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 Donnald, 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

Objectives: To Improve survey question scores	Measurement	Results	Conclusions	
I respect the leadership abilities of the person to whom I report	Likert Scale average for the question	Expect an increase in the score during each survey.		
The person I report to is an effective communicator	results provided on each survey. Compare each		Improve overall	
The person I report to creates an environment of trust			score by 5% by the last survey	
The person I report to treats me with respect	score to the FY 2020 SMD		(4 months after project	
The person I report to provides recognition for employees who do a good job	Employee Engagement Heartbeat scores.		implementation).	
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

Recognition	Updates
Work in	Progress
Barriers	Support

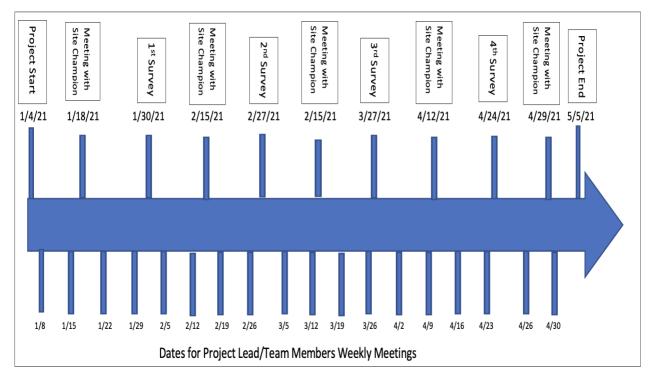
Note. The dry erase board will be set up like this when the leader was rounding with the staff.

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

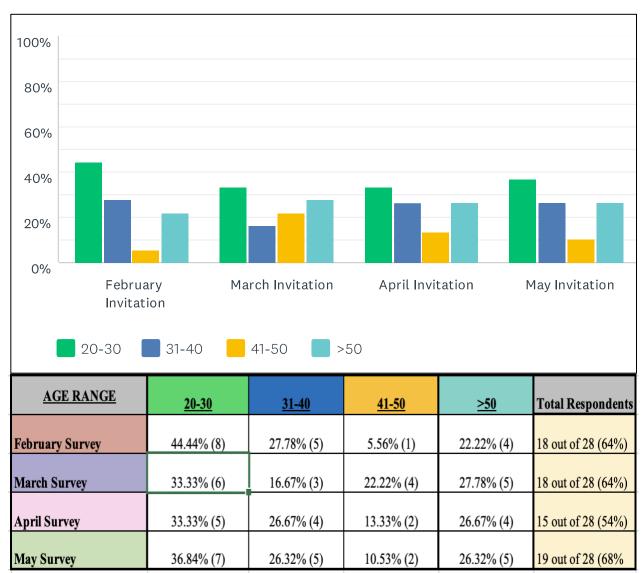
SMD Management Category Statements 1-10 and Composite Scores (per survey)

Survey Questions	The person I report to crerates 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 provides recognition for employees who do a good job	I report to carres	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

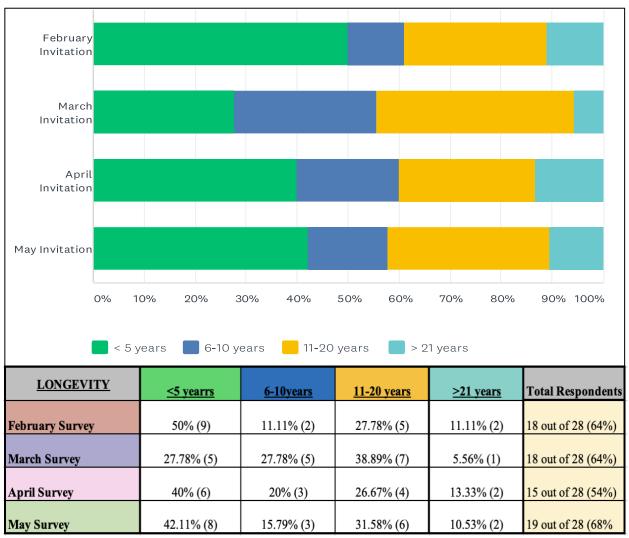
SMD Management survey: Age



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

Figure 6

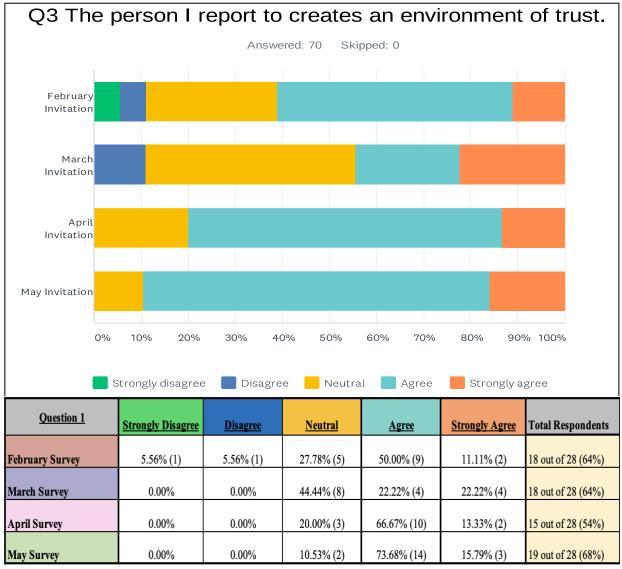
SMD Management Survey: Longevity



Note. Longevity status on the OB Triage staff.

Figure 7

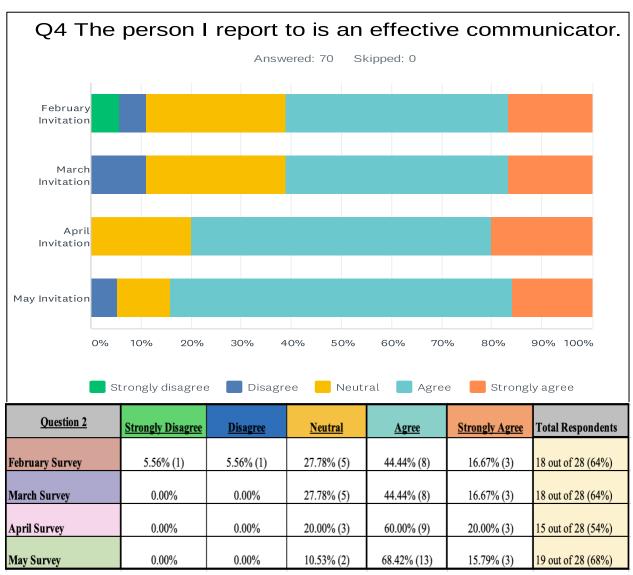
SMD Survey's Management Category Results: 1st statement



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

Figure 8

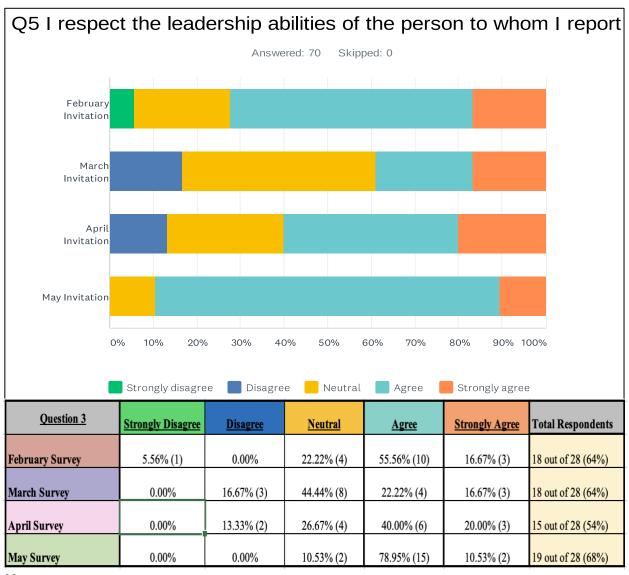
SMD Survey's Management Category Results: 2nd statement



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

Figure 9

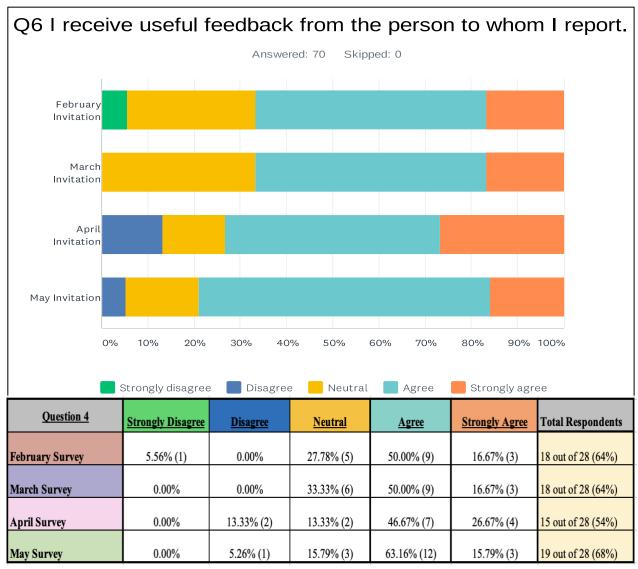
SMD Survey's Management Category Results: 3rd statement



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

Figure 10

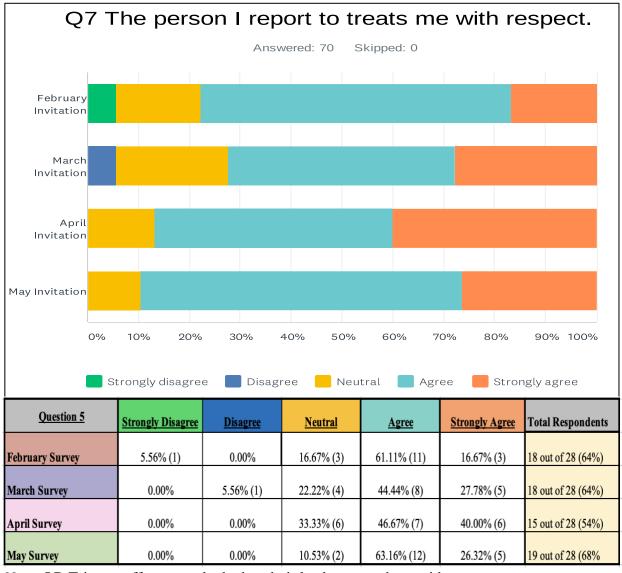
SMD Survey's Management Category Results: 4th statement



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

Figure 11

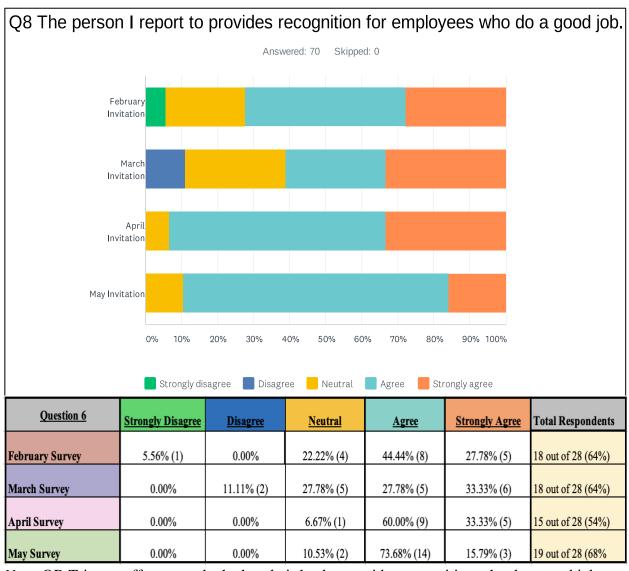
SMD Survey's Management Category Results: 5th statement



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

Figure 12

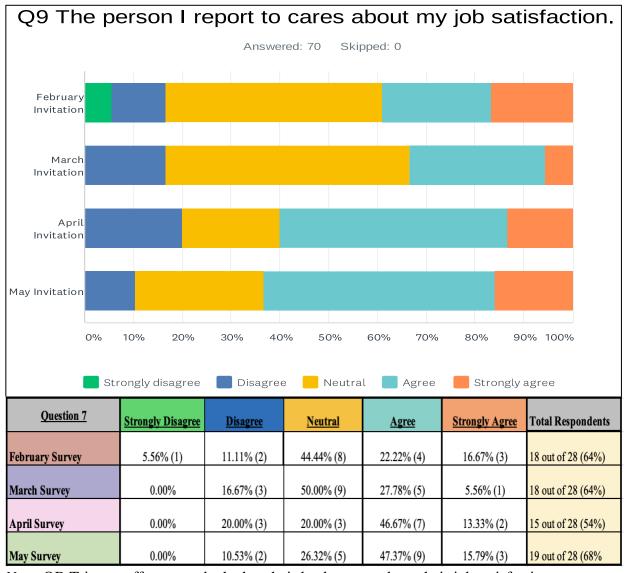
SMD Survey's Management Category Results: 6th statement



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

Figure 13

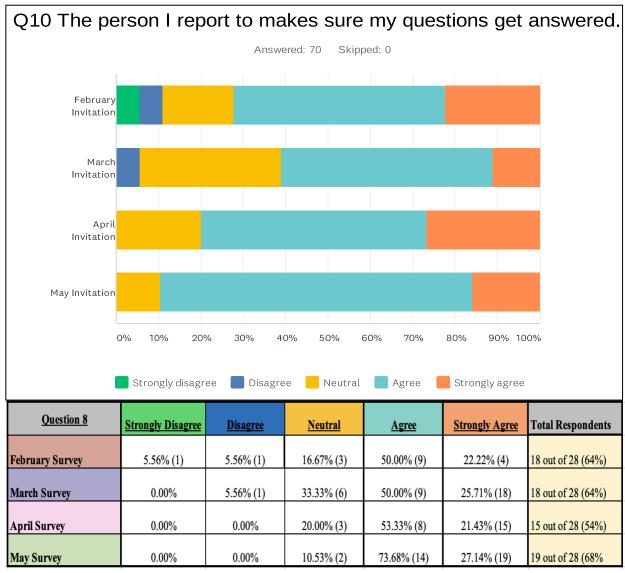
SMD Survey's Management Category Results: 7th statement



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

Figure 14

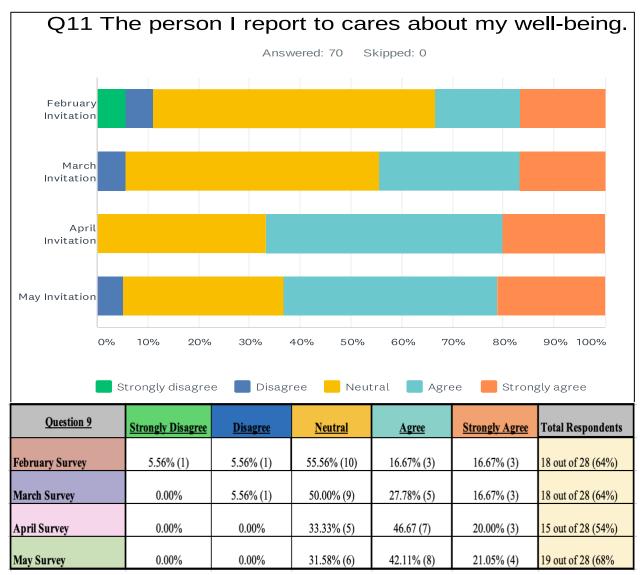
SMD Survey's Management Category Results: 8th statement



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

Figure 15

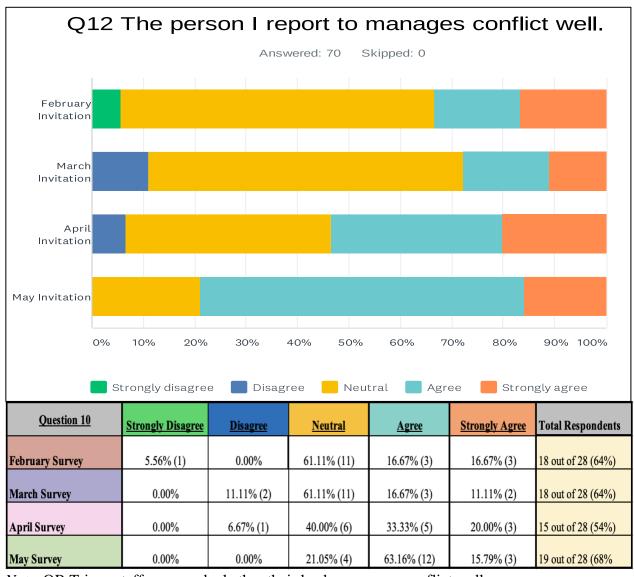
SMD Survey's Management Category Results: 9th statement



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</u> <u>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	2.67	3.91
Difference from 3/21 to 4/21	11.11%		1.01%	5.65%	6.93%			11.42%	7.11%	9.78%	3.91 8.87%
Difference from 10/20 to 4/21	10.63%		8.20%	0.87%	8.17%		9.66%	10.91%	8.75%	11.86%	7.89%
May 2021											
Difference from	4.60	4.53	4.53	4.47	4.80		4.27	4.67	4.33	4.47	4.53
4/21 to 5/21 Difference from 10/20 to 5/2021	16.95% 29.94%		23.55%	15.60% 22.13%	12.50% 20.30%			14.84% 27.95%	11.98% 19.94%	21.91% 33.83%	15.86% 25.01%

Note. Green $= \ge 5\%$ 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 0.01or 0.28%.

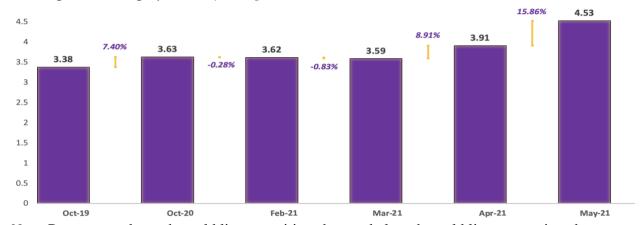
According to the March 2021 survey data, five questions went down compared to the October 2020 survey scores. The declining March results were on whether leadership is respected by the staff (-0.24), leadership treats staff with respect (-0.05), leadership cares about staff's job satisfaction (-0.45), 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.

"Management Category" Survey Composite Scores



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

Discussion of Major Findings

Figure 18

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)

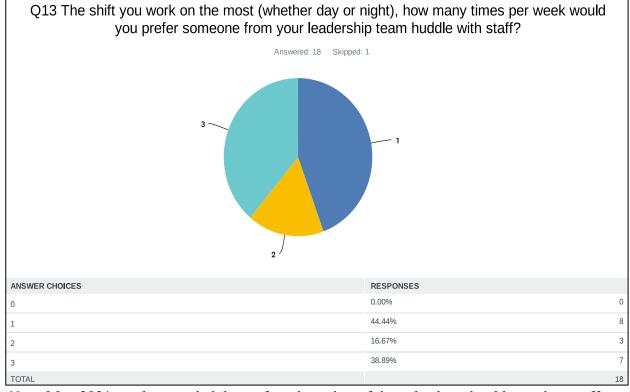
Based on the literature review and the improved relationship between leaders and staff, it would be appropriate to conclude that a few areas would improve as leader rounding continued to succeed. Due to the trust and respect between leaders and staff and the recognition from staff-to-staff and leadership-to-staff, 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



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Appendix B

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

Category	Questions		Triage Unit	Organiz Bench	zational nmark	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 C

Literature Matrix

Authors/Citation	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis/Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Balan D. Mill C. C. V.												
Baker, D., Hill, C., & Meyer, P. (2020). Standardizing Nurse Leader Safety Rounds to Promote Highly		Standardizing			The purpose of this project was to improve the success of daily safety rounds and augment the process with evidence-based Add Fo standardise starse leaders' practice and adhence. Fort, the investigates aimed to evaluate performance of name leader safety resending by treading adhermor to standardized indicators and subsequent processor incident reporting behaviors of the fronties at all. The secondary aim was to increase name leaders' as atmost or the connections of							The purpose of this project was to improve the success of daily safety rounds and augment the process with evidence-based ARF to standardize name leaders' practice and adherence. Methods: Nerse leaders undersvent ARF of daily safety rounds. Adherence data on frequency, high- quality, and high-reliability organizational (HRO) leader practice students and procursor incident
Reliable Care. Journal of nursing care results: 39(3): 252-257		Nurse Leader Safety Rounds to	high-reliability	Journal of	practice and adherence. First, the investigators aimed to evaluate performance of name leader safety rounding by trending adherence to standardized indicators and subscorner recovering incident reporting behaviour of the frontline staff. The					Convenience Sample, Managers at one	females ranging from 34 to	quality, and high-relability organizational (HRO) leader practice standards and precursor incident importing rates were trended. Rounding practice adherence increased for the following defined standards: frequency (63%–79%; high quality (50%–50%; and HRO leadership (0%–65%). Precursor incident reporting rates increased 25%. A&F reinforced quality and accountability for daily safety rounds. HRO
https://doi.org/10.1097/NCQ.00000000 00000445	2020	Promote Highly Reliable Care	organizational (HRO) theory	nursing care quality	secondary aim was to increase nurse leaders' awareness of the connections of inflaential rounding practices to	LEVEL VI; QI study, a descriptive design with	qualitative pre- and postintervention assessments	Audit and feedback (A&F)	12	Pediatric hospital in charge of 6 of the units.	57 years of age (median : 46 years).	reporting rates increased 25%. A&F reinforced quality and accountability for duity safety rounds. HRO theory-guided feedback offered an innovative way to translate HRO inflaence into nurse leader practice.
Mutoz, L., Rodriguez, T. Waltz, L. A.,							Five themes, which include areas that both enhance and			Convenience Sample,		Five themes revealed areas that both enhance and hinder job satisfaction and engagement, professional
Muttor, L., Rodriguez, T. Waltz, L. A., & Weber Johnson, H. (2020). Exploring job satisfaction and weekplace engagement in reillemial narrows. Just all Orienting management, 2023, 673–681.		Exploring job satisfaction and			To examine job satisfaction and workplace engagement of millennial nurses. A		rive names, which include areas that both enhance and hinder job state faction. The themes include the following: (1) professional relationships: (2) rewards: (3) communication: (4) professional relationships: (3)	Descriptive statistics were used to analyse the demographic data collected. An		Convenience Sample, Nurses from one hospital who identified as a millenial and volunteered to		Fine teams revealed gean the shot chance and baile jeb point action and engagement, proteoriously estimativelyer, we want, commensioner, protein and havelupeness for whochesi affeling Commen- sioner (and the protein and the protein and the protein and the protein and the short and the state of the protein and the pro
management, 29(3), 673-681.		Exploring job satisfaction and workplace engagement in	HRO theory	Journal of nursing	To examine job satisfaction and workplace engagement of millennial nurses. A preminent theme identi-fied from the focus groups, which is consistent with the literature, is the importance of positive professional relationships that sus-tain	LEVEL VI: Exploratory-descriptive qualitative	The themes include the following: (1) peofessional relationships; (2) rewards; (3) communication; (4) professional development; and (5) workload staffing.	Descriptive statistics were used to analyse the demographic data collected. An inductive thematic approach was employed to analyse the data from the focus groups.	33 nurses in 9 separate focus	as a millerial and volunteered to		negarding opportunities to support millennials' professional development includes offering participation in activities to advance evidence-based practice, preceptor training, financial assistance with national
Lown B. A. (2018) Mission Critical	2020	Mission Critical:	principles.	management	millennials through challenging times.	approach	workload staffing.	Audio recordings and field notes.	groups	participate.		certification examinations and tuition reimbursement.
Nursing Leadership Support for Compassion to Sustain Staff Well- being. Nursing activities adort quarterly, 42(3), 217–222.		Nursing Leadership Support for										
being. Nursing administration quarterly, 42(3), 217–222.		Support for Compassion to Sustain Staff Well-		Nursing	Nursing leaders and managers can play a significant role in support of compassionate practices for stuff and improvement of the work environment and stuff well-being.							Compassion practices that recognize employees for the caring they show to patients and each other, and that provide the support needed to sustain their caring and compassion, are associated with significantly better patient ratings of their care experiences in hospitals and ambelatory settings
https://doi.org/10.1097/NAQ.00000000 00000302	2018	being		n quarterly	staff well-being.	LEVEL VII; Article- not research						better patient ratings of their care experiences in hospitals and ambelatory settings
		Consensus achievement of								Used to develop an organising framework of factors proposed to		
Fischer, S. A., Jones, J., & Verran, J. A. (2018). Convensus achievement of		leadership, organisational and individual factors	These factors were							influence the climate of safety. A panel of 25	The 24% of respondents	Nursing leadership at all levels should embrace this framework for explaining and teaching stuff about the patient safety chain, and for regularly executing the evidence-based practices contained therein. Nurse
A. (2018). Convensus achievement of leadership, organisational and individual factors that influence safety climate:		that influence	organised into a framework using		Is suce that held the greatest agreement and were almost considered "givens": leadership commitment to safety , Executive					international experts in leadership and safety	residing in countries other than the USA (Canada,	patient rafety chain, and for regularly executing the evidence-based practices contained therein. Narse managers should aware that communication with staff is proceive, trustworthy, and as inclusive and the-directional as possible. Their commitment to addy can be artisolated by advocating for safety
Implications for surving management. Journal of nursing management, 26(1), 50–58.		safety climate: Implications for	Nominal Theoretical typology development	Journal of nursing	"greens" industrially committees to salety. Essentive Water contain "in a salety support of engineering and salety Water contain "in industrially capport of engineering, resolving and salety extension and a salety action of these topics hold universal and international recognition as principal factors influencing the patient salety chain, per existing literature and		framework of factors proposed to influence the	Delphi technique was used for this study. of The Delphi questionnaire used a Likert scale Descriptive statistics are conducted and analysed between survey rounds	The study retained 20 of the 25 round 1	engaged a three-round modified Delphi study with Liken-scored	Norway, Saudi Arabia and United Kingdom) represented three	reversations and position. Their constitutions of the constitution
https://doi.org/10.1111/jonns.12519	2018	management.	methods	management	confirmation by the panel of experts in this study.	LEVEL V; Systematic Review	review of leadership and safety literature	and analysed between survey rounds	participants	surveys.		enterms seeking out opportunities to discuss with physicians the integral role they play in SC.
											night-shift staff nurses, held at 7 hospitals in the	actions in the contract of contractation in these was the threat term in terms of the true pair. In No. The contract of the c
											held at 7 hospitals in the mid-Atlantic region of the United States, with the	mjoyment, and decreased narse burnout. 1-4 Purthermore, highly effective narse managers have been linked to supportive narse practice environments and narse-assessed quality of care. 5 Studies of narse
											objective of obtaining the	patient creates when stall marks trust and have a favorable preception of their mark manager. The
Cadmars, E., Flynn, L., Hawkins, C. Lindgren, T. G. &, Thomas-Weaver, S. H. (2017). Report From the Night Shift: How Administrative Supervisors Achieve Nurse and Praism Salm, Management of Supervisors											objective of obtaining the staff narses' perception of the supervisors' role. The second part consisted of interviews with 30 administrative supervisors,	enhancement of murse and patient safety, should be shared with supervisors. In addition, murse leaders should consider holding workshops and mentoring supervisors on the importance of fostering mutual
S.H. (2017). Report From the Night Shift: How Administrative Supervisors		Report From the Night Shift: How			The findings reveal that administrative supervisors "make it (whatever needs to be done) work" and achieve nurse and patient safety by building trust with the staff,						interviews with 30 administrative supervisors,	trust with staff and the "shadow system." (In complexity science, the "shadow system" is an informal method to look at new behavior, ideas, patterns and structures that emerge from relationships, which may
overterly 41(4) 328-336		Administrative Supervisors Achieve Nurse and Patient		Nursing	doing counds, officiating, and providing support to the front line team. These shall leaders foster a culture of safety with their relationship-oriented leadership style. By a mining further understanding about the administrative supervisor rule, now.	LEVEL VI; ethnographic study, the data were	An overall theme was identified indicating that the administrative appropriate in the bounted	The focus group and interview transcripts were thematically analyzed, using an	30		administrative supervisors, recruited nationally from 20 different states, to explore the supervisors' perspective on practices	be beneficial to leaders in learning about night whit toxics and their ideas). 20 Travivocity, approachable supervisors enhance patient safety, because staff, especially the newer staff who typically work the night white know that they can turn to the supervisor for both or which whom needed. The bisness benefit of
https://doi.org/10.1097/NAQ.00000000 00000252	2017	and Patient Safety.	none listed	administratio n quarterly	The findings record that administrative supervisors "make it (whatever mosts to be easy work and achieve naves and point only by building must wis the staff, design results, effecting, and providing support to the free late team. These shifteness forces a color of soft or withouther) control classed in General Conference of soft or with the relationship control classed from the administrative supervisor make, now would have processes on the explored, specific continuing other transformations, processes, control or explored, specific continuing observations programs can be developed, and additional research can be confined.	analyzed using an inductive, systematic, and iterative approach. Qualitative results via interviews and focus groups.	the administrative supervisor is the hospital leader with the goal to get safely through the shift.	were thematically analyzed, using an iterative, comparative method to identify codes and xort for patterns.	administrative supervisors	Purposive sampling	perspective on practices used to enhance safety. T	leaders building trust with the staff is that patients receive the right care while nurses and patients get safely through the shift.
							All nurse leaders have an important role in creating practice environments with effective	·				
							communication and collaboration. Since administrative supervisors and nursing unit-					Findings suggest that fostering collaboration between administrative supervisors and marsing unit-based managers should be considered an important strategy for improving job satisfaction and retention of these
Weaver, S. H. (2019). Administrative		Administrative Supervisors and			The study examined collaboration between		based managers are the vital link between	The survey instruments included the			Forty-one administrative supervisors and 72 nursing unit-based	
Supervisors and Nursing Unit-Based Managers: Collaboration and Job Satisfaction. //arxivo		Nursing Unit- Based Managers: Collaboration and		Nursina	I no vinay examined connectation netween administrative supervisors and nursing unit-based managers and the relationship to nurse		clinical narsos and senior narse leaders, creating and fostering collaborative work environments is critical in achieving highquality patient care and common goals of	Collaborative Behavior Scale-Nurse Manager (CBS) and job satisfaction, intent to leave and stay, and demographic	41 ACx and 72			stance leaders. This research demonstrates chaff maning officers wheelf are rot in improving collaboration between administrate purposises and maning authleand managers by hadding essents to permote a matast understanding of rode and discussions on ways to improve communication and collaboration. Additionally, clini maring officers should support collaboration by neuraling unprovinces and managers have opportunities to collaborate and restructuring the maning leadership meetings to allow administrative appraisation to the collaborate and restructuring the maning leadership meetings to allow administrative appraisation to administrative appraisance of the collaboration and restructuring the maning leadership meetings to allow administrative appraisation to administrative appraisance of the collaboration and restructuring the maning leadership meetings to allow administrative appraisance to administrative appraisance and the collaboration and restructured and the collaboration and restructured and the collaboration and restructured and the collaboration and collaboration and restructured and collaboration and restructured and collaboration and restructured and collaboration and restructured and r
Satisfaction. Nursing Economic\$, 37(2), 67–76.	2019	Collaboration and Job Satisfacgion	none listed	ntursing Economic\$	and the relationship to nurse outcomes.	LEVEL VI; cross-sectional study	nignquality patient care and common goals of narse and patient safety.	to stave and stay, and demographic questions.	es ACx and 72 unit managers	Purposive sampling via Survey Monkey emails.	48%) responded to the survey.	nave opportunities to collaborate and restructuring the narring leadership meetings to allow administrative supervisces to attend.
Keoch, T. J., Parpell I M. &												
Robinson, J. C., (2019). Assessing Behavioral Styles Among Nurse		Assessing Behavioral Styles			Of the four behavioral dimensions, Dominance, Influence, Studiness, and		The instrument describes behavior along four dimensions: (1) Dominance, (2) Influence, (3)					
Managers: Implications for Leading Effective Teams. Hospital		Among Nurse Managers:			Conscientiousness, 73% scored highest in Dominance and Conscientiousness. The remaining 27% scored highest in preferences for Influence and Steadiness.		Steadiness, (4) Conscientiousness, n some cases, the behavioral characteristics of these				nurse leaders who attended	The strength of the Dominance dimension is the ability to make quick decisions, whereas the strength of the Conscientiousness dimension is paying attention to detail and accuracy. Both are important in fast-
Keogh, T. J., Parnell, J. M. & Robinson, J. C., (2019). Assessing Schwierold Sylva Among Narse Managers: Implications for Leading Efficitive Teams. Hospital 14(2):20, 27(1), 32–38. https://doi.org/10.1009/00185868.2018. 1563460		Among Nurse Managers: Implications for Leading Effective		Haspital	The remaining 27% scored highest in preferences for Influence and Steadimers. Nursing leaders may benefit from awareness of differences in behavioral style preferences to enhance communication and team effectiveness, as well as improve		cases, the behavioral characteristics of these four DiSC® patterns overlap, but the preference for one style is evident (Straw and		3,396 marse		leadership and communication continuing	the Conscientioneness dimension is paying attention to detail and accuracy. Both are important in fast- paced and rapidly changing environments such as hospital settings, where mistakes can have devastating outcomes. On the other hand, the characteristics of Inflaence and Steadiness, found in only 21% of the
1563460	2019	Teams.	none lixted	lopio	satisfaction among team members.	LEVELIV; cross-sectional study	Cener 2002).	DiSCII Personal Profile Instrument	leaders	Convenience Sample	education courses.	nurses, can be described as seeking an enfluxiustic and optimistic week environment.
								A cross-sectional correlational survey				
Adams, J. M., Djukic, M., Fryer, A.K., & Gregas, M. (2018). Influence of Nurse Lauder Practice Characteristics on			The Model of the Interrelationship of					A cross-sectional corretaions survey design was used, web-based survey software (Qualitics(RJ) to ensure a secure web connection and protect respondent			A convenience sample of	
		Influence of Nurse	Leadership Environments and		The purpose of this study was to address this evidence gap by examining the pulnionship between nurse leaders' self-reported personal and practice						A convenience sample of 35 hospitals participated in the study. located across	Nurse leaders' inflaence on patient outcomes is poorly understood. In this study, the Leadership Inflaence over Professional Practice Environments Scale was used to collect data on surse leaders' practice
State Study. Nursing Economics,		Leader Practice Characteristics on	Outcomes for Nurse Executives (MILE ONE) (Adams, Ives		and ignation between more leaders with reported personal and species characteristics and selected options of several process of the several and species characteristics and selected options octomes: bearing single formed on their own practice and abilities to a few of the several process of the sev			regression models : the Leadership Influence over Professional Practice			eight states: Connecticut, Florida, Maine,	Notes leaders' influence one patient outcomes is poorly understood. In this study, the Leadership Influence one Professional Price Environments Scale was used to collect dates on neue leaders proceed scharacteristics. This study is the first to cursine the relationship between mensing leadership characteristics and their direct influence on neue-researching patient extensive. WiTHIT ECURENTS WHATHASS on Qualityful Arin, must leaders take to tensendous pressure to rois in costs, improve the patient experience of neuer control, and achieve ordering injuriest as clear direct doctors. These audits or aggest a key influence ord orace of neuer leaves the patient experience of neuer leaves and the patient and order obstors. These audits or aggest a key influence order neuer leaves the patient experience of neuer leaves the patients and the patients and the patients and the patients are necessarily as a patient experience of neuer leaves the patients and the patients are necessarily as a patient experience of neuer leaves the patients and the patients are necessarily as a patient experience of neuer leaves and the patients are necessarily as a patient experience of neuer leaves and the patients are necessarily as a patient experience of neuer leaves and the patients are necessarily as a patient experience of neuer leaves and the patients are necessarily as a patient experience of neuer leaves and necessarily as a patient experience of neuer leaves and necessarily as a patient experience of neuer leaves and necessarily as a patient experience of neuer leaves and necessarily as a patient experience of neuer leaves and necessarily as a patient experience of neuer leaves and necessarily as a patient necessarily as a patient necessarily as a patient necess
https://link.gule.com/apps/doc/A568974 201.HRCA3/a-mcliveecus/sid=HRCA3/csid=11c62bb3	2018	Patient Outcomes: Results from a Multi-State Study	ONE) (Adams, Ives Erickson, Jones, & Paulo, 2000)	Nursing Foregoins	practice and abitions to achieve the Quadruple Aim (enhancing patient experience, improving population health, reducing costs, and improving the work life of healthcare providers, including clinicians and staff).	LEVEL IV; Qualitative Data		Environments Scale was used to collect data on nurse leaders' practice characteristics	778 marse leaders	Convenience Summle	Massachusetts, New Hampshire, New York, North Consists, and Texas	Quadruple Aun, name leaders have transmitous pressure to rein in costs, improve the patient experience of care, and achieve optimal patient and staff outcomes. These studies suggest a key influence of nurse leaders on patient outcomes in through securing good work my interaction for nurses.
110,000	2020	January State State S	1,223, 2007)	LUIDING	PERSONAL PROFESSIONAL SECURIOR AND FAMILY.	ALTEL IV, QUARANTE DAIA		MARKANIA.	and the same of th	Continues Janque	Stella Carrina, and Hear.	навил не равни настави и менера такжар доли чена метаграмини от матер.
							CONCLUSIONS The Ouadraple Aim17					
			The framework for				CONCLUSIONS The Quadruple Aim17 reterates enhancing patient experience, improving population health, and reducing health care cost, as well as adding a fourth aim to improve the work life of staff. A positive work environment presentes patient safety as another, are because it requires uttill to be					
			this study was transformational				health care cost, as well as adding a fourth airs to improve the work life of staff. A positive					
Blake, P. G., & Bacon, C. T. (2020).			leadership theory that describes leader behaviors that inspire staff to		The structured rounding process may aid new directors and murse managers in		work environment promotes patient safety and quality care because it positions staff to be engaged and successful in their roles. Leader rounding and connection with staff promotes	The data were summarized using				Structured rounds by all levels of nursing administration can contribute to increased leader visibility,
Structured rounding to improve staff		Structured rounding to	inspire staff to perform beyond		The structured rounding process may aid new directors and narve managers in identifying unit issues and work as a team toward resolution of any problems. The most important strategy to mitigate the impact of multiple loadership changes was consistency in meeting. Wroten included a surprising of practical quantum and		rounding and connection with staff promotes quality patient care outcomes and contributes	descriptive statistics for the total sample and for each maticipating unit. Pro. and			Nurses who spent at least 50% of their time in direct nations care A concenience	Structured rounds by all levels of nursing administration can contribute to increased leader visibility, orbanced leader—staff collaboration, and improved staff name satisfaction with leadership. Focused safest is required to maintain leadership rounding with assessment of findings, reaching of issues, and more ring of white. Consection, with a fift removes contribute one entire or contributes in increased.
Blake, P. G., & Bacon, C. T. (2020). Structured rounding to improve staff surves satisfaction with leadership. Nursie Leader: https://doi.org/10.1016/j.mml.2 2020.01.016/j.mml.2		improve staff nurse satisfaction	expectations for the success of the		consistency in rounding. Structure included a variation of targeted questions and utilization of an electronic tablet with a rounding application. Leaders kept rounds brief, to a maximum of 10 minutes since most staff were in		to the achievement of organizational objective in accountable care organizations with high	The data were summarized using descriptive statistics for the total sample and for each participating unit. Pre- and a post-intervention mean scores of the 8 PESNWI leadership items were compared	199 of 228 eligible stati		patient care A convenience sample consisted of children's hospital staff	reporting of status. Connection with staff promotes quality care entrouses and contributes to improved organizational performance. The Quadraple Aim17 rehenters enhancing patient experience, improving population health, and reducing
020.04.009	2020	with leadership.	organization.	NurseLeader	patient care assignments.	LEVEL IV; Qualitative Data	reliability	using independent t-tests.	tenes.	Convenience Sample	marses.	braith care cost, as well as adding a fourth aim to improve the work life of staff.
Ford, D. J., French-Bravo, M., Nelson-Brantley, H. V., & Manos, L., Vezzey Brooks, J., Williams, K.		communicative berechtions of extremed answer	Framework of		The NM was instrumental in creating and sustaining an innovative, flexible, nations-control culture wherein turticipants felt safe to ask questions and both							
Venney Brooks, J., Williams, K. (2020). Exploring nurses' perceptions of nurse managers' communicative			Framework of naturalistic enquiry and supported by a position of ontological realism and epistemological constructionism. Qualitative. Descriptive antereach.		staff and management shared accountability for successes and failures. The NM's ability to communicate openly and honestly increased participants' buy-in by							In this study, 'giving something' is understood as acts or behaviours such as nurses' time, willingness to
of nurse managers' communicative relationships that encourage nurses' decisions to buy-in to initiatives that		decisions to	position of ontological realism		reducing their inclination to place blame on the system for an initiative that may not have initially been well received. A key finding that resulted in participants		Three thomes were identified. The					support and participate, offering expertise, etc., and 'in roturn for something' is understood as extrinsic factors such as experience that supports career growth, as well as intrinsic factors such as the desire to
enhance patients' experiences with		relationships that encourage nurses' decisions to buy-in to institutives that enhance patients' experiences with case	and epistemological constructionism. Ourlinties	Jurnal of	feeding supported was the NM consistently asking why. The NM wanted to know harriers participants experienced in implemental initiatives, and asking solve was an effective supercycle to extraoring metricinents in dislocate. Participants		communicative relationship was developed an strengthened through the manager's: (a)	d				In this study, joing comeding in understood as acts or behaviours such as senses' time, will appears to support and participan, elitting experies, etc., and it in resum for escending it understood as extensis forms such as experient that appears, except present, as well as intentic licensis and as deduced to support paints. Understanding the vide in of communication within organizations in important to anternanding. ANN, experies in followant terms of they want to by the supposition and institute. Communication is commit in health case, whether they want to be in supposition and institute. Communication is commit in health case, whether they want to be in the supposition and institute.
celusion to sely-in to interarvox mon- celusion patients, experiences with case. Journal of Hursing Managament, 29(3), 567-576. https://doi.org/10.1111/jones.12958	2020	experiences with	Descriptive approach,	Journal of Nursing Management	The NM was instrument in cruzing and sortaining an instrument, fixelish, praises course others between participants fit and to sak questions and both the sake of	LEVEL VI; Exploratory qualitative descriptive study	Three theracs were identified. The communicative relationship was developed an strengthened through the manager's: (a) makinodal approach to communicating and influencing, (b) engaging and supposing staff and (c) promoting staff-led decision-making.	semi-structured interviews	15 nurses	Convenience Sample	15 nurses	elinicians and patients; yet, understanding these communicative relationships remains an underexplored area of research.
Hudson, P. & Tang, J. H. (2019). Evidence-based practice guideline:					The purpose of this name retention evidence-based practice guideline is to provide strategies for first line name managers in various health care settings to use in	1	practice guideline is to provide strategies for first line nurse managers in various health can					The Lit Review have shown that nurse retention and turnover are caused by many interacting factors.
Hadron, P. & Tang, J. H. (2019). Evidence-based practice guideline: Narse extension for narse managers. Journal of Gar ortological Norsing, 45(11), 11-19. http://dx.doi.org/10.0928/00999134- 2010/014. doi: pg/10.0928/00999134- 2010/014.		Evidence-based practice guideline: Nurse retention for nurse		Journal of	The purpose of this name retorrison ovidence-based practice guidaline is to provide strategies for first line name managem in avirants hashin our settings to tue in enhancing jeb sainfuncion and decreasing turnover of staff narson. Interventions are focused on those uses that are beyond compensation issues and are within the purview of same managem; (a) autensaty; (b) exceptation; and (c) constantiation. Retailing expert names with here a positive of effect on quality constantiation. Retailing expert names with here a positive effect on quality		intercont, me purpose of this evaluation-maked practice guideline is to provide strategies for first line narse managers in various health can settings to use in enhancing job satisfaction and decreasing temporer of staff narses. The goal of this guideline is to present strategies that will retain experienced narses beyond					The Lit Roview have shown that surve returtion and turnover are caused by many interacting factors. These complex relationships have resulted in no best or quickost way to 6 is turnover problems. Accommendation for interactions in addition name struction and internet are board money or surveitional descriptive studies, expan opposition, and informed observations. Although the supportive seedance is not conducte, the wealth of information and suggestions found in the futures can be undisk.
http://dx.doi.org/10.3928/00989134- 20191011-03	2019	for nurse managers.	none listed	Journal of Gwantologic al Nursing	parview or name managers: (a) automorpy; (b) recognition; and (c) communication. Retaining expert nurses will have a positive effect on quality patient care.	LEVEL V; Exhaustive literature review	goas or this guarante is to present strategies that will retain experienced nurses beyond compensation issues.	m/a.	n/a	n/a	n's	corremencial encryptive studies, expert opinions, and information undervations. A instagn the supportive evidence in not conclusive, the wealth of information and suggestions found in the literature can be useful. Interventions are focused on three areas: (a) autonomy; (b) recognition; and (c) communication.
Sandar M. I. Hard F. & Sallian]			1	In Quar virtually all births	
J. (2018). Team coaching and rounding		Team coaching and rounding as a framework to			This project was designed to equip front-line surse leaders with enhanced skills		1	collecting a mix of quantitative and			take place in hospital. The NICU. The unit was	
organizational wellbeing, & team performance/curnal of Nacnatal Naraing, 24(3), 148-153.				downer' of	This project was designed to equip front-line narse leaders with enhanced skills and techniques to premote a framework for developing estational leadership styles. Evaluation involved the charge narses and stiff under their supervision. Results suggested that there was improved supervisor-supervisor relationships,			qualitative data using two survey tools which we devised for the program in			take place in hospital. The NICU. The unit was staffed by around 365 fullime (40 hpr week)	
Muraing, 24(3), 148-153. https://doi.org/10.1016/j.jnn.2017.10.00	2010	organizational wellbeing, & team performance	none fate*	Journal of Nacrotel Nacrotes	Results suggested that there was improved supervisor-supervisor relationships, increased morivation and more frequent constructive feedback. The challenges to sustain these initial eaties are the focus of one-one initiatives.	LEVEL VI ambring and a few	Responses were organized into two themes: what they liked about the project and what the felt could be improved upon.	collaboration with the CNs. Survey	11 Charge RN's and 163 RN's	Commission 6		Improved staff motivation seems to be a key outcome of the project. 84% of respondents agreed or strongly agreed that receiving feedback from their CNs during rounding had a positive effect on their work exemination.
	esca B	Annantee	Qualitative research	- way	THE PART OF THE PA	*1, quantum crassasses	о парточна проп.		THE PART OF THE PA			
			encompasses many research methods within the				[
		Nurse managers' perceptions of their work	within the naturalistic paradigm. The		The findings revealed that although naive managers love their job and naiving teams, they perceived being overworked with less than adequate resources, they are unable to effectively manage employees 24 hours assent the clock, and they are not adequately trained prior to assuming the managerial role. Consequently,		Three major themes and four additional sub- themes emerged from this study. The three major themes were overwhelming workload,					and patient outcomes. When managers are no answer also perceived to be impactful on sidff narsos, and patient outcomes. When managers are present in the unit, they can perform rounding on their staff and help them with performing certain clinical tasks. Through visibility, managers can validate then their parts.
Ogushi, C. (2019). Nurse managers'			qualitative designs	Doctoral			major themes were overwhelming workload, inadequate training and resources, and team	With a guide consisting of 10 questions.			24-hour responsibilities for their units, and at least 6	employees are performing hourly rounds on their patients and they can validate that stuff is applying AIDET with every patient encounter. AIDET is an acronym intended to help nurving stuff establish
perceptions of their work environments and their perceived impact on staff norsee and patient outcomes (Documb		their perceived impact on staff	being phenomenology, ethnography, and	dissertation, Taxas	workinst, lack of training, or lack of resources, it negatively impacts their staff numer, outcomes. Eveninally, staff numer decide to leave in search for better working conditions which in turn also negatively impacts patients with loss than		inadequate training and resources, and team support and collaboration. The four additional sub-themes were stress, burnout and turnover ineffective unit management, advocacy and	With a guide consisting of 10 questions, data were collected using a one-time, in- depth, semi-structured audio-recorded interview. Data were analyzed using the	L.		their units, and at least 6 months of managerial experience in an acute care	Visibility and prosonse of neavo nanapers in the unit were also perceived to be impactful on will narra- nal pinet outcomes. When managers are present in the unit, they can perform resulting on their call and analysis are performing into present to their pinets and they can relate that off at applying ADEP with every painer encourae. ADEP is an average instead to help narraing and establish report and propers consensation with pinets. The fining for most in subject remixing until establish report and propers consensation with pinets. The finings from this subject remixing until establish to more manager resistant, and if more remarks, and quitely painted encourase, all of which are directly or another properties. The consensation was also also the properties of the properties
nur see and patient outcomes (Doctoral dissertation).	2019	nurses and patient outcomes	ethnography, and grounded theory	Woman's University	working conditions which in turn also negatively impacts patients with loss than desirable patient outcomes.	LEVEL VI; Qualitative research, Dissertation/Thesis	ineffective unit management, advocacy and listening, and name leader rounding.	interview. Data were analyzed using the hermoneutic circle.	17 nurse managers	snowball sampling method	hospital setting were enrolled as participants.	indirectly tied to increased costs for hospital administrators, less patient valid action, and ultimately reduced financial reimbursement.
							Nurse leadership plays a significant role in silesisting terms between Authority and	A vostenski klander				
							alleviating name burnout. Authentic and transformational leaderships are 2 major styler identified to help leaders demonstrate self- awareness and high moral standards, which	A systematic literature review was guided is by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRESMA), 16 We conducted the review according to Cooper's 17 step-by-step recommendations for research synthesis. The quality of the studies reviewed was succeeding.				Employee rounding allows staff to share both positive and negative aspects of their workday. It is crucial to min perspectives from employees rounding day-to-day operations. In addition, rounding can
		The Impact of					awareness and high moral standards, which are essential in building genuine nurse-leader	(PRISMA).16 We conducted the review according to Cooper's 17 step-by-step				crucial to gain perspectives from employees regarding day-to-day operations. In addition, rounding can provide mave leaders with an opportunity to reinforce positive behavior through recognition. For example, name leaders can provide staff with a glic, eady, or thereby-you note for exopional performance. Calebrations and social events are an excellent method to recognize multiple employees for hard work.
Lake, D. M., King, A., Jiang, Y., Sewell, K. A., & Wei, H. (2020). The		The Impact of Nurse Leadership Styles on Nurse			nume burmout is reported globally, and nume leadership plays a significant role in reducing nume burmout. The major influencing leadership styles include authentic and transformational leadership. Competent leaders can reduce nume burmout		are essential in building genuine nurse-leader relationships. Leadership can reduce nurse burnout through potenting nurse engagement applying authentic and transformational	recommendations for research synthesis. The quality of the studies reviewed was				
Sewell, K. A., & Wei, H. (2020). The Impact of Nurse Leadership Styles on Nurse Barnout: A Systematic Literature Review. Nursa Lauder.	2020	Burnout: A Systematic Literature Review	none fate*	Mesorm	through empowering and promoting nurse engagement, applying authoric and	LEVEL V; Systematic Reviews and MetaAnalyses guidelines	applying authentic and transformational leadership, and creating a healthy nurse work environment	assessed by an appraisal tool for descriptive quantitative studies	Fishtor	n/a	n is	leaders can empower nurses by providing resources, support, and opportunities to help them learn and develop professionally. Leaders can odacate employees about the available financial resources or incentives for motifessional develocement
	ent/233	Improving the	CONTRACTOR OF THE PERSON NAMED IN CONTRACTOR OF T	Dorton of		The state of the s	A successful magnitus and marries as			and a	and .	
Riox, R. (2018). Improving the employee experience with leadership rounding (Doctoral dissertation,		Improving the employee experience with leadership		dissertation, University of	make a personal connection, find out what is going well, and determine what		A successful rounding and meeting process could take a year or longer to see any significant changes. Leaders should also	The VA AES , Standardised Rounding			Front line supervisors,	Importanciane of leadership rounding: builds trust, improves violebility, communication, morale, magagement, and processes. It reduces tumover, Frontines supervisors we II be nequired to communicate face-to-face with their direct reported tably, with a necommendation from the Network Director as twice per
University of Pittsburgh).	2020	rounding	none listed	Pittsburgh).	improvements can be made.	LEVEL VI; Case Study, qualitative survey	assess how they feel about their own job.	Temphie	74	Purposive sampling	executive staff	day.
						LEVEL VI; The relationship-based care model was used as a framework for the project, , and concepts included work engagement, name	Providing clinical leads with an evidence- based educational program to support them	SPSS statistical software. The Competency				The gap in practice within the organization included lack of developed relationships and trust, ineffective communication, lack of leader awareness of the nurses' reofessional reals, and the absence of meanineful
						engagement, recognition versus meaningful recognition,	based educational program to support them when interacting with direct reports can improve communication, employee	haveniney for Registered Nurses was tested for validity and reliability using Crosbach's a and		sample of convenience	A convenience sample of unit RNs who are	communication, lack of leader awareness of the nurses' professional grash, and the absence of meaningful recognition. In this project, provided clinical leads with knowledge and tools to improve the skills needed to build relicionally and motivate and engage the skill flow supervise. Finangementy with the staff will set the stage for changes and open the door for communication. The staff will help hold the clinical leads
L		Direct Supervisor Influence on	Transformational	Walden University;	The purpose of the evidence-based practice project was to use current evidence of direct supervisor influence on nurse engagement to create an educational program	professional development, communication,	improve communication, employee recognition, professional growth, feelings of being heard and belonging, building relationships, and strengthening nurse		l	from the pilot department and were asked to	supervised by the clinical leads was obtained to	the stage for changes and open the door for communication. The staff will help hold the clinical leads accountable because they will have an expectation of what is to come. The effects of the changes in the leaders' knowledge, skills, and use of the tools they were obtained about will be assessed in specering
Tapp, K. E. (2018). Direct Supervisor Influence on Nurse Engagement.	2018	Nurse Engagement	leadership, and authentic leadership.	Dissertation DNP	direct supervisor influence on nurse engagement to create an educational program for clinical leads to use in their interactions with direct reports.	seasonship. Descriptive and correlational statistics	reunonships, and strengthening nurse engagement.	tests. 5-point Likert scale to assess their perception of their leadership skills.	six clinical lead nurses	complete a paper questionnoire.	complete an electronic questionnaire.	leaders' knowledge, skills, and use of the tools they were educated about will be assessed in upcoming name engagement surveys.
Drake, Kirsten & King, Lenetra (2018).					Where does a culture of highly engaged employees begin? You guessed		1					
How to drive employee engagement through high-performance leadership, Nursing Management (Springhouse): July 2018 - Volume 49(7), p. 7-8.		How to drive employee			correctly—it all starts with leaders. Engaging your employees has to be a priority. There's a very clear link between high-performing and dynamic leaders and a require interest on employee measurement retention, and the regions and		[
	,	employee engagement through high- performance		Nursina	context)— it at earn wan audiest. Laggang type or emproyees that to a 'a printips'. There is a very clear lisk between high-performing and dynamic leaders and a possible impact on employee engagement, reintition, and the patient and family experience. Recognition helps employees for villaged and encoccarges them to containse to work hard to most goals. The time to be time to be designed to exclude the contained to work hard to most goals. That the time to be registered most fine contained to the contained to th		[results: Five themes revealed areas that both enhance and hinder job satisfaction and engagement. Themes include the following: (1) professional relationships; (2) rewards; (3) communication; (4) professional development; and (5) workload/staffing.
540053.83189.82	2018	leadership	none listed	Management	frontline staff members about how they want to be recognized.	LEVEL VII; Article- not research	n/a	n'a	n/a	n/a	nia	development; and (5) weekload/staffing.

Authors/Citation	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis/Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Authorsy, nation	rub	ATUCIE I IIIE	I neor y	Journal	urpose and take nome message	Evrience	categories		Size	эмпри шения		Comments critique of the article methods GAPS
Cohwell, F. J. (2015): Leadership Strategies to Improve Nurse Referition	2019	Leadership Strategies to Improve Nurse Retention.	feedership- motivated excellence theory (LMX-T) for this study.	Doctoral dissertation, Waldon University).	The purposed if this qualitative multiple one study must be serious the leadered footing and the social serior review recognized to be one control to the social serior review recognized to be the serior recognized from the forming at more that the social designed by improving prefer serior recognized and serior was of must write the serior recognized serior	L.EV.EL.VI: qualitative multiple case study	The two major themes that emerged as strategies from the health care facilities that I interviewed were (a) leadership strategies and (b) interview audiges. The three subthemes were (a) development and training, (b) organizational challenges, and (c) recruitment at delaying.	I was the primary data collection instrument in this study. I used semi- structured interviews with open-ended interview questions to gather quality data from participants (see Michael N. Morse, 2015). The interviews took place via Swyse or land ine. The interview protocol (see Appends A) gladed participants' responses regarding my research tooks.	6 Senior Nurse Managers	Purpositve sampling	The targeted population sample consisted of six senior nurse managers, one from each of six hospitus located in the Rodiy M currish states, who had established all cutive leadership strategies in reliention of nurses.	The focus of this program is to make sove marks are proceed transfer to another hope where they work and did not leave because the governor transfer to another source and the source of the source of the source of the rocases having over source, and as a source, throughout source, then the source of the source of the source of the the hardward that source with rock and otherwise having to describe who independent and otherwise all sadestips on process or othing and the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of source of source sou
Kester, K. M. (2020). A multiflasted approach to tackling nurse turnover. Nursing Management, 3J (6), 22-28. This light of the property of th	2020	A multifaceted approach to tackling nurse turnover	nia	Narxing Management	Clinical muse estartion is a priority for musting leadant that requires short-and long-term planning. US hospitals a repeation of 25% RN transport on availage oward, 55 % of hospitals have an RN vacancy rated ower 75%. It is addition to which a muse relaterior, muse immarges must focus on optimizing thing, training, and orbitat riging processes boscuss this hirting pool has an average of least their 3 years' experience. Newly created positions are also on the rise, due in large part to the airph population.	LEVEL VII: ARTICLE	ala	ria	nie	rula	nla	The six standards collined by the AACN in Standards for Establishing and Southining Healthy Wook Conformation are self-and commonships, submitted collection, markingful recognition, expected and prediction of the self-and self-and self-and self-and self-and self-and self-and indirection for AACN self-and self-and self-and self-and self-and self-and self-and of one appropriation's stiffing intent to six, and most districts. By implementing a multilisation approach, you and white proportioned of districts self-and se
Lao, P. L. (2017). The perception of narrang looker's behavior on stell narrang looker's behavior on stell narrang organizational cames between and duties to pursue professional durkspower and an acodesis: growth (Order No. 10784650). Available from PoCount Carbotic ProCount Dissentiations 8. Thosas Goldani. (125800961). Railwood from https://www.francount.com/slook-look- 1000109617 (2007-01-10500).	2017	The perception of nursing leaders' behavior on staff nurseal' organizational commitment and dealers to pursue professional devid opment and academic growth.	This research dasign used algorounded theory approach	Dissertations 8 Theses Global William Carey University	Faithrs to be agood an efficient Name Faithful Copportunity for grants, Ood incompression of a framework flavor. Interest Activated Name American State (Section 1) and the Activated Name	LEVEL VI: Qualitative research is interpretative and the data is reported in different contents.	The quadion yielded five mijor theme: a) supportive, it) encorragement, c) politive althoused report, and a) communication. From terms energed describing reporting posterior careas or delivers pursue professional development.	USIDad an investigator-developed tool reviewed by SMEE. Used a qualitative research design. K come and Pomer's model of handormational selectinip. Compact audistive qualitative data analysis software (CACQAS)	17 participants	purposivský salected	Participants from an acuta- care sating in the facility. All participants were employed full-time and had greater than it year of runsing experience inclusion or baria? Pills in acute-care sattings, full-time apparity, greater than oneyser of experience, and not in a supervisory role, interviews.	Therearing laste should make I apricely to be present or he will and have-daily communication with Management of the levels can allow of the virit. This produces be based table withing Management.
Blademore, C. C., Ching, J. M., Hebish L. J. M. ann, G., & Phillips, J. (2016). Engaign frontilina leaders and staff in said-fine-improvement. The Jose Commission. Journal on Quality and Passive Safer, 24 (G), 170. https://doi.org/10.1016/S1553- 725016840021.	2016	Engaging Frontline Leaders and Staff in Real- Time Improvement	none listed	The Joint Commission Journal on Quality and Patient Safety	To specifically address staff engagemet, V signife Mason Medical Center, as integrated, single-incopilal health system, developed an aground the lamboured waters. The copy filt which you desired in one for leader, as well as sufficient to the copy of the cop	LEVEL VI: quility improvement (Q1) project	Kaban Florrotton Office(KPC) staff members established three guiding principles (1) Staff engagement begins with leader engagement (2) Hanged daily improvement (suitore) as shabilitati vivoy of liferent as in additional and entire entire in which staff fell psychologically safe and valued. The disciplination of the psychologically safe and valued (SWL) and Everyale Lean Idaas (EL.1s) were implemented.	To operationalize the guiding principles, weinriplemented two design elements: Standard Work for Leabers and Everyday. Lean Ideas	80 ED staff	Convenience Sample	V Inginia Mason is an integrated health core system in the Pacific Northwest, with a single 356-bed hospital and multiple outpassant divisor.	Leaf Roands and Workplace (Derived Coservidoris, Wealthy leader concell and observations are used and of self-class and foliate CLL sin made from Whatever in learned from controls about diff and added in the residence is alreaded on the freedom control and an area for control being for earlier. Line in the foliationing warrages. Through a residence of the freedom control and an area for the control and area fo
Tribians, A. (2019). Engaging the health care professional. Journal of Medical Imaging and Reductors Sciences, 39 (3), 355-368. https://doi.org/10.1016/j.jmir.2019.04.0 04 Americh, B., Statistine, Mr. J., Fesse, S.,	2019	Engaging the Health Care Professional	none listed	Journal of Medical Imaging and Radiation Sciences	In direjda herm, engapat MFTs will help reduce overall departmental operations assenses, increases profits, and improve solient statisfaction scores. The following section of the control of the control operations and improve solient statisfactions for the control operations for facts Color and Howard Commerciation, feature of Intelligent adults Hermonous Procedure Forested Color and Howard Forested Color and Color and Howard Commerciation, should be information for the Color and Co	LEVEL VIII: ARTICLE	Leaders will do well to provide frequent and constructive performance feachable to all employees. Work-Hill behaltence discussions should be commorplate at department meetings and during performance rearisers (1516).	nia	rola	nia	n@	Over-filteling a kiloria sorthis to he fast that high entitique engagement is directly intend to social treatment and outcome. Presented any present and outching for scrosse will become himmen of present standards. As Miller and employmen and controlled standards because because the because him controlled any pass. Equal to differing distriction must be jump to high medium, and the particular of the pass of the
Jones, K., Mayer, B., Scharmuly, C. C., S. Tröster, G. (2016). What good leaders actually dor Microrlevel leadership tethnaricus; leader evaluations and team discision quality. European Journal of Work and Organizational Psychology, 25 (6), 773-780. https://doi.org/10.1080/1359422X.2016 1189903	2016	What good leaders actually do: Micro level leadership behaviour, leader evaluations, and team decision quality	theory-driven identification of leadership Grounded in 2	European Journal of Work and Organizational Psychology	A saley cather equine templal leaders to be trappered in their efforts for safely as well as bincorporate endoquement of first for safely improvement. From the safely as well as bincorporate endoquement of their first properties of safely. While many safely efforts are to cause on safely safely the safely saf	LEVEL VI: Case Studies, experimental sessions lashing approximately 2 hours for each searn of 3 participants.	Factors for creating a culture of safety in healthcare institutions instude creating a just culture in which all are accountable for safety and the response to safety concerns is to focus on problems softing rather than proisferment. Another factor, which is created for a cultural safety, is a short gratiley exporting by safety.	multifactor leadership questionnaire, and Behavioural minimizy was measured with X sens MTNB interfar measurement until	165 participants	Purposive sampling	55 three-person teams. Participants were recruited through a distribuse run by the psychology department of the university where the study was conducted, students who live in the area.	incontrol of lasters engaging forestive staff in rocke to pain the best undestanding of staff or construction and set this identifies with forestive various bus planted; and explaint proceeding for resident proceeding for the resident proceeding for the resident proceeding for the resident procedure (forest staff indestanding showcondust). (Construction staff and staff indestanding showcondust) (Construction staff indestanding showcondust). (Construction staff indestanding showcondust indestanding showcondust in construction showcondust indestanding showcondust index showcondust in
Marning, J. (2016). The Influence of Nurse Manager Leadership Style on Staff Nurse Work Engagement, Journal of Nurse Administration, 46(0), 489-443, https://doi.org/10.1097/NNA.0000000 00000372	2016	The Influence of Nurself anger Leadership Style on Staff Nurse Work Engagement	developed conceptual frameworks: The Full Range Leadership Model and the Work	The Journal of Nursing Administration	to evaluate the influence of nanse manager leaderably style factors on staff nanse leads anapparent.	LEVEL VI: discriptive cornelational research design.	Nurse managers who provide support and communication through transformational and transactional teachership styles con have a positive impact on staff nursework engagement and ultimakly improve orgenizational actourum.	Survey instruments included the Utrecht. Work Engagement Scale and the Muthilatorial Leadership Quastionnaire SX short form.	441 staff norses	Convenience Sample	working in 3 scale care hospitals were surveyed.	Transactional and braid omitted islandering physical norse manager positively influence staff norse work organized. Passive avoidate insularizing physical norse managers registively influenced staff cross not sergisted than a set of factors accordance with seat of market subseries give insularized influence of factors. A set of factors accordance with a set of market of market subseries physical solication influence of factors accordance in seat and seat of market set of market seat factors and factors and interest physical solications. A set of market seat of market seat of market set of market seat influence in considerations, and considerations, and accordance in seat accordance in seat of market se
Skinp, K. M., (2017). Systematic variant of Turnove Palentinn and staff porception of staffing and resource adequacy related out of fine, Naving Economics, 35 (5), (2019):82, (2019). Replaced from https://lineari.prop.set.com/sbox/ev/10-5857555/haconi-o-10300	2017	Systematic review of Turnover/Retertion in and staff per caption of staffing and reduction adequates reliabation staffing	none listed	Nursing Economics	According to the American Normal Association (ANIA, 2019), abegains stilling that these there is a second state of the distillation entry, site means placed to see the second state of the distillation entry, site means faster than the second state of the second stat	Lawd S. Opplantid Charles of Literature	Numeral influence over their individual work unabcomment impacts their job staffalladion, seek the seek of the seek of the seek of the that staff, which decreases turnous clear into job seek and and proceed staff all owing to intend on that leads to during the seek of the seek of the procedion of seads on the empower of the procedion of seads of the intends of the procedion of seads of the intends of the seek of seads of the intends of the seek of seads of the intends of the seek of seads of the seek of seek of seads of the seek of the seek of seads of sead		22 artides		Lit Ravieur of Relatrition and Job Salistination papers	Thereading pation and owner dised, impationare define, hence and defined paragraph and defined paragraphs are sometimes an impair accessors within the advantage committee an impair accessors within the advances without the first accessors within the advances without the first and returned in advances and installers (acceptance) and impair acceptance of the advances of the advances and acceptance and acceptan
Gewertz B.L. & Jain M. (2017) Laudership to Encourage and Scattain Performance Int Sex H. (eds) Measurement and nalphalis in Transforming Healthcare Delivery. Springer, Cham. https://doi.org/10.1007/978-9-819-46202-6_9	2017	Leadership to Encourage and Sustain Performance.	Requested book via the ECU library on 7/25/2000	Book: Measurement and Analysis in Transforming Healthcare Delivery	mas to cons-	BOOK (LEVEL VII)	n's	ria.	nla	nia	n la	Tabilistificativististy is a complex duration for its converty in the middle of consideration and complex to complex c
Jurchak, M. & Raity, K. M. (2017). Developing Professional Practice and Ethics Engagement: A Leadership Model. Narrange adheritorisation quarranty, 41 (4), 376-383. https://doi.org/10.1097/MAQ.00000000 000000051	2017	Developing Professional Practice and Ethics Engagement: A Leadership Model	non listed	Narxing Administratio a quarterly	The purpose of this descriptive qualitative study was to identify narrow paractions of the counts on individual practice, unit practice, and the practice of the counts on individual practice, unit practice, and the practice of their passe.	L.EV.EL.IV: Descriptive Qualitative study	identify nurses' perceptions of the rounds on individual practice, unit practice, and the practice of their pears	Kimist2 mathod of critical reflective inquiry, which offices narratives as a whicle for group reflection interview, Focas Groups.	12 nurses	Convience Sample, in one hospital on one unit.	CICU housed in an urban academic medical certar. The CICU is a 10-bad unit where 48 RNs care for citically ill medical cardiology patients.	The focus group input revealed that their age or our discussions facilitated a process of reflection and warring that was enhanced by the presence of the rest as leaders. The morean exports that the process of against delived discussion has been been selected useful in an invessed delivery of being visited. The exported as demanded more of other was not authoriselyment of the present growth and development contract. They declared in intervolved their presence of one exposure available of more prespective, we matthy, increasing orders including page, less interpresent conflict, and more aggressible or all inventors of the most of the conflict.

Appendix D

Facility Letter of Approval from Site Champion

	September 16 th , 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,
The same of the sa	

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. <u>Plan:</u> 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.