How to Cite:
El Atty, S. E. S. A., El Mola, M. A., & Azzam, H. F. (2022). Effect of conducting clinical nursing round training program for head nurses on their clinical round performance. *International Journal of Health Sciences*, *6*(7), 363–376. https://doi.org/10.53730/ijhs.v6n7.11003

Effect of conducting clinical nursing round training program for head nurses on their clinical round performance

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***Abstract*---**Background: Clinical rounds are complex clinical activities, critical to providing high-quality, safe care for patients in a timely, relevant manner. It offers opportunities for effective communication, information sharing and joint learning through active participation of all members of the multidisciplinary team. Aim: The present study aimed to assess the effect of conducting clinical nursing round training program for head nurses on their clinical round performance. Design: A quasi-experimental pre-posttest design was used to achieve the aim of the present study. Sample: A convenient sample of all head nurses (n= 23), who are agreed to participate in the study was included in the . Setting: The study was conducted at departments of the new obstetric and midwifery hospital at Kaser El-Aini.Tool: one tool was used; clinical round performance checklist. result: the was a highly statistically significant difference between pre intervention and post intervention regarding to most items of nursing clinical round after attending the training program. Recommendation: Based on the study results the following were recommended applying training program for head nurses into wider scales.

***Keywords*---**Head nurses, head nurses` clinical round and clinical round performance.

Introduction

Ward rounds can be conducted in any setting such as wards, departments, operating theatres, clinics, general practice and community settings, but are not limited to these. They are also useful in services such as pathology or other areas that may affect patient care or the safety of the organization. They provide a formal process for members of the executive/senior management team/members of the board to talk with staff about safety issues in their unit or team and show their support of staff for reporting errors/near misses (Martínez-Galiano et al., 2021).

Ward rounds are critical to the smooth flow of the patient journey as they are the key method by which patients in hospital are systematically reviewed by the multidisciplinary team. During a ward round, the current status of each patient is established and the next steps in their care planned. Ward rounds are common practice in hospitals but they vary in their method, membership and execution. A ward round is an essential organizational process which consider a proactive plan of care providing a link between patients' admission to hospital and their discharge or transfer elsewhere. In the absence of ward rounds there would be inertia in the patient flow, particularly for unplanned (emergency) activity for which the preplanning of care is not always possible (Tobiano et al., 2019).

In addition, Mulugeta et al., (2020) stated that; the key aspects of the head nurse's role on ward rounds can be defined using the acronym (ACTION) that refers to the following; 1) advocate; 2) chaperone; 3) transitions; 4) informative; 5) organizer; and 6) nurse-centered.

Head nurses as members of the ward team attending the round, had advocate role that they need to know their patients. "Knowing" arises from taking a nursing handover and looking after a group of patients, so handovers and ward rounds are inextricably linked if nurses are to successfully represent those patients in their care. In the context of ward rounds, being an advocate involves; adequately preparing for the ward round (safeguarding patients' interests); empowering patients to ask questions on the ward round (being included); and communicating with the multidisciplinary team after a ward round. (O'leary et al., 2018).

Spence et al. 2020, reported that the head nurse had chaperone role such as protecting patients' dignity and privacy, preparing the patient for examination through communication and positioning; taking responsibility for dignity and privacy; which involves minimizing any anxiety and potential embarrassment; and respecting cultural wishes throughout the process.

The need to minimize the length of inpatient stays means there has never been greater emphasis on patient progress along the care pathway. Multiple handovers during transitions between wards or between acute, intermediate and community care can lead to care being fragmented. The continuity and safe transition of information between care settings depends on the head nurses who is responsible for ward round, making sure all relevant information is communicated to the next stage of the pathway, transition role of the head nurses involve the following; noting any ongoing investigations and communicating these to the patient and team; for patient transfers, documenting any incomplete investigations/actions

on a handover checklist; for patient discharges, documenting any relevant information on the discharge checklist; and for specialty referrals, completing a management plan indicating any next steps in the care pathway. The aim is to promote transparency and continuity, and to reduce potential duplication or omissions of care during transitions(Zhang, 2019).

Head nurses also play a crucial role in ensuring patients have realistic expectations of ward rounds, and receive and understand all the relevant information about their care. Where possible, patients should be actively involved in making decisions about their care rather than being passive recipients. In order to execute this process, head nurses should reiterate information during or after a ward round; prepare the patient for the next steps in the care pathway; explain anything (along the way) that the patient may not understand; encourage the patient to ask questions or express concerns; and report back to the nursing team (Martínez-Galiano et al., 2021).

All team members will have their own jobs to complete during the ward round. Organizing the outputs emerging from ward rounds ensures nurses can assess progress and communicate as needed to the family, bed managers, care agencies and social-work team - depending on the complexities of patient care. The organization of activities can involve delegating effectively to different team members; arranging transport and medication to take home; requesting specific items of equipment that are required; and organizing care packages (Nasrullah et al.,2018). Head nurses ward rounds are pivotal to enable and empower the team. Although there will be some variation according to how the ward is organized and how the nursing team works, the head nurse will focus on the “here and now” during the ward round, and anticipate and respond to related actions (Halm,2019).

Lobatch, (2018) stated that, head Nurses during ward rounds must be clinically competent to understand and anticipate the complexities of multifaceted patient situations, and able to view the patient and care situation holistically rather than as a series of unrelated tasks. Systems such as team nursing, task-allocated nursing or primary nursing may require some adaptation but for head nurses to properly represent their patients, they should be responsible for allocated number of patients and a whole ward or unit and is clinically overseeing all areas of the ward and will feed back to nurses after the ward round.

Significance of the Study:

Providing consistent clinical nursing round will enhance education for all members of the health care team on the concepts of teamwork, patient safety, and open, effective communication .Otherwise the Integration of safe communication strategies into the organizational culture will sustain the culture of teamwork, the development of training program for nursing clinical round will allow for flexibility in use and application in diverse practice settings (Halm,2019).

Moreover, ward rounds are an important daily task for all nurses that, at present, are rarely taught supervised or assessed but require key skills of clinical knowledge, leadership, management and communication (Martínez-Galiano et al.,

2021). Moreover, word rounds have been noticed by the researcher that head nurses are not performing clinical nursing round may be due to lacking of the awareness about the importance of nursing clinical round also they didn't have the necessary skills about how to conduct clinical round, they are in need for continuous training about how to conduct nursing clinical round which suits to new obstetric and midwifery hospital.

Aim of the Study:
The aim of this study was to assess the effect of conducting clinical nursing round training program for head nurses on their clinical round performance.

Research Design:
Quasi-experimental pre-posttest design was used.

Research Hypotheses:
To fulfill the aim of the study, the following research hypothesis was formulated:

The head- nurses will be able to perform all items of nursing clinical rounds after attending the training program

Tool for Data Collection:
One tool was used, which was developed by the researcher as: the clinical round performance checklist.

It was developed by researcher and revised by experts to assess the head nurses` clinical round performance. It consisted of 8 main categorizes with 32 item; it designed to assess patient data.

The developed tool was submitted to panel of expert professors in the field of the study three experts in Faculty of Nursing, Cairo University.

Data collection tool was examined. Modification was carried out according to the academic nursing experts' judgments.

Reliability
Tool reliability was tested, probability (p-value) less than 0.05 was considered significant and less than 0.001 considered as highly significant.

Pilot study
The tool of data collection was pretested on random sample to ensure accessibility of the sample and the clarity of the content of data collection tools; There was no modifications in the data collection tool after conducting the pilot study.

Procedure:
An official approval was obtained from Ethical and Research Committee, faculty of nursing- Cairo University and the director of new obstetric and gynecology hospital at El Manial university hospital; and written informed consent from study participants was obtained to conduct the current study. In the light of the selected total quality management model; PDCA cycle (Plan-Do-Check-Act) that is four-

phases approach for continually improving processes, the researcher proceeded the following phases:

Plan:
In this phase the researcher assessed the head nurses performance through the earlier tool.
According to in commitment to clinical round performance and based on standard, sourced modules. The objectives of the current program were identified.

Do:
The researcher was developed the training program to improve head nurses' clinical round performance.

Check:
Results were evaluated against researcher hypothesis. Each head nurse was observed three times; pre, immediately after and three months later

Act:
Return to the plan step if the results are unsatisfactory, or standardize the solution if the results are satisfactory take action based on the study results.

Limitations of the current study:
Resistance to change, number of nurses, and one single hospital affects the generalization of the findings

Results

Table 1 show that 21.75 % of the head nurses had satisfactory level pre intervention regarding to patient data documentation Vs. 41.7% after 3months post intervention. Meanwhile, the unsatisfactory level of the head nurses was decreased to 54.5% which denoted that the intervention is still effective with statistically significant difference level (P=0.02).

Table 2 shows that, all the head nurse a satisfactory level related to patient census report.

Table 3 shows that all the head nurses had unsatisfactory level regarding to nurses' mistakes of incident report in pre intervention, while 4.3% (one head nurse) had a satisfactory level after 3 months post intervention

Table 4 shows, that all head nurses didn't assess adverse drug effect in pre intervention Vs.30.4% with statistically significant difference (p=0.001*).

Table 5 shows that, 34.8% of the head nurses had satisfactory level as compared with 65.2% after 3 months post intervention regarding head nurses' precautions for invasive procedure, with negative statistically significant difference(p=0.002).

Table 6 shows that, 78.3% of the head nurses didn't observe fall injury preventive measures Vs.30.4% after 3 months post intervention with statistically significant difference(P=0.04).

Table 7 shows that, 69.6% of the head nurses had unsatisfactory level related to preventive measures for pressure ulcers in pre intervention Vs. 87% after 3 months post intervention(p=0.16).

Table 8 that, 87% of the head nurses had satisfactory level related to ventilator complication prevention, with a highly statistically significant difference (P=0.001*).

Table 9 shows that 17.4% of the head nurses assess patient data pre intervention as compared with 30.4% after 3 months post intervention, with statistically significant difference (P=0.04).

Table 1
Distribution of the head nurses related to patient data documentation pre intervention, immediately post intervention and after 3 months post intervention (n=23).

Variables	Pre				Immediately post				After 3month			
	Not Done		Done		Not Done		Done		Not Done		Done	
	N	%	N	%	N	%	N	%	N	%	N	%
1. Patient's name	0	0	23	100	0	0	23	100	0	0	23	100
2. Patient diagnosis	2	8.7	21	91.3	0	0	23	100	0	0	23	100
3. Date of admission	8	34.8	15	65.2	0	0	23	100	1	4.3	22	95.7
4. Patient medical history	18	78.3	5	21.7	3	13	20	87	6	26.1	17	73.9
5. Patient record format are Complete, signed and dated	16	69.6	7	30.4	10	43.5	13	56.5	16	69.6	7	30.4
6.Patient nutritional status is observed and documented in fluid balance chart.	16	69.6	7	30.4	0	0	23	100	13	56.5	10	43.5
7.Patient sensitivity	20	87	3	13	18	78.3	5	21.7	18	78.3	5	21

												.7
Mean	3. 52±1. 78				5.65± 0.98				4. 65±1. 55			

Table 2
Distribution of the head nurses related to patient census report pre intervention, immediately and after 3 months post intervention (n=23).

Variables	Pre				Immediately				After 3 months			
	Not Done		Done		Not Done		Done		Not Done		Done	
	N	%	N	%	N	%	N	%	N	%	N	%
Documented	0	0	23	100	0	0	23	100	0	0	23	100
Singed	0	0	23	100	0	0	23	100	0	0	23	100
Dated	0	0	23	100	0	0	23	100	0	0	23	100
Mean	3. 00±0. 00				3. 00±0. 00				3. 00±0. 00			

Table 3
Distribution of the head nurses related to incident report of nurses' mistakes pre intervention, immediately and after 3 months post intervention (n=23).

Variables	Pre				Immediately				After 3 months			
	Not Done		Done		Not Done		Done		Not Done		Done	
	N	%	N	%	N	%	N	%	N	%	N	%
1. Incident report format are available	23	100	0	0	23	100	0	0	22	95.7	1	4.3
2. Incident report format are known by all staff	23	100	0	0	23	100	0	0	22	95.7	1	4.3
3. Incident report format are used when needed	23	100	0	0	23	100	0	0	22	95.7	1	4.3
Mean	0. 0±0. 00				0. 0±0. 00				0. 13±0. 62			

Table 4
Distribution of the head nurses related to adverse drug effect assessment pre intervention, immediately post intervention and after 3 months post intervention (n=23).

Variables	Pre				Immediately				After 3 months			
	Not-done		Done		Not-done		Done		Not-done		Done	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1. Identify "look-alike, sound-alike" medications. create a mechanism to reduce errors.	19	82.6	4	17.4	0	0	23	100	16	69.6	7	30.4
2.Perform medication concentrations and minimize dosing options when feasible	23	100	0	0	14	60.9	9	39.1	16	69.6	7	30.4
3. Set dosing limits for insulin and set dosing limits for narcotics.	23	100	0	0	16	69.6	7	30.4	16	69.6	7	30.4
4. Required new insulin orders when the patient is transitioned from parenteral to enteral nutrition	23	100	0	0	16	69. 6	7	30.4	16	69.6	7	30.4
5. Coordinate meal and insulin times	13	56.5	10	43.5	6	26.1	17	73.9	13	56.5	10	43.5
Mean	0. 60±0. 65				2.73± 1.62				1. 65±2. 12			

Table 5
Distribution of the head nurses related to precautions for invasive procedures pre intervention, immediately and after 3 months post intervention (n=23).

Variables	Pre				Immediately				After 3 months			
	Not Done		Done		Not Done		Done		Not Done		Done	
	N	%	N	%	N	%	N	%	N	%	N	%
1.Assess Hand hygiene	0	0	23	100	0	0	23	100.0	0	0	23	100
2.Assess using aseptic technique during invasive procedure	21	91.30	2	8.70	6	26.10	17	73.90	15	65.2	8	34.8
3. Routine care for insertion site.	18	78.30	5	21.70	7	30.40	16	69.60	18	78.3	5	21.7
4.Assess Documentation for insertion, care& date	1	4.30	22	95.70	1	4.30	22	95.70	1	4.3	22	95.7
Mean	2. 61±0. 61				3.39± 0.89				52±0. 89			

Table 6
Distribution of the head nurses related to fall injury prevention; pre intervention, immediately and after 3 months post intervention (n=23).

Variables	Pre				Immediately				After 3 months			
	Not Done		Done		Not Done		Done		Not Done		Done	
	N	%	N	%	N	%	N	%	N	%	N	%
1. Assess patient daily risk	18	78.3	5	21.7	9	39.1	14	60.9	15	65.2	8	34.8
2. Communicate risk across the team.	23	100	0	0	18	78.3	5	21.7	18	78.3	5	21.7
3. Round every 1 to 2 hours for high-risk patients; and address needs for pain, potty, position-pressure".	18	78.3	5	21.7	0	0	23	100	16	69.6	7	30.4
4. Assess implementation of falling preventive pressure measures.	18	78.30	5	21.70	8	34.8	15	65.2	16	69.6	7	30.4
Mean	0. 65±1. 26				2.47± 1.12				2. 1±17.1			

Table 7
Distribution of the head nurses related to preventive measures of hospital acquired pressure ulcer; pre intervention, immediately and after 3 months post intervention (n=23).

Variables	Pre				Immediately				After 3 months			
	Not Done		Done		Not Done		Done		Not Done		Done	
	N	%	N	%	N	%	N	%	N	%	N	%
1. Assess skin integrity daily.	23	100	0	0	8	34.8	15	65.2	15	65.2	8	34.8
2. Set specific time frame to reposition patient.	21	91.3	2	8.70	1	4.3	22	95.7	18	78.3	5	21.7

3. Observe nursing preventive measures for pressure ulcers	18	78.3	5	21.70	0	0	23	100	16	69.6	7	30.4
Mean	1. 65±0. 88				2.60± 0.58				2.60± 0.58			

Table 8
Distribution of the head nurses related to ventilator complication prevention; pre-intervention, immediately and after 3 months post intervention (n=23).

Variables	Pre				Immediately				3 months after			
	Not Done		Done		Not Done		Done		Not Done		Done	
	N	%	N	%	N	%	N	%	N	%	N	%
1. Elevate head of the bed between 30–45 degrees	20	87	3	13	0	0	23	100	16	69.6	7	30.4
2. Assess routine oral care every 2 hours with antiseptic mouthwash.	4	17.4	19	82.6	0	0	23	100	3	13	20	87
Mean	1. 69±0. 63				2.60± 0.58				1. 86±0. 34			

Table 9
Distribution of head nurses related to total mean score of patient data pre-intervention, immediately and after 3 months post intervention (n=23).

Variables	Pre		Immediately		After 3 months	
	No	%	N0	%	No	%
Satisfactory	4	17.4	13	56.5	7	30.4
Unsatisfactory	19	82.6	1 0	4.3	16	69.6
Mean	11. 90±4. 23		11. 90±4. 23		15. 47±7. 06	

Discussion

The findings of the current study will be discussed with other related studies, recent literature as well as the researcher interpretation regarding similar and contradicting findings. The findings of the current study didn't prove hypothesis; the head- nurses will be able to perform all items of nursing clinical round after attending the training program except for patient data documentation, patient census report, ventilator complication prevention, Discussion will be presented in the following frame of reference:

The Head Nurses Clinical Round Performance:

The current results were in line with a study conducted by Halm (2019) who found that conducting head nurses clinical round is safe and beneficial for improving the nursing practice. Similarly, results of a study conducted by Meade et al. (2006)

revealed that the implementation of head nurses clinical round in the emergency department increases patient satisfaction with emergency care and patient safety. This may be related to head nurses' experience.

Furthermore, the study results are consistent with Mulugeta (2020) who confirmed that implementation of head nurses clinical round reduce patient's call light use and improve patient safety. Additionally, the results agree with a study conducted by Lobatch (2018) who revealed that performing head nurses clinical round positively affects patients' clinical outcomes.

The current results matched with the study conducted by Mulugeta (2020) who investigated the effect of deliberate practice program on nursing clinical competence and reported that the program help to increase clinical competence.

The current results are consistent with the findings of a study conducted by Nasrullah, Rejeki & Handayani (2018) who reported that the quality of nursing care can be enhanced through the head nurses clinical round. Also Head nurses clinical round was an effective strategy in the treatment aspect, particularly improving communication among team members related to interaction between nurses and other medical personal. Training, the number of nurses in the workplace, reward, punishment, and benefits of the nurses' compliance were significantly associated with the head nurse's compliance in the implementation of head nurses clinical round.

The current results agree with results of a study conducted by Lobatch (2018) who concluded that head nurses clinical round can be used to train and promote clinical round skills and performance. Qualitative findings provided important insights into simulated ward-based learning. It is clear that well-designed clinical scenarios, prioritization tasks, teamwork and feedback support performance.

The current results were in the same line with Daniels (2016) who conducted a study based on a project aimed to improve patient safety through implementation of purposeful and timely nursing round. Head nurses have the ability to improve patient safety outcomes by utilizing head nurses clinical round interventions which serve to improve patient communication and staff responsiveness. This revealed that purposeful and timely head nurses clinical round is a best practice intervention to routinely meet patient care needs, ensure patient safety, decrease the occurrence of patient preventable events, and proactively address problems before they occur.

The current results are consistent with Albanese, et al. (2010) who confirmed that engaging clinical nurses in the work of quality and performance improvement is essential to achieving excellence in clinical care. .

In the same line a study conducted by Codier, Freitas & Muneno (2013) who referred that head nurses clinical round approach can develop nursing care documentation.

The study results agree with the results of a study conducted by Meade, Mulugeta (2020) that stated head nurses clinical round allow nurses to interact with

patients, respond to their concerns, and modify the unsatisfying conditions. More precisely, regular nursing rounds provide an opportunity to identify and fulfill patient needs such as patients' call light use, satisfaction, and safety via active nursing procedures.

The study results are consistent with a study conducted by Negarandeh, Bahabadi, & Mamaghani (2014) aimed at determining the impact of regular clinical nursing rounds on patient satisfaction rate. Moreover, the comparisons between the mean patient satisfaction scores revealed a significant increase in experimental group and a significant reduction in control group.

The study results agree with a study conducted by Spence, et al. (2020) to explore the effect of head nurses clinical round on the multi-level training of nurses. The traditional nursing ward round as well as the head nurses clinical round were adopted. Results showed that after implementing new nursing round model, the effect of nursing round was significantly better than that before the implementation of new nursing round model. Furthermore, the nurse-in-charge-led round model can improve the effect of nursing round, improve clinical and professional ability to discover, analyze and solve problems.

The results of the study agree with the findings of a study conducted by Spence, et al. (2020) to assess the utility of head nurses clinical round to train healthcare professionals in nontechnical skills using a qualitative analysis of participant feedback. Results revealed that the head nurses clinical round training was positively received by participants.

The study results agree with Aitken, et al. (2011) who conducted a study to determine the effect of implementing head nurses clinical round in the intensive care environment on patient care planning and nurses' perceptions of the practice environment and work satisfaction, results referred that implementation of head nurses clinical round within the intensive care environment is feasible and is an effective strategy for initiating change to patient care.

The results of the study are consistent with a study conducted by Miller (2015) who reported that daily head nurses clinical round had an impact on reduction of patient falls and enhanced patient's perception of responsiveness to nursing care and in the hospital setting.
However, the results of the current study are contradicting with the results of a study conducted by Miller (2015), who conducted a study aimed to assess head nurses' documentation the findings of this study revealed that majority of head nurses had bad practice of documentation, this contradiction may be due to assigning head nurses for different work setting in the hospital.

The study findings are congruent with studies conducted with Cummings, Wong and Kerfoot (2009), that head nurses round training programs have evidence for reducing patient adverse events. Furthermore, head nurses were obligated to provide safety work environment. Head nurse must influence their staff in to fully functioning professional practice by clearly describe role of nurses and ensuring their nurses were met safety standard for every procedure and patients as well.

The study findings are also congruent with studies conducted with Cummings, Wong and Kerfoot (2009), that reducing fall risk are still low manage by head nurses when compare to other dimension of head nurses' patient round.

The study findings are contradicted with a study conducted by Hunderfund, Sweeney, Mandrekar, Johnson, & Britton, 2011 was head nurses' assessment of fall risk in neurology inpatient unit to compare pre and post intervention for risk of fall assessment. The study showed that the rate of fall after implementation assessment tool of fall was significantly lower than before. This may be due to head nurses' realization that using risk of fall assessment tool will guide them to prevent adverse event particularly in reducing fall risk.

The findings of the study are in contrast with studies conducted with Cummings, Wong and Kerfoot (2009), that the overall head nurses' management regarding infection control is still low, this contrast may be due to low management in reducing health care associated infection such as, invasive procedure, lack access to safe resources, lack of staff and high bed occupation.

Conclusions

There was a highly statistically significant difference between pre intervention and post intervention regarding to most items of nursing clinical round after attending the training program.

Recommendation

Apply the developed training program for head nurses' clinical round into wider scales indifferent departments and hospitals.
Managers provide motivation to head nurses on the basis of implementing head nurses` clinical round effectively.

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