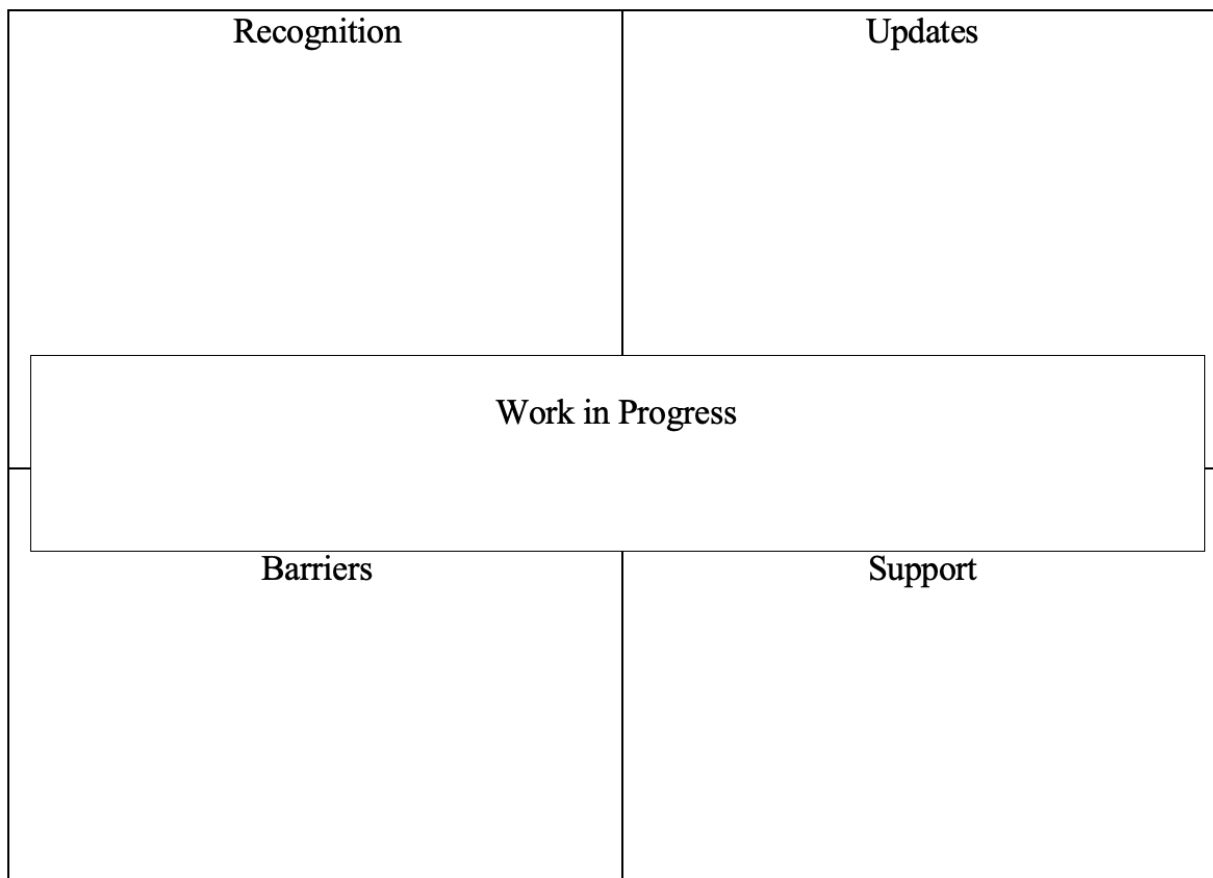
The highlights were documented on the huddle document and huddle board (see Figure 2). The final step was to perform a quick environmental round on the unit. The walk-through helped

determine the unit's state of readiness, any safety concerns, and supply needs, which were also all entered on the huddle board.

Leadership took a picture of the huddle board at the end of each week to ensure all the information discussed throughout the week was added to the units' "Weekly Update" emails. At the end of every four weeks, the IT Liaison or the Project Manager sent out the SMD HES's ten management survey questions through Survey Monkey. Each time the results were back, the Project Lead and the two other team members met to discuss all the survey and rounding data. During this meeting, they decided if any changes needed to be implemented.

Figure 2

DNP Project Huddle Board



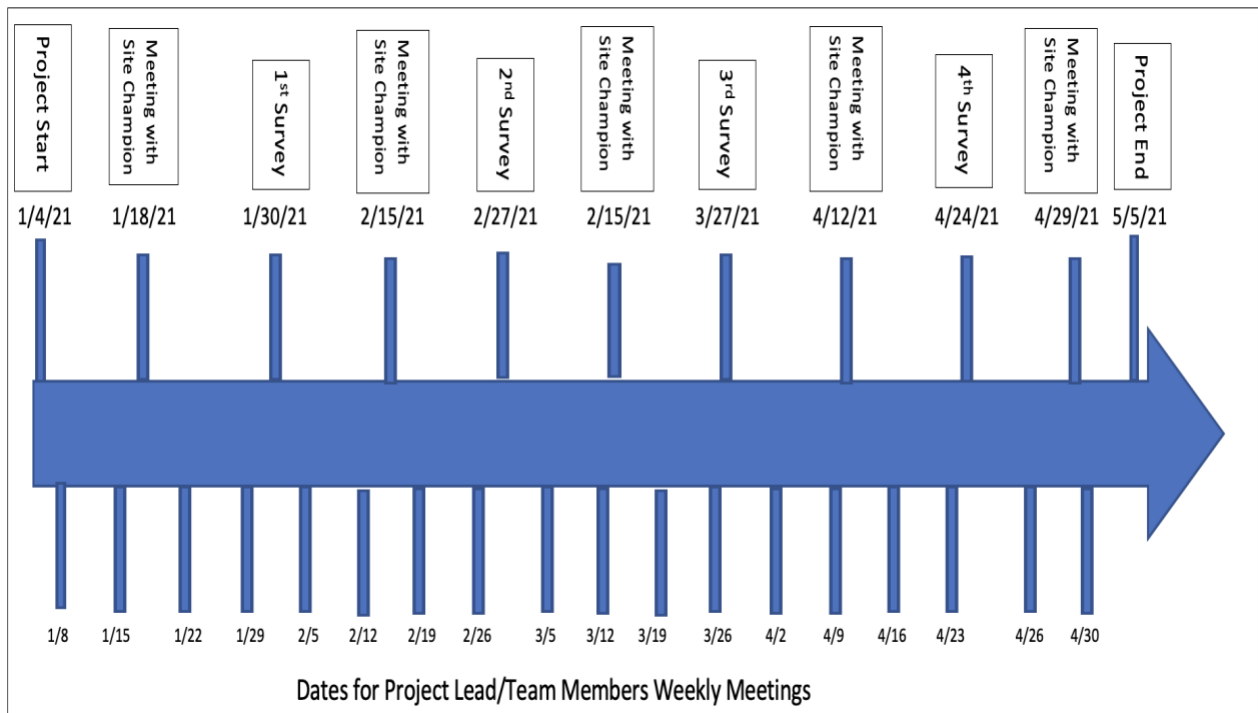
Note. The dry erase board will be set up like this when the leader was rounding with the staff.

The Plan, Do, Study, Act (PDSA) model was used as the project was implemented, which allowed for continuous learning and improvements throughout the project (see Appendix F). First, the "plan" phase included the team's rounding strategy and any changes or additions. Second, the "do" phase included the staff's actual rounding process. Third, the "study" phase occurs multiple times during the project. The impact on leader rounding was assessed once a week. Also, the survey results led to an evaluation of staff responses monthly. Based on the weekly and monthly assessments, the team decided whether changes are necessary. Fourth, the "act" phase is where each week, the model would repeat all four stages to ensure changes are made when agreed it is necessary. The continuous model allowed numerous opportunities for change to improve the leader rounding experience for staff.

Timeline

Figure 3

2021 DNP Project Timeline



Note. The detailed meeting schedule for the DNP Project.

Evaluations were completed regularly throughout the DNP project's implementation phase. The Project Lead and two team members met and assessed the progress weekly. They also met every Thursday to go over any previous weeks' rounding feedback. When scoring declined or stayed the same, the Project Lead and team members determined whether rounding changes were necessary based on the most recent survey feedback and leader rounding to incite improvement in the next round of survey responses. Each time data was received, the Project Lead met with the other two team leaders to discuss results the following Thursday (2/11, 3/11, 4/8, and 5/6). The Site Champion was updated once a month, and the Patient Experience Liaison reviewed the survey data each month to provide any insight and guidance to the Project team. Figure 3 outlines the project timeline.

Section IV. Results and Findings

Results

The survey results for October 2019, October 2020, February 2021, March 2021, April 2021, and May 2021 can be viewed in Figure 4. The detailed Survey Monkey results for all 12 questions can be seen in Figures 5 through 16. The survey results on the ten statements over four months (February through May 2021) can be seen in Figures 7 through 16. More detailed information on February 2021 through May 2021 survey results can be seen in Figure 17 under the Outcome Data section. The Likert Scale data (1= lowest score to 5 = highest score) was used in all five surveys; seven of the February 2021 survey questions increased between 0.02 and 0.16 points from the October 2020 survey results. The March 2021 survey results showed that half of the March survey questions increased from the October 2020 results between 0.02 and 0.17 points. The April 2021 survey results revealed nine out of 10 survey questions increased from the

October 2020 results between 0.04 and 0.60 points. The May 2021 survey results revealed that all ten survey questions increased from the October 2020 results between 0.3 and 1.13.

Figure 4

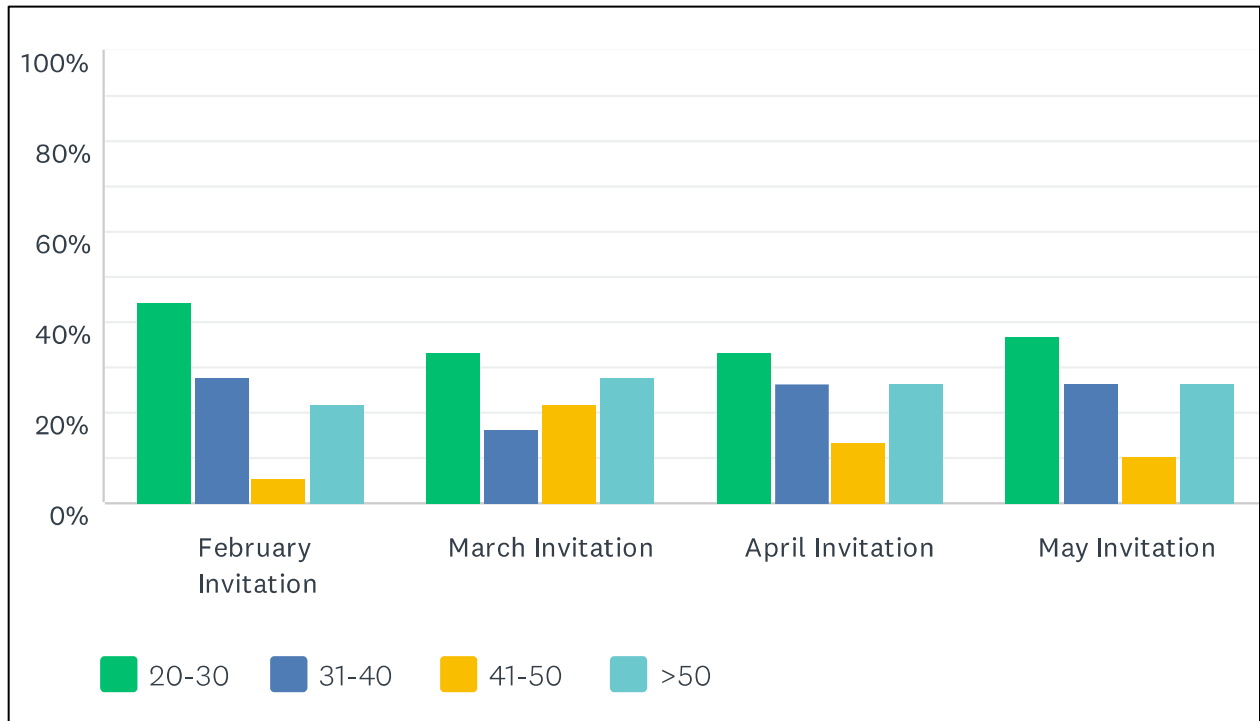
SMD Management Category Statements 1-10 and Composite Scores (per survey)

Survey Questions	The person I report to creates an environment of trust	The person I report to is an effective communicator	I respect the leadership abilities of the person to whom I report	I receive useful feedback from the person to whom I report	The person I report to treats me with respect	The person I report to provides recognition for employees who do a good job	The person I report to cares about my job satisfaction	The person I report to makes sure my questions get answered	The person I report to cares about my well-being	The person I report to manages conflict well	Composition Score
Oct-19	3.16	3.23	3.23	3.35	3.68	3.61	n/a	n/a	n/a	n/a	3.38
Oct-20	3.54	3.51	3.63	3.66	3.99	3.67	3.67	3.65	3.61	3.34	3.63
Feb-21	3.56	3.61	3.78	3.72	3.83	3.89	3.33	3.78	3.33	3.39	3.62
Mar-21	3.56	3.67	3.39	3.83	3.94	3.83	3.22	3.67	3.56	3.28	3.59
Apr-21	3.93	4.00	3.67	3.87	4.27	4.27	3.53	4.07	3.87	3.67	3.91
May-21	4.6	4.53	4.53	4.47	4.67	4.67	4.27	4.67	4.33	4.47	4.53

Note. The Likert Scale (scoring options ranged from 1=Strongly Disagree to 5=Strongly Agree).

Figure 5

SMD Management survey: Age

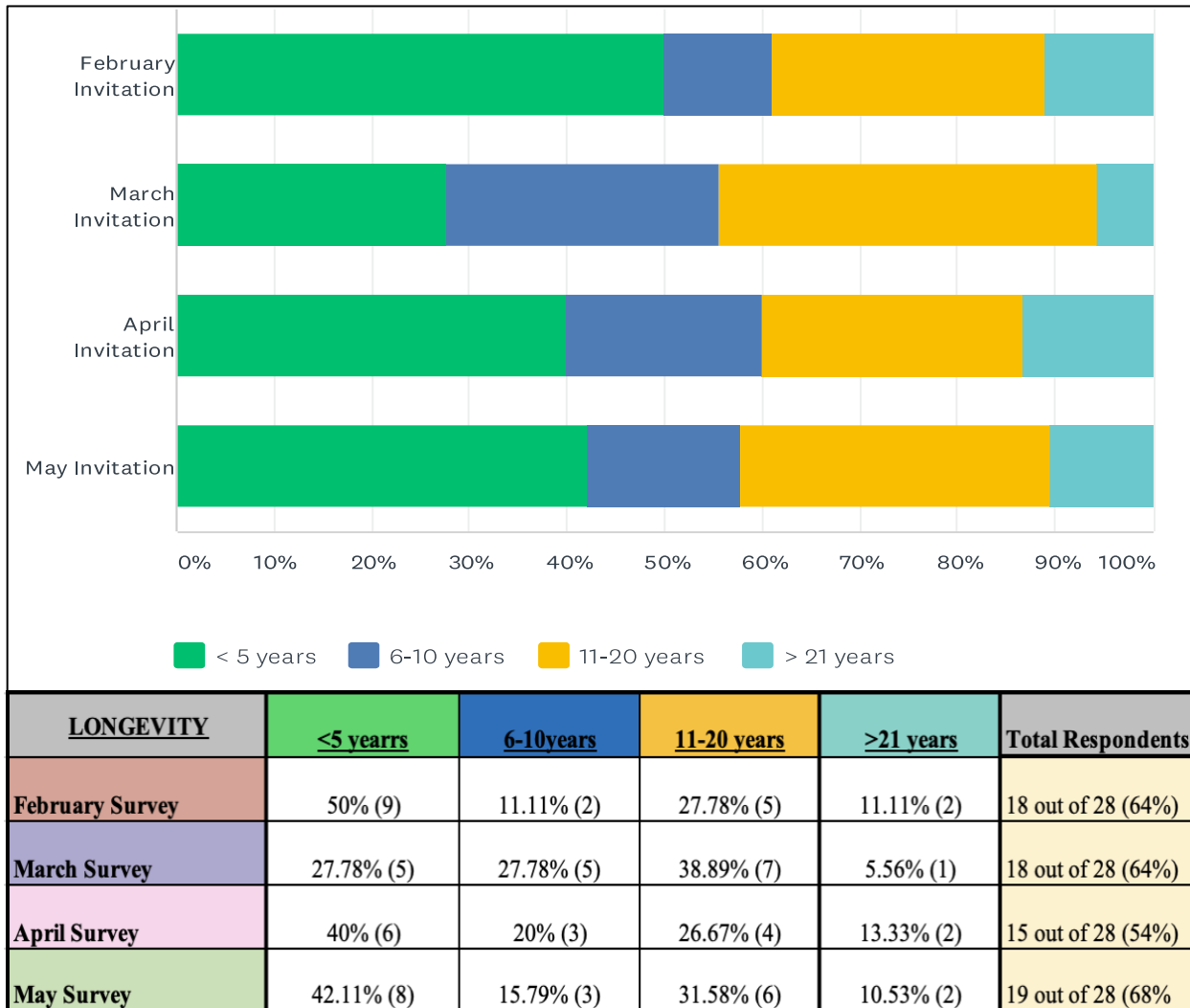


<u>AGE RANGE</u>	<u>20-30</u>	<u>31-40</u>	<u>41-50</u>	<u>>50</u>	<u>Total Respondents</u>
February Survey	44.44% (8)	27.78% (5)	5.56% (1)	22.22% (4)	18 out of 28 (64%)
March Survey	33.33% (6)	16.67% (3)	22.22% (4)	27.78% (5)	18 out of 28 (64%)
April Survey	33.33% (5)	26.67% (4)	13.33% (2)	26.67% (4)	15 out of 28 (54%)
May Survey	36.84% (7)	26.32% (5)	10.53% (2)	26.32% (5)	19 out of 28 (68%)

Note. Demographics on the ages of the OB Triage staff.

Figure 6

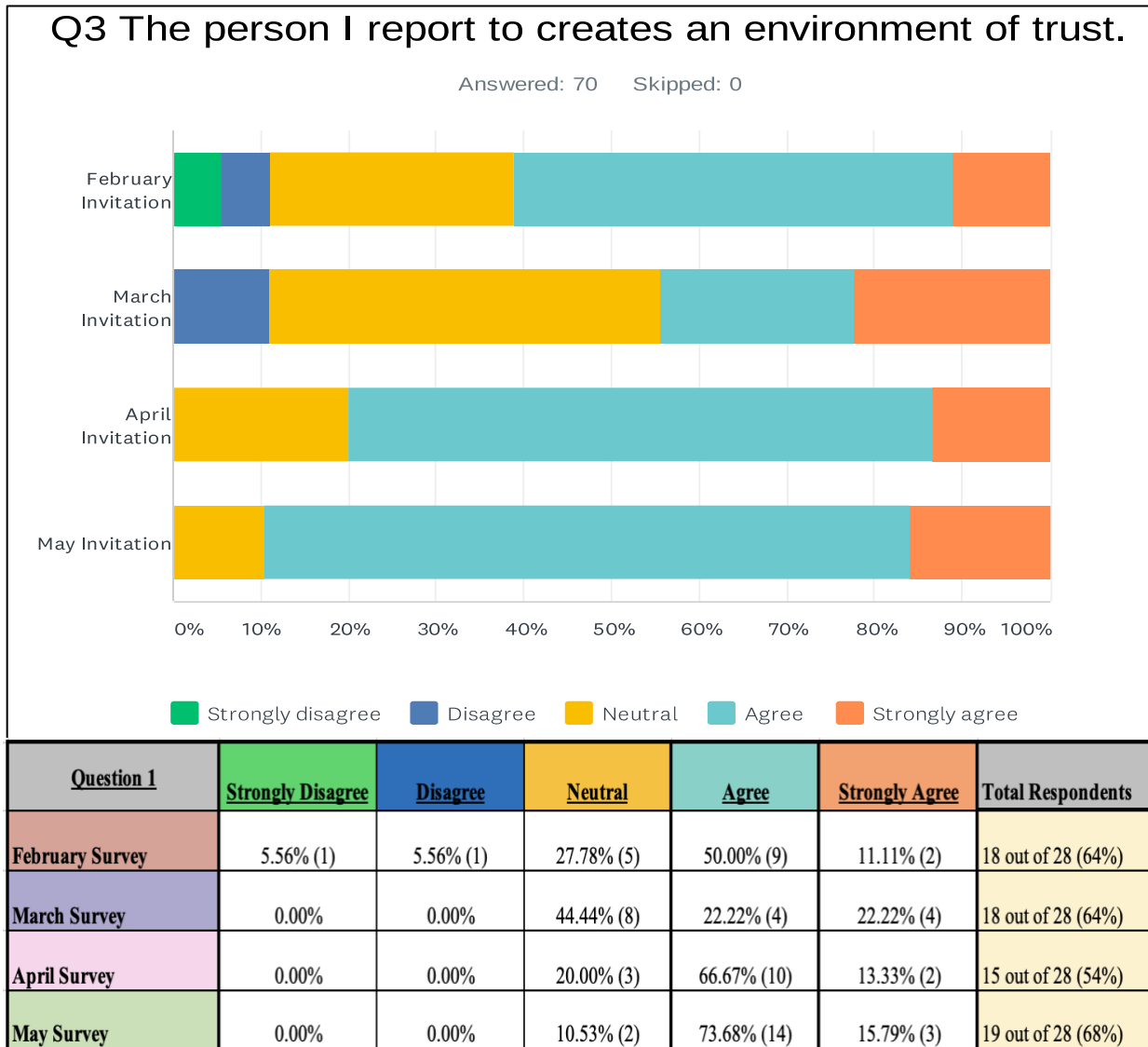
SMD Management Survey: Longevity



Note. Longevity status on the OB Triage staff.

Figure 7

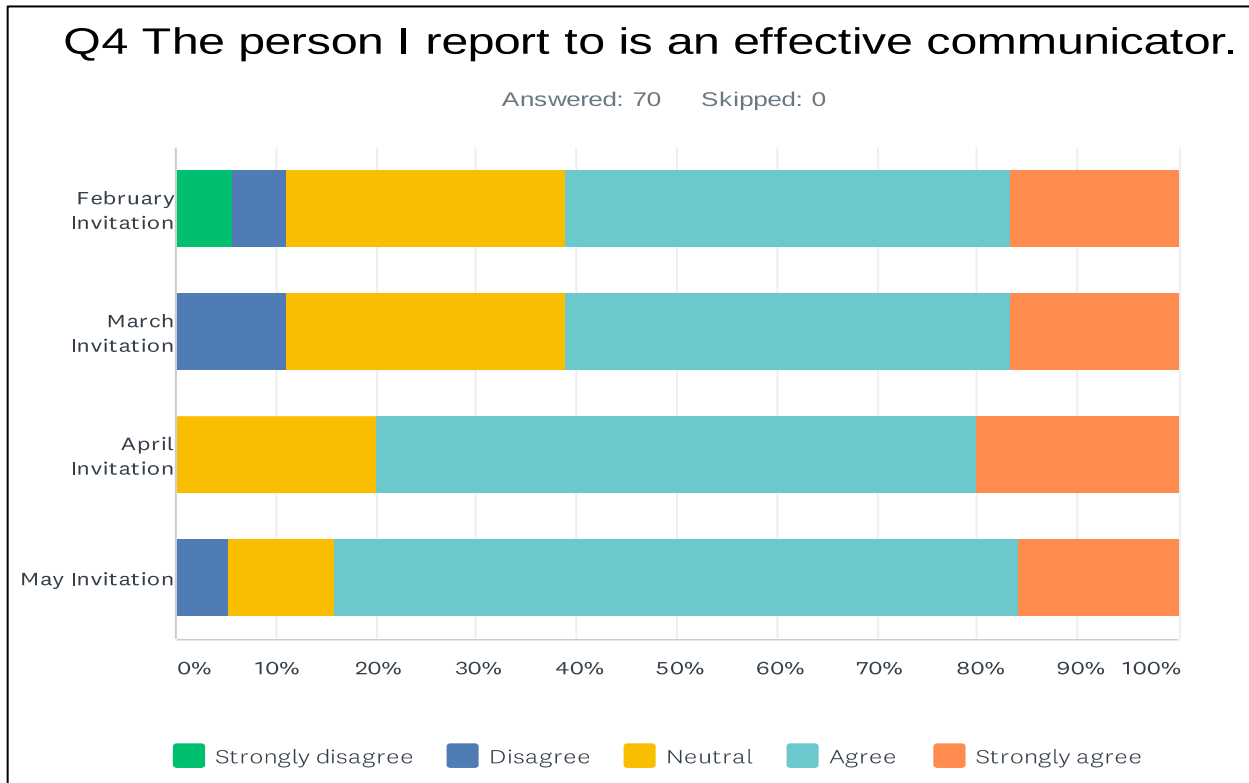
SMD Survey's Management Category Results: 1st statement



Note. OB Triage staff answered whether their leadership team creates an environment of trust.

Figure 8

SMD Survey's Management Category Results: 2nd statement

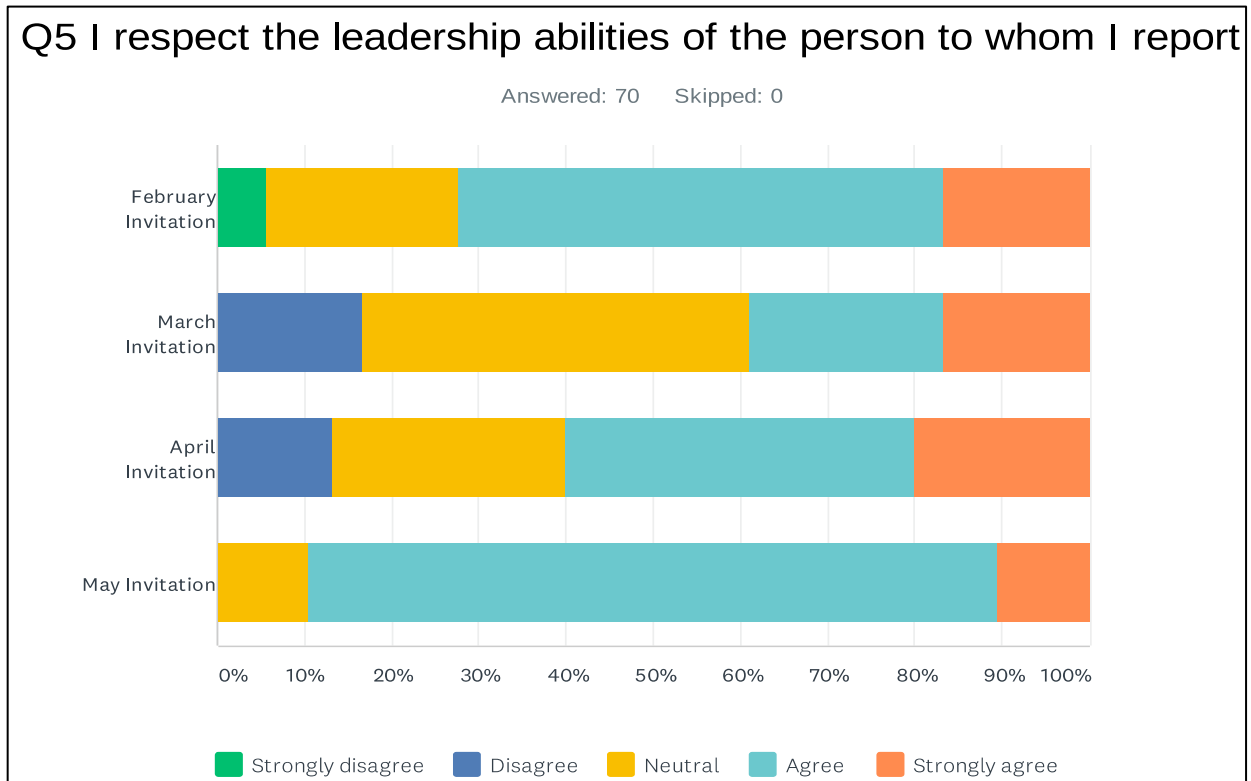


<u>Question 2</u>	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>Total Respondents</u>
February Survey	5.56% (1)	5.56% (1)	27.78% (5)	44.44% (8)	16.67% (3)	18 out of 28 (64%)
March Survey	0.00%	0.00%	27.78% (5)	44.44% (8)	16.67% (3)	18 out of 28 (64%)
April Survey	0.00%	0.00%	20.00% (3)	60.00% (9)	20.00% (3)	15 out of 28 (54%)
May Survey	0.00%	0.00%	10.53% (2)	68.42% (13)	15.79% (3)	19 out of 28 (68%)

Note. OB Triage staff answered whether their leadership team is an effective communicator.

Figure 9

SMD Survey's Management Category Results: 3rd statement

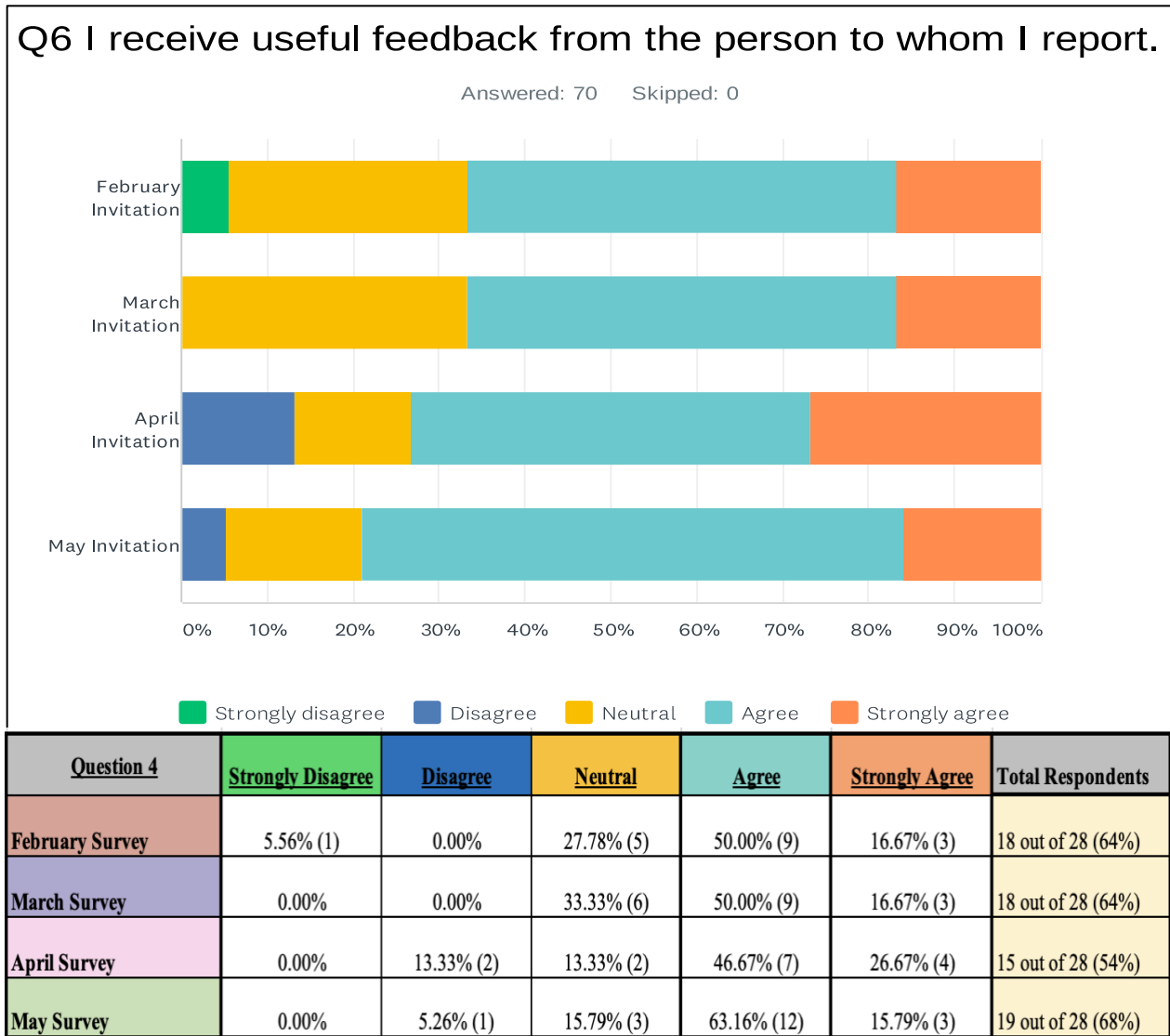


Question 3	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total Respondents
February Survey	5.56% (1)	0.00%	22.22% (4)	55.56% (10)	16.67% (3)	18 out of 28 (64%)
March Survey	0.00%	16.67% (3)	44.44% (8)	22.22% (4)	16.67% (3)	18 out of 28 (64%)
April Survey	0.00%	13.33% (2)	26.67% (4)	40.00% (6)	20.00% (3)	15 out of 28 (54%)
May Survey	0.00%	0.00%	10.53% (2)	78.95% (15)	10.53% (2)	19 out of 28 (68%)

Note. OB Triage staff answered whether they respect the leadership abilities to whom they report.

Figure 10

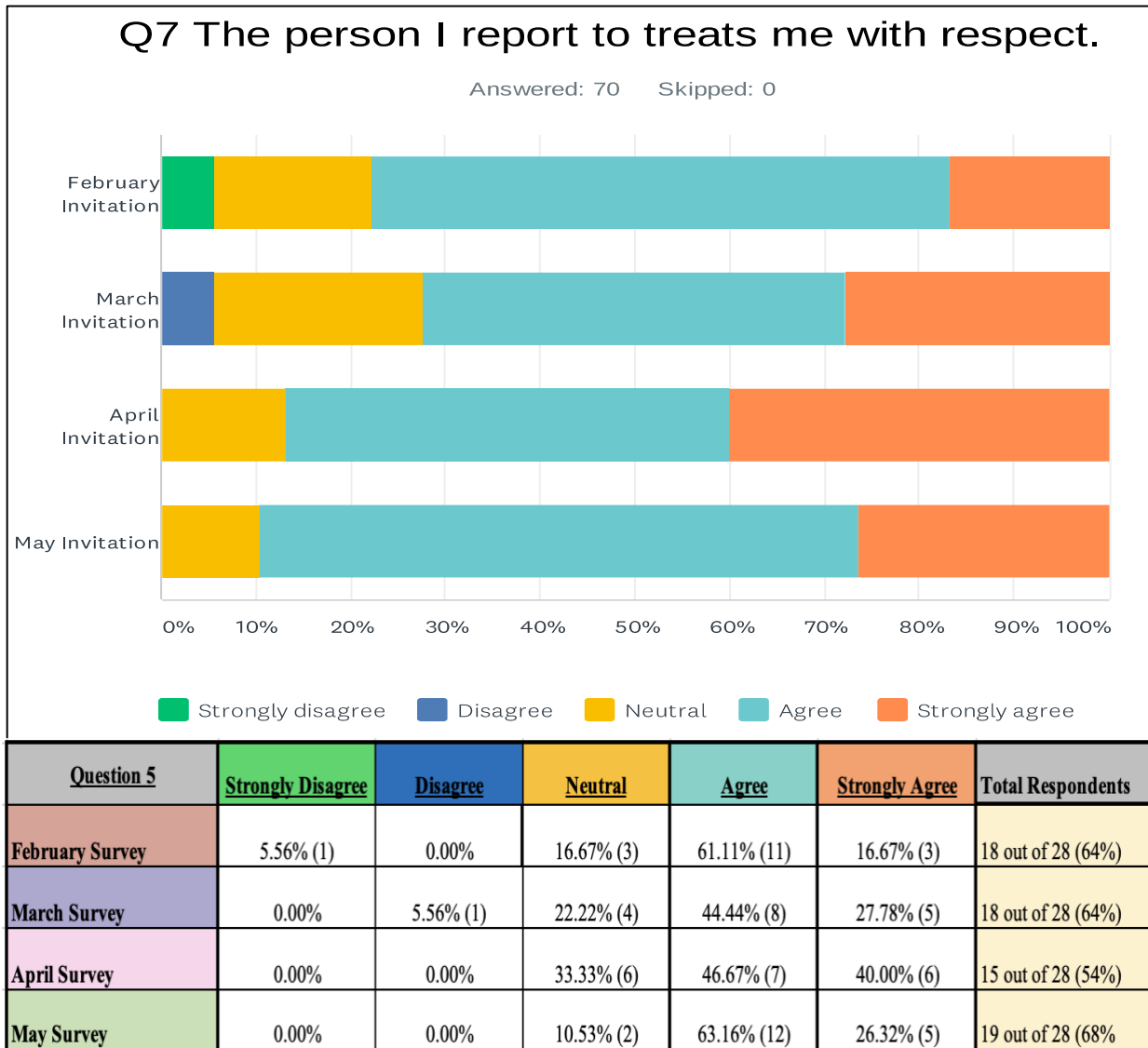
SMD Survey's Management Category Results: 4th statement



Note. OB Triage staff answered whether they receive useful feedback from their leader.

Figure 11

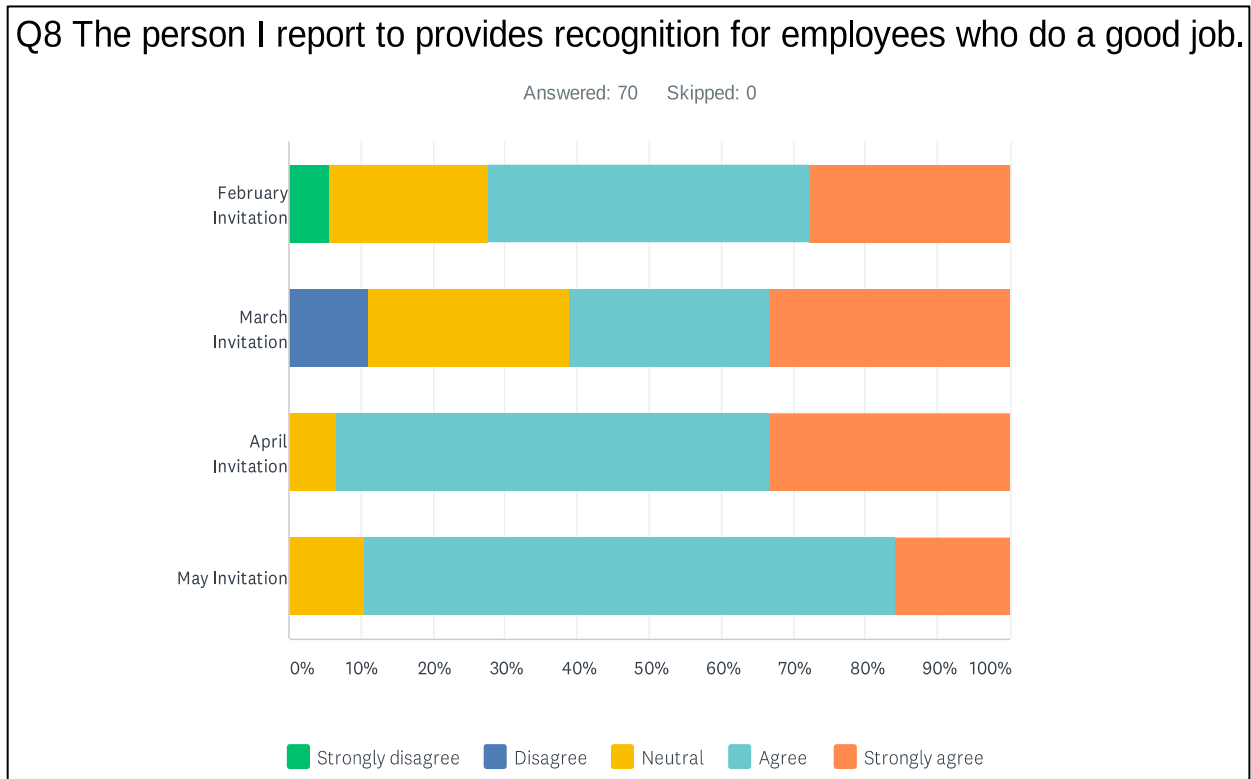
SMD Survey's Management Category Results: 5th statement



Note. OB Triage staff answered whether their leader treats them with respect.

Figure 12

SMD Survey's Management Category Results: 6th statement

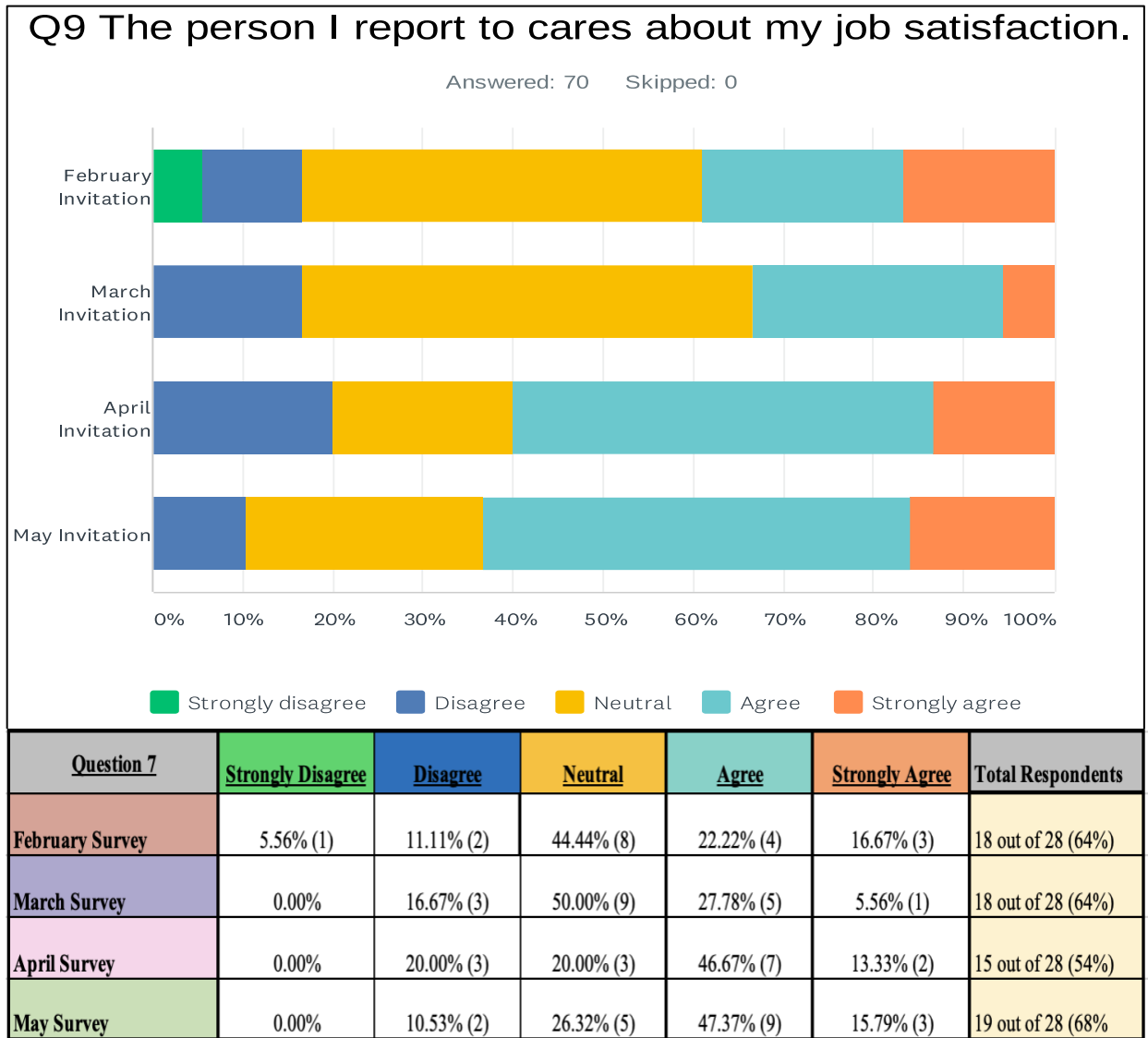


<u>Question 6</u>	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>Total Respondents</u>
February Survey	5.56% (1)	0.00%	22.22% (4)	44.44% (8)	27.78% (5)	18 out of 28 (64%)
March Survey	0.00%	11.11% (2)	27.78% (5)	27.78% (5)	33.33% (6)	18 out of 28 (64%)
April Survey	0.00%	0.00%	6.67% (1)	60.00% (9)	33.33% (5)	15 out of 28 (54%)
May Survey	0.00%	0.00%	10.53% (2)	73.68% (14)	15.79% (3)	19 out of 28 (68%)

Note. OB Triage staff answered whether their leader provides recognition who do a good job.

Figure 13

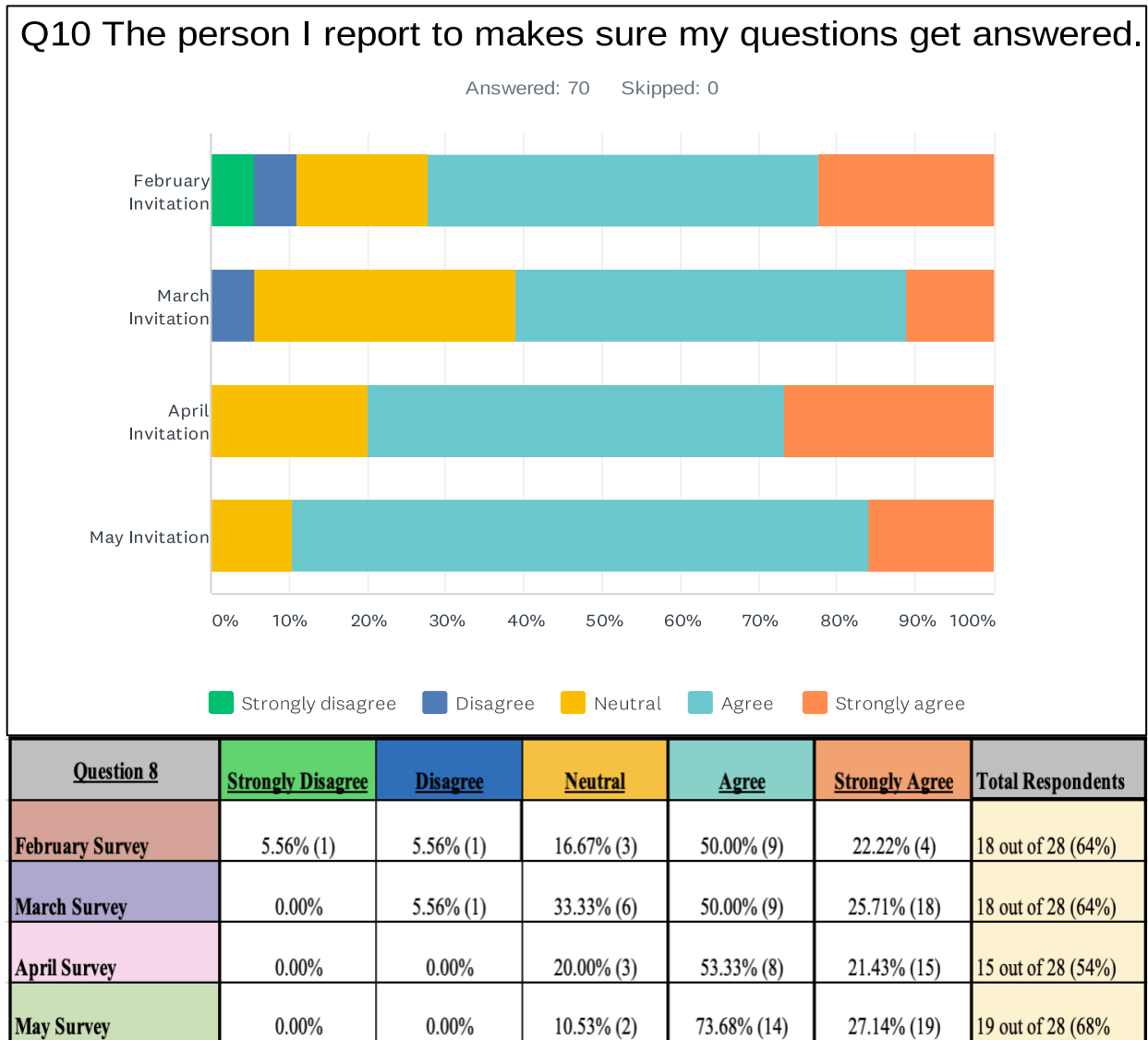
SMD Survey's Management Category Results: 7th statement



Note. OB Triage staff answered whether their leaders care about their job satisfaction.

Figure 14

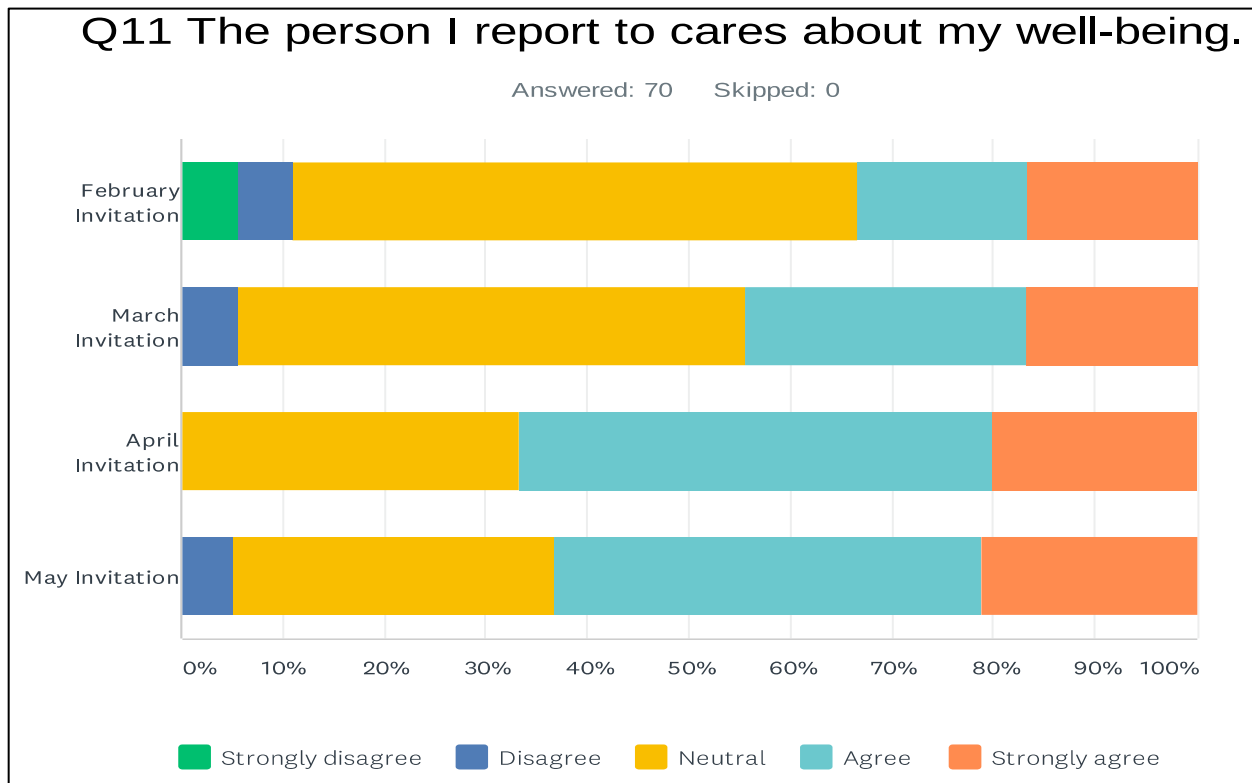
SMD Survey's Management Category Results: 8th statement



Note. OB Triage staff answered whether their leader answer the questions they ask.

Figure 15

SMD Survey's Management Category Results: 9th statement

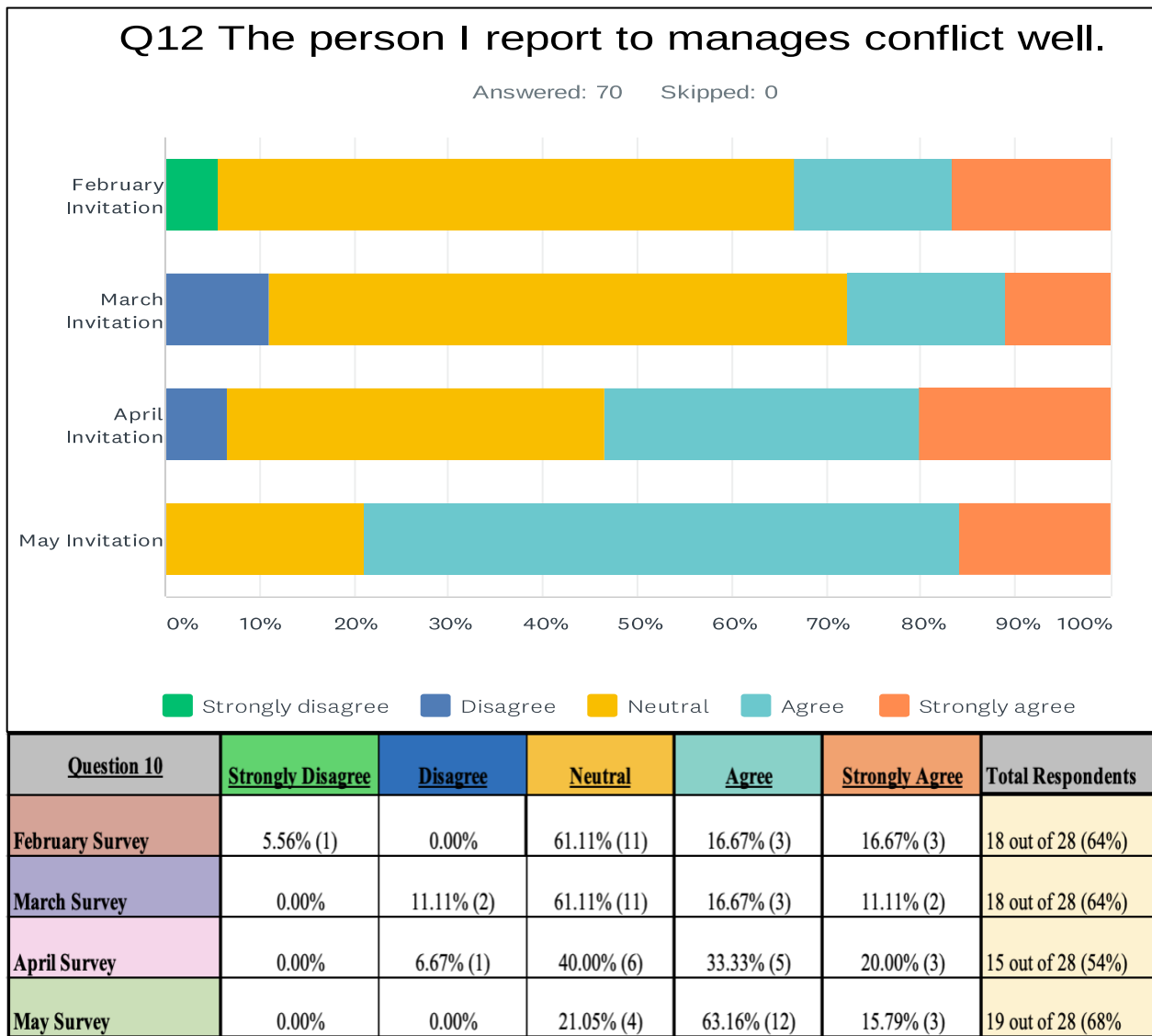


<u>Question 9</u>	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>Total Respondents</u>
February Survey	5.56% (1)	5.56% (1)	55.56% (10)	16.67% (3)	16.67% (3)	18 out of 28 (64%)
March Survey	0.00%	5.56% (1)	50.00% (9)	27.78% (5)	16.67% (3)	18 out of 28 (64%)
April Survey	0.00%	0.00%	33.33% (5)	46.67% (7)	20.00% (3)	15 out of 28 (54%)
May Survey	0.00%	0.00%	31.58% (6)	42.11% (8)	21.05% (4)	19 out of 28 (68%)

Note. OB Triage staff answered whether their leader cares about their well-being.

Figure 16

SMD Survey's Management Category Results: 10th statement



Note. OB Triage staff answered whether their leader manages conflict well.

Outcome Data

The results revealed that the leader rounding on the OB Triage unit was a success by reaching the originally estimated goal of a > 5% increase on the Likert Scale. The goal was surpassed by the final May survey, compared to the October 2020 score, for each statement and the composite score by the end of the quality improvement project. The leader rounding results

exceeded the 5% expectation by increasing the management scores to 25.01%. For example, leadership handling conflict was the most significant increase at 33.83% from October 2020 to May 2021. The least improved rating from October 2020 to May 2021 was whether leadership cares about staff’s job satisfaction, which revealed an increase of 16.35%. Over three times greater than the projected goal.

Figure 17

Impact of Leader Rounding on SMD Survey’s Management Category Statements 1-10

	The person I report to creates an environment of trust.	The person I report to is an effective communicator.	I respect the leadership abilities of the person to whom I report.	I receive useful feedback from the person to whom I report.	The person I report to treats me with respect.	The person I report to provides recognition for employees who do a good job.	The person I report to cares about my job satisfaction.	The person I report to makes sure my questions get answered.	The person I report to cares about my well-being.	The person I report to manages conflict well.	<u>Composite Data</u>
10/2019 Survey Results	3.16	3.23	3.23	3.35	3.68	3.61	N/A	N/A	N/A	N/A	3.38
10/2020 Survey Results	3.54	3.51	3.63	3.66	3.99	3.67	3.67	3.65	3.61	3.34	3.63
Feb 2021 Survey Results	3.56	3.61	3.78	3.72	3.83	3.89	3.33	3.78	3.33	3.39	3.62
Difference from 10/20 to 2/21	0.44%	2.88%	4.07%	1.70%	-3.93%	5.96%	-9.17%	3.50%	-7.66%	1.46%	-0.28%
March 2021 Survey Results	3.56	3.67	3.39	3.83	3.94	3.83	3.22	3.67	3.56	3.28	3.59
Difference from 2/21 to 3/21	0.00%	1.54%	-10.29%	2.99%	2.90%	-1.43%	-3.33%	-2.94%	6.67%	-3.28%	-0.83%
Difference from 10/20 to 3/21	0.44%	4.46%	-6.64%	4.74%	-1.14%	4.45%	-12.20%	0.46%	-1.51%	1.86%	-1.10%
April 2021 Survey Results	3.93	4.00	3.67	3.87	4.27	4.27	3.53	4.07	3.87	3.67	3.91
Difference from 3/21 to 4/21	11.11%	13.96%	1.01%	5.65%	6.93%	16.26%	-3.72%	11.42%	7.11%	9.78%	8.87%
Difference from 10/20 to 4/21	10.63%	9.09%	8.20%	0.87%	8.17%	11.30%	9.66%	10.91%	8.75%	11.86%	7.89%
May 2021 Survey Results	4.60	4.53	4.53	4.47	4.80	4.67	4.27	4.67	4.33	4.47	4.53
Difference from 4/21 to 5/21	16.95%	13.25%	23.55%	15.60%	12.50%	9.45%	20.85%	14.84%	11.98%	21.91%	15.86%
Difference from 10/20 to 5/2021	29.94%	29.06%	24.79%	22.13%	20.30%	27.25%	16.35%	27.95%	19.94%	33.83%	25.01%

Note. Green = ≥ 5% improvement, yellow = < 5% improvement, and red = declining scores.

According to the February 2021 survey data, the three statements that went down in score were whether leadership treats staff with respect (-0.16), leadership cares about staff's job satisfaction (-0.34), and leadership cares about the staff's well-being (-0.28). The other seven statement results increased between 0.02 to 0.22. The composite score, including all ten statements, for October 2020 was 3.63, and February 2021 was 3.62. From October 2020 to February 2021, the composite survey results decreased by 0.01 or 0.28%.

According to the March 2021 survey data, five questions went down compared to the October 2020 survey scores. The declining March results were on whether leadership is respected by the staff (-0.24), leadership treats staff with respect (-0.05), leadership cares about staff's job satisfaction (-0.45), and leadership cares about the staff's well-being (-0.05), and whether leadership manages conflict well (-0.06). In comparison, the February 2021 survey results compared to the March 2021 survey results, the statements on whether the leader creates an environment of trust were the same score (3.56). After two months of rounding, the scores increased in four questions, ranging from a 0.06 to 0.23 rise. The composite score for the March 2021 survey was 3.59. There was a decrease from the composite results of the October 2020 to March 2021 survey. It went down by 0.04 or 1.10% after two months of leader rounding. The results of the February 2021 to March 2021 survey increased by 0.03 or 0.83%.

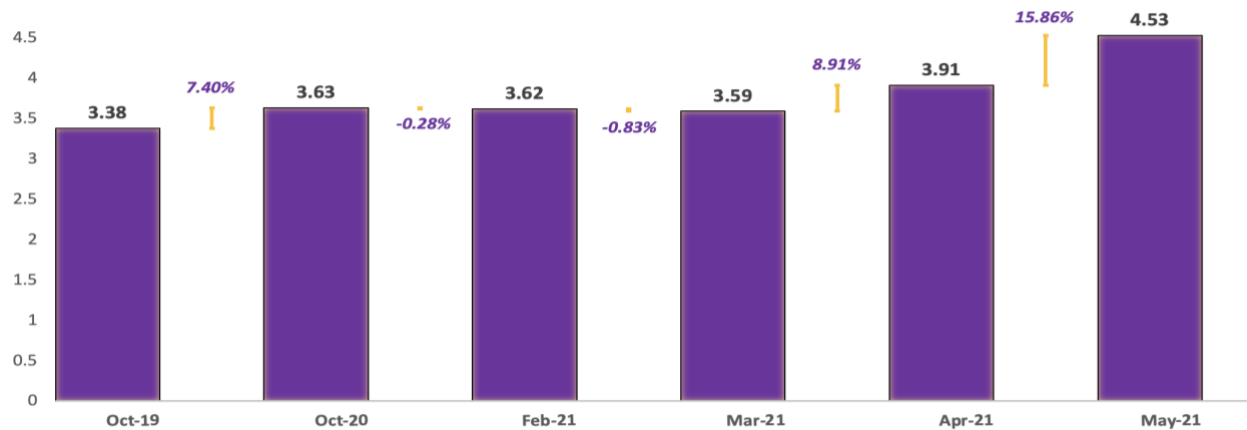
According to the April survey data, the one statement that the score decreased in October 2020 was whether leadership cares about staff's job satisfaction (-0.14). The March 2021 survey results compared to the April 2021 survey showed all ten questions had an increased score after three months of rounding, ranging from a 0.04 to 0.44 rise. The composite score for the April 2021 survey was 3.91. There was an increase in the composite results from the October 2020 to April 2021 survey, an increase of 0.28 or 7.1% after three months of leader rounding. An

increase from March 2021 to April 2021 survey results was 0.32 or 8.91%. All ten of the statement's results increased from October 2020 to April 2021 by 5%, apart from just one question. The question asked whether the staff receives useful feedback from the person whom they report to, which only increased by 0.12 or 0.87%.

The May 2021 survey results, compared to April 2021, revealed that all ten statements had an increased score ranging from 0.4 to 0.86. The composite score for the May 2021 survey was 4.53. There was an increase from the composite results of October 2020 to the May 2021 survey by 0.90 or 25.01% after four months of leader rounding. The results of the April 2021 to May 2021 survey by 0.62 or 15.86%. The composite scores percentage of change from one survey to the following survey can be seen in Figure 18.

Figure 18

“Management Category” Survey Composite Scores



Note. Percentage above the gold line = positive change; below the gold line = negative change.

Discussion of Major Findings

Routine, well-defined leader rounding was new to the OB Triage unit, so it took three months to gain staff's trust to see improvement in the scores. The first two months were a period of adjustment to change for staff. They gradually understood what the leadership team was doing and that it would be the same main topics discussed each week (Celebrations, Updates, Barriers,

Support, and Work in Progress). The overall scores were still -0.13% less than the October 2020 results in February 2021 and -1.16% less in March 2021. By the third month (April), the consistency and standard work paid off. The difference in composite scores from October 2020 to April 2021 increased by 0.28 or 7.10%.

After three months of rounding, staff started to reach out to the leadership team when rounding had not directly brought concerns to the team. The already "open-door policy" became utilized at a much higher volume. The leadership team had an elevated real-time awareness of the staff's needs and requests to make improvements. Even the new staff reached out to the leadership team more often and provided their thoughts on solutions. Having input from a different lens was valuable, and it started a connection with leadership and staff sooner than the DD and ADs had seen in the past.

Barriers

During the first month of rounding, the staff was very unengaged. When asked about barriers or celebrations, there was minimal discussion. The leaders made up for the gap by sharing celebrations and discussing what work is in progress. Also, during these times, the leadership team chose to be curious. They asked how specific initiatives were going, asked about opinions on new topics, or asked how unit-to-unit interactions were going. Sometimes it helped, but the lack of conversation concerned the DD and AD's whether the rounding would be impactful.

The second month of rounding was mixed with frustration from some staff that their leaders were not in staffing. Due to this, the scores were a lot lower as staff voiced their request for leadership to help in staffing. The leadership team chose to have a staff meeting where everyone was reminded of the steps to request extra staff. In the meeting, the DD discussed the

demanding job duties of the ADs and provided examples of scenarios they should put their duties on hold and help in staffing. Also, the steps to request help in staffing were emailed out to everyone, so that staff who did not attend the staff meeting could be aware of what was discussed, and the staff's concerns were heard and addressed with a plan. Some staff spoke for the group in the survey instead of responding to the statements based on their feedback. The request was made for the person with an issue or concern to speak to leadership directly. The survey should not be the platform to speak up against issues other staff experience. In the third month, there were no comments where the staff spoke up for other staff or other shifts based on what they were hearing. The scores were significantly different too.

When the unit was hectic, it was harder to provide leader rounding since patient care was always a top priority. Initially, the leaders tried to go quickly through the talking points but learned this was not meaningful to the staff, and no one spoke because staff needed to keep it short to get back to their tasks. A few times, the leadership team could lend a hand on the unit while talking to staff one-on-one or in small groups to round. The staff seemed to appreciate the willingness to help and work around them instead of stopping them in the middle of a busy day. Other times, the leader would try to round on the unit another time or day when the unit had a high census. The flexibility was beneficial in having staff engaged instead of rounding at the same time every day.

Successes

Starting in April 2021, the scores significantly improved from an overall increase of 7.10%, more significant than a seven-fold difference. Staff was looking forward to rounding, and when they would see leadership on the unit, they would ask if we were rounding. By the fourth month, the staff was highly engaged. The number of celebrations, barriers, support needed, and

questions continued to grow with each month. By April 2021, the staff knew what would be asked about, and they were ready to participate. The elevated amount of "easy button" fixes (the small, quick changes) gradually improved staff's ability to work efficiently and effectively during the four months. The staff brought to our attention workflow issues, safety issues, lack of supplies, requests for recognition, missing or broken equipment, frustrations, patient concerns, and construction improvements. Even though some of these items may have been shared without leader rounding, staff revealed they felt rounding allowed them to remember more suggestions and requests. In addition, staff could talk to leadership in real-time or before their shift ended, which increased the shared suggestions and empowerment of staff.

Night shift and day shift relations improved primarily due to the celebrations and recognitions shared with everyone. Staff was made aware of accomplishments, important dates, or what the other shift's staff were recognizing. In addition, the staff on different units were thanking each other. When this happened, not only was it written on the leader rounding board, but it was also entered in the weekly update, and an email was sent to the staff member saying "thank you" for what they helped with from the other shift.

Section V. Interpretation and Implications

Cost-Benefit Analysis

The cost of implementing the project was minimal. Since the DD and ADs were already working on the unit each day and paid a salary, there was no additional full-time employee (FTE) cost. The large huddle board was already in place for updates, but the purchase price for the board was \$120. In addition, dry-erase, colored markers were already on the unit. Nevertheless, the frequent use of these markers led to the need to replace them every two months. The initial cost and replacement every two months were \$12, for a total of \$36. The

easiest way to clean the board was with paper towels. One roll per month costs \$2.00, for a total of \$8.00. Then, the cost of one dry-erase marker remover spray was \$4.00. Overall, the startup cost of the project was (\$120 board, \$12 markers, \$2.00 paper towels, and \$4.00 cleaning spray) \$138. The cost to implement the entire 4-month project was \$168, and the cost per month to maintain leader rounding would be (\$6.00 markers, \$2.00 paper towels) \$8.00. The dry-erase huddle board should not have to be replaced, and the cleaning spray should last all year. After the startup cost, the annual cost would include markers (\$72.00), Paper towels (\$24.00), and a cleaning spray (\$4.00), totaling \$100.00.

To implement this plan, it cost under \$150.00 and just over \$8.00 per month to maintain; the benefits far outweigh the cost. A few examples include, the unit saw an increase in their materials and linen availability instead of wasting time requesting more or borrowing from other units. Staff came up with solutions to ammonia tablets not being readily available in an emergency to improve patient safety. Conversations led to some adjusted shifts, which improved the ability for staff to take lunch most shifts. The shift adjustments also helped improve productivity. In addition, it was less likely that staff were downsized or floated to other areas in the hospital. Over time, patient flow improved from the Emergency Room to the OB Triage with feedback from staff. Relationships between the leadership team and staff significantly improved over the four months, as demonstrated in the results.

A remarkable observation revealed that new nurses were more engaged in conversations and gave opinions than previously seen. In addition, senior staff started to recognize the new nurses as they hit milestones such as first emergency, Intravenous (IV) insertion, and delivery. More recognition through the CHEERS platform sent "thank you" messages to staff and their leaders than before the rounding initiative. Day shift and night shift were getting along better

because staff started to recognize staff other shifts. More celebrations and acknowledgments occurred for successes with staff on the opposite shift.

After just four months of leader rounding, to see an improvement in all the questions was extraordinary. For the overall management category score in October 2020 to be 3.63 and the May 2021 score to improve to 4.53 (0.90 points/25%), the leader rounding had positively impacted the staff and leadership relationship. The most evident was the improved relationships, trust, and respect that occurred between staff and leadership. According to the research, when leadership-staff relationships improve, so do staff satisfaction and retention rates (Blake & Bacon, 2020; Drake & King, 2018; Hudson & Tang, 2019; Muñoz et al., 2020); the intention for this quality improvement project.

Resource Management

The one DD and two AD teams worked together to implement the project. The day before rounding, the team discussed what needed to be added to the rounding notes for the next day. On the day of rounding, someone from the team would lead the huddle, make notes of required tasks, and created an action plan to complete the tasks. The team member also added information to the huddle board after the rounding so staff from all shifts could be kept up-to-date on all the information. Even though the team rounded six times per week (3-day shift and 3-night shift), eight shifts were still left without a leader rounding per week. Next, the team member brought the huddle notes to the other leaders, divided up tasks, and circle back around to staff or a particular staff member to close the loop.

The IT Liaison was critical to ensure the four surveys were set up correctly and that the surveys would be sent out to all appropriate staff multiple times per month. The IT Liaison taught the DD how to make sure the survey results were anonymous, add and delete staff, and

analyze the data when complete. The IT Liaison was available as a resource for questions during the project and made the technology part of the project.

Both the Site Champion and Faculty Member were helpful to provide suggestions when approached with barriers and frustrations during each phase. In addition, the monthly (or more frequent) advice from each of them was invaluable. With their years of experience, the insight they provided was helpful to push our team past barriers. Last, both the Site Champion and Faculty Member were highly supportive throughout the entire project through their conversations, feedback, suggestions, and encouragement.

Implications of the Findings

Implementation of leader rounding six times a week meeting the increased scores expectations on the SMD management questions. However, it also positively impacted staff and nursing practice, the potential impact on the healthcare system. Even though this project started with just one unit, the continued impact could be substantial for an organization if replicated in other areas.

Implications for Staff

The OB Triage staff worked better with each other, other units, and the leadership team. The rounding led to the empowerment of staff to speak up when problems and concerns occurred and suggest how we could fix the issue. Leader rounding improved strained leadership-staff trust and respect through consistent presence, updates, and listening to staff concerns. Then, those concerns led to action and change when necessary. When leaders solved a problem, they provided the "why" behind the action. Then, they closed the communication loop with all the staff during rounds. Staff verbalized many times how the feedback was highly appreciated.

Staff satisfaction was seen through increasing involvement in the rounding and then increased involvement in problem-solving. The celebrations and recognitions increase with time as well. The new RNs verbalized how well they were treated and loved working on the unit. Furthermore, all staff was more willing to drop by the leaders' office area to talk about something on their mind. The entire team's morale improved throughout the rounding the more involved staff were in the rounding process.

Implications for Nursing Practice

After the leader rounding occurred for a few months, the communication between staff improved, especially from day shift to night shift. Also, the OB Triage unit works closely with Advanced Practice Providers (APPs). After leader rounding began, the APPs would join in on the rounding to hear what was going on and work as a multidisciplinary team to better the unit, flow, and patient care. Many celebrations were shared in how excellent patient care had been during a scenario. Furthermore, when there was room for improvement, these leadership rounds were a platform for discussion to improve patient care.

The action plans derived from these rounds consisted of solving how to maintain appropriate levels of linen for an entire shift, fixing leakage during medication administration, and staffing appropriately. Moreover, it included accessing emergency equipment quickly, increasing the number of negative-pressure rooms, and improving the workflow of patients. Also, there was an improvement with allowing a safe number of visitors during COVID, providing quick access to COVID testing, supporting new staff during orientation, working independently, preparing for emergency deliveries. The numerous conversations and solutions led to an overall improvement of nursing practice.

Impact for Healthcare System(s)

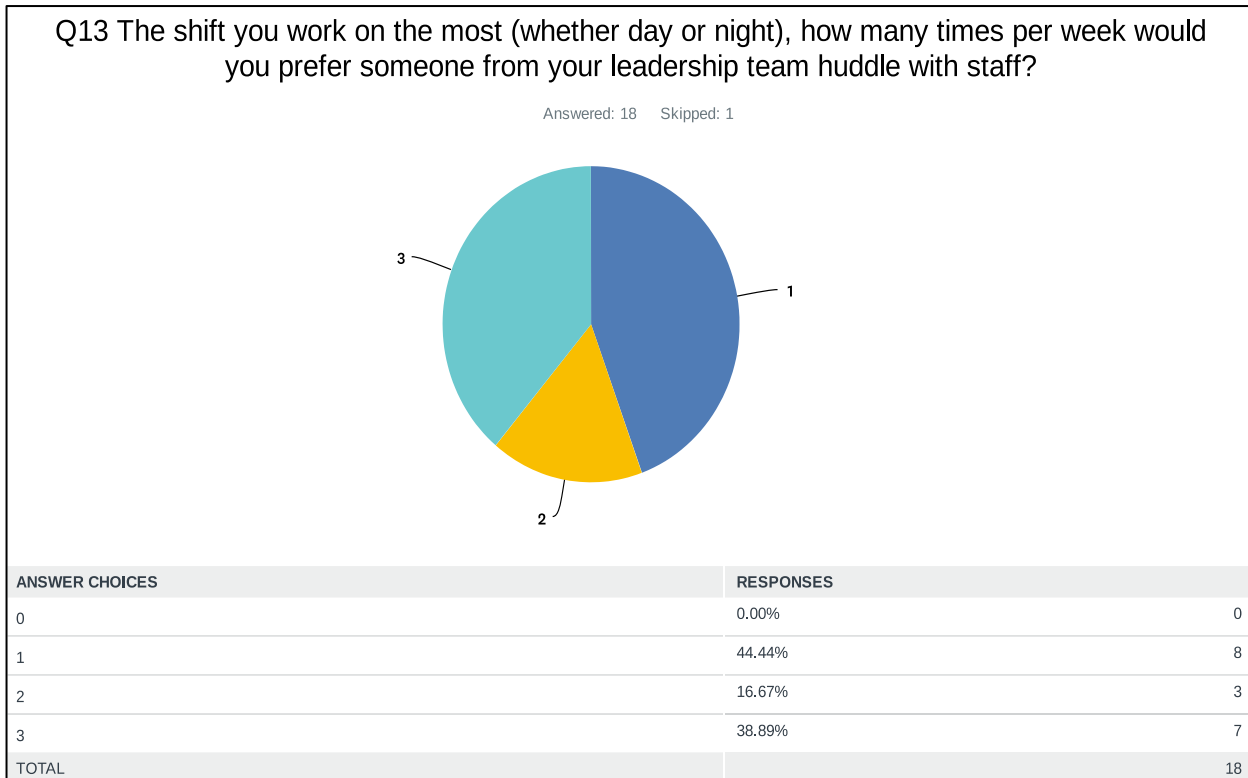
Based on the literature review and the improved relationship between leaders and staff, it would be appropriate to conclude that a few areas would improve as leader rounding continued to succeed. Due to the trust and respect between leaders and staff and the recognition from staff-to-staff and leadership-to-staff, job satisfaction should improve over time. The improved relationship between peers and other units and the confidence to speak up to make a difference are proven to focus on retention. Furthermore, the staff is empowered to take the initiative and ownership of their unit to make it the best place for them to work. When retention and leadership-staff relationships are positive, the impact on quality of care, staff satisfaction, and patient safety will improve.

Sustainability***Short-Term***

The short-term plan is to continue to provide rounding based on the staff's preference. In the May 2021 survey, one question was added to the survey to see how often staff would like to continue Leadership Rounding. The options ranged from zero to three times per shift (day and night). Surprisingly, after staff shared they appreciated leader rounding and the positive impact, over half of the staff voiced a preference of leader rounding one time per week (on day and night shift). A very close second place was to round three times per week on both shifts. Due to this split, the decision was to proceed with rounding two times a week on the day shift and two times a week on the night shift. See Figure 19 to view the results.

Figure 19

SMD Survey on Leader Rounding Frequency



Note. May 2021 results revealed the preferred number of times leaders should round on staff.

Long-Term

The long-term plan is to continue checking in with staff on the OB Triage unit and adjust the frequency of leader rounding based on their needs. In addition, continually assess to ensure the rounding discussion topics are still meeting the staff's needs. Tri-annual touchpoints, called I-Compass conversations, will be scheduled with staff each year. These regularly scheduled conversations assist in ensuring sustained positive leadership-staff relationships. Also, the organization provides SMD surveys annually with Heartbeat Engagement check-in surveys. The shorter surveys will assist with updating the leadership team if some concerns or areas decrease regarding the management category statements.

Long-term, the project lead will encourage other unit leaders to utilize this platform and tweak it to meet their staff's needs. A Champion can help startup the process and partner with the leadership team to guide them until they are confident in this new practice. The ability to make positive change with this small, weekly change is very promising to make an enormous impact on the organization, especially as more units get involved.

Potential Obstacles

Obstacles that may arise from implementing a short- and long-term plan include, but are not limited to, the following: lack of buy-in from other units, lack of time to maintain the leader-rounding schedule, and a change in leadership that may not hold the same opinion. In addition, if staff are unengaged in the process despite multiple attempts to involve them. Last, leaders no longer embrace the positive outcomes leader rounding can produce and do not prepare, promote, or produce a consistent leader rounding platform.

Dissemination Plan

Within the non-profit hospital, there are four Executive Directors of Nursing that report directly to the CNO. The Project Lead, DD, educates these four leaders on the project's results to gain buy-in. Moreover, the DD presents the leader rounding to all nursing leaders through the Nursing Leadership Council (NLC). The platform allows all leaders to hear of upcoming quality improvement initiatives and ask questions. The DD, along with the support of the designated Executive Director, presents the plan and results to them. Then, the NLC meeting minutes are emailed out to all the organizations' leaders to review them again. Ideally, all DDs would work with their leadership team to implement the leader rounding. The Nurse Executives remain the point person for any questions or assistance on units. Within the organization, eventually, all five hospitals would utilize leader rounding in their standard work.

Section VI. Conclusion

Limitations

The OB Triage unit had a small staff (n = 28), and each time the survey went out, the participation rate ranged from 54%-68% (n= ranged from 15-19) per month. During the first month (February 2021), there were many absences due to COVID. The second survey (March 2021) was over the week of Easter, limiting the number of responses. Staff shared that when there is a statement they have not experienced with a leader, such as conflict management, they tend to put a three, which was neutral. Depending on how other staff with conflict management experience rated the leaders, a three (or neutral score) could have falsely pushed the results up or down.

One of the AD leaders was promoted to another unit the last month of this quality improvement project, so this was a significant change during the quality improvement project. A few staff members used the 2nd survey as a platform to voice an issue around another concern and rated each category very low. Due to this, the March 2021 survey data was the lowest management category scores. Finally, due to COVID, with the reassigning of staff, the DNP Project Consultant could not be as involved in the project but was easy to reach when needed.

Recommendations for Others

The three recommendations for others to consider are having patience with staff until gaining the trust of their leaders through consistent rounding and authentic relationships. In addition, communication is a huge key to success with leader rounding. For positive impact, staff must be engaged in providing suggestions or sharing barriers, intervening in negative conversations, and immediately confronting any rumors.

First, rounding provides a chance for leaders to connect with the staff and see what is and is not working at the moment (Hoebnck, 2019). Leader rounding eventually creates an environment of trust which allows staff to discuss topics openly. A consistent routine needs to be part of leader rounding (Lockart, 2017). Once this occurs, staff quickly gain trust and participate in the rounding. Until then, there may be minimal interaction. Once there is earned trust, staff will provide valuable information that can yield from small to significant improvements. Transparency is also critical to gain trust. Leaders should be clear, concise, and not twist the truth (Sherman, 2017). They should also be vulnerable and admit when they could have done better or admitted mistakes (Sherman, 2017). The staff can relate to leaders and believe them when they see they are transparent and vulnerable.

Second, communication is a vital part of leader rounding, but the staff must be willing to participate. Without communication and collaboration, there is a proven decrease in safe patient care and a healthy environment where nurses can practice (Hessels et al., 2019). The communication that occurs is why leader rounding should be a priority. Open dialogue not only fosters productive communication but also listening and understanding. The dialoguing then lead to staff being more apt to share feedback, especially on safety concerns (Hoebnck, 2019). Routine leader rounding also improves communication on the following topics: practice, behavior, and expectations (Hoebnck, 2019). Overall, leaders need to work continuously to inspire the staff to be open and honest to see the benefits of leader rounding.

Third, leader rounding should confront and minimize negative conversations and rumors as much as possible. When gossip and rumors are tolerated and not confronted, the staff starts to have negative emotions towards their peers, the unit, and the organization (Kong, 2018). When rumors are about something that will directly affect a staff member, they start to feel outside and

less engaged with the team, leading to less productivity in their role (Kong, 2018). As communication and transparency become routine during leader rounding, staff open up about gossip, rumors, or negative conversation. The leader has an opportunity to address them straight away or get back to the staff after they do a little research. If this does not occur, organizations will continue to see an increase in nursing shortage due to the hostile work environment, increased nurse turnover, and decreased job satisfaction (Edmonson & Zelonka, 2019).

Recommendations Further Study

As stated, the OB Triage unit had staffing that totaled 28 people and averaged a 54%-68% participation rate during the survey. One recommendation is to increase the number of completed surveys by improving the ease of taking the survey. For example, allowing survey access through email and text has been found useful, but adding a QR code further increases the accessibility and increases the speed of collection and the cost of a survey (Faggiano & Carugo, 2020).

Another recommendation is to add “not applicable” to two of the survey statements: 1) "The person I report to makes sure my questions get answered" and 2) "The person I report to manages conflict well." Adding this option allows for better accuracy and clarity of the survey question for each participant (Chyung et al., 2017). In addition, it eliminates the need for a participant to randomly pick another option which usually tends to be the midpoint or neutral (Chyung et al., 2017). Conversations with staff on these two questions revealed that when staff do not have any experience regarding conflict or asking questions where they have to enter a response, staff would put down a “neutral” answer. Since this could falsely increase or decrease the overall results, a participant should have the option to pick “not applicable” when they have zero experience regarding the statement they are reading in the survey.

A shared, live platform (i.e., digital platforms, One Note, SharePoint) for leaders is recommended to promote structure during rounding when there is more than one leader on the unit. The living document will have notes on what occurred or what was discussed when rounding, and information can be added throughout the week. Then, when a leader rounds, they will know what discussions have taken place and what still needs follow-up. They will also know what actions are complete and what reminders are still necessary. It also helps to confirm that a leader has already recognized or celebrated a staff member. Blake and Bacon (2020) stated that when there is a structure built into rounding, staff satisfaction increases, and so does staff and manager retention. One suggestion to stay organized was to utilize an electronic tablet during rounding like many organizations currently do while rounding on patients (Blake & Bacon, 2020).

Final Summary

After four months of intentional leader rounding on staff, the overall increase in the scores from the Management Category survey statements improved significantly. The quality improvement project was a very positive experience for the OB Triage unit staff. In just a short amount of time, staff satisfaction was evident through the positive feedback from current and new staff, enhanced engagement, improved staff initiative to solve problems, and positive relationship building between staff and leadership. In an environment where staff satisfaction and retention are a top priority, the OB Triage unit significantly benefitted from the positive effects of these simple changes to leaders' standard work.

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Appendix A

iCARE Commitments

The graphic is titled "iCARE Commitments to Care." and lists four commitments: Communication, Accountability, Respect, and Empowerment. Each commitment is preceded by a lowercase "i" and followed by a descriptive sentence. The graphic is set against a background of faint, stylized leaves and is enclosed in a light purple border. At the bottom left is a small number "6" and at the bottom right is the text "CONE HEALTH CODE OF CONDUCT".

iCARE
Commitments to Care.

Communication
i will create and engage in conversations of possibility.

Accountability
i will honor my word.

Respect
i will assume the best of intentions and embrace differences.

Empowerment
i will own it, solve it, and celebrate it!

6

CONE HEALTH CODE OF CONDUCT

Cone Health (n.d.). *Code of conduct*. <https://www.conehealth.com/app/files/public/88361b4f-7f9d-40b8-beb7-ebe10d8cf98d/cone-health-code-of-conduct1.pdf>

Appendix B

Fall 2019 and Fall 2020: OB Triage Unit SMD Heartbeat Engagement Survey Results

Category	Questions	OB Triage Unit Survey Scores		Organizational Benchmark		Industry Benchmark	
		2019	2020	2019	2020	2019	2020
Management	The person I report to treats me with respect.	3.68	3.99 (↑ 0.31)	-0.75	-0.45	-0.49	-0.27
Management	The person I report to provides recognition for employees who do a good job.	3.61	3.67 (↑ 0.06)	-0.5	0.01	-0.14	0.31
Management	I receive useful feedback from the person to whom I report.	3.35	3.66 (↑ 0.31)	-0.79	-0.44	-0.35	-0.04
Management	I respect the leadership abilities of the person to who I report.	3.23	3.63 (↑ 0.40)	-1.02	-0.89	-0.98	-0.9
Management	The person I report to is an effective communicator.	3.23	3.51 (↑ 0.28)	-0.91	-0.62	-0.74	-0.54
Management	The person I report to creates an environment of trust.	3.16	3.54 (↑ 0.38)	-0.98	-0.66	-0.72	-0.48
Management	The person I report to cares about my job satisfaction.	n/a	3.52	n/a	-0.64	n/a	-0.63
Management	The person I report to makes sure my questions get answered.	n/a	3.65	n/a	-0.61	n/a	-0.57
Management	The person I report to cares about my well-being.	n/a	3.61	n/a	-0.74	n/a	-0.72
Management	The person I report to manages conflict well.	n/a	3.34	n/a	-0.66	n/a	-0.66
COMPOSITE SCORE:		3.38	3.63	4.2	4.18	3.95	4.055

Appendix D

Facility Letter of Approval from Site Champion



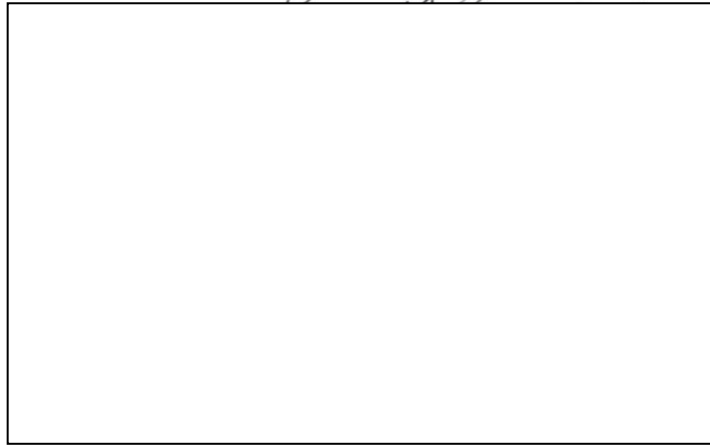
September 16th, 2020

To whom it concerns:

This letter is in support of Angela Reagan, MSN, RNC-OB, in her planned project. Employee satisfaction has long-reaching impact on a health care organization. The healthy, satisfying workplace environment can attract and retain exceptional talent that drives quality patient outcomes as well as patient satisfaction. Leadership Rounding as an effective tool in improving satisfaction has been well documented. This project will focus interventions in an area identified as needing improvement in the area of both employee and patient satisfaction and as such will be a valuable project for our organization. I fully support Angela's pursuit of this work and stand ready to assist in any way I can.

Respectfully,

A handwritten signature in black ink, appearing to be 'S. J. ...'.



Appendix E

Facility's IRB Approval Letter

Date: October 19, 2020

Name of Project Leader: Angela Reagan

Project Title: Effects of Leader Rounding on Staff Satisfaction

Based on your responses, the project appears to constitute QI and/or Program Evaluation and IRB review is not required because, in accordance with federal regulations, your project does not constitute research as defined under 45 CFR 46.102(d). If the project results are disseminated, they should be characterized as QI and/or Program Evaluation findings. Finally, if the project changes in any way that might affect the intent or design, please complete this self-certification again to ensure that IRB review is still not required. Click the button below to view a printable version of this form to save with your files, as it serves as documentation that IRB review is not required for this project.

Appendix F

Plan, Do, Study, Act (PDSA) Steps

Four repeating steps listed below:

1. **Plan:** Determine the team's steps during each leader rounding interaction to ensure the team members follow the same steps.
2. **Do:** Implement the steps or changes that were developed by the team (see Figure 2).
3. **Study:**
 - a) Weekly: evaluate what seems to be working and what is not working.
Decided if any changes are necessary before the staff survey.
 - b) Monthly: evaluate each question and composite score from staff.
Decide if there will be any changes according to the survey results.
4. **Act:** Implement suggested changes to improve the leader rounding experience for staff.
 - REPEAT steps x 3 months/until the end of the project.