

Barriers to Implementation of Nursing Rounds among Nurses Working in Public Hospitals in Harar, Eastern Ethiopia: A Qualitative Descriptive Study

Hamelmal Alemayehu¹, Sisay Habte², Nesredin Ahmed^{2*}, and Shiferaw Letta²

¹Hiwot Fana Comprehensive Specialized Hospital, Harar, Ethiopia.

²School of Nursing, College of Health and Medical Sciences, Haramaya University, Harar, Ethiopia.

Abstract

Background: Nursing rounds are scheduled patient visits conducted by hospital nurses to assess patients' needs, comfort, and safety, enhancing their well-being. Understanding the barriers affecting the implementation is vital for improving patient care, nurse satisfaction, and overall healthcare quality, yet information is scarce regarding this practice. Therefore, this study explores barriers to implementing nursing rounds among nurses at public hospitals in Harar, Eastern Ethiopia.

Methods: A qualitative descriptive study was conducted among six nursing staff, two head nurses, and two nurse directors working in two public hospitals in Harar from July 1 to 30, 2023. In-depth interviews were conducted with purposively selected respondents using a semi-structured interview guide. The interviews were tape-recorded. Each transcript was thoroughly read and re-read before being exported to Archive for Technology, Lifetime of Attention & Social Sciences version 7 (ATLAS.ti.7) software for coding. Verbatim transcriptions were complemented with field notes and initial codes were generated. Reflexive thematic analysis was conducted in alignment with the primary research question.

Results: This study identified the barriers to implementing nursing rounds and categorized them into organizational, behavioral, and technical themes. Organizational barriers encompass a lack of human and material resources, workloads and time constraints, lack of administrative support, and strict protocols. Behavioral barriers involve a lack of commitment, lack of knowledge, language barriers, and a perception that nursing rounds are ineffective. Technical barriers include the absence of guidelines and lack of training.

Conclusion: This study found multilevel barriers hindering the implementation of nursing rounds. These barriers included organizational, behavioral, and technical. Increasing staffing levels, ensuring sufficient resources, improving administrative support, providing training programs on nursing rounds, and establishing and enforcing protocols and monitoring systems can enhance the implementation of nursing rounds.

Keywords: Barriers; Implementation; Nursing rounds; Harar, and Eastern Ethiopia

How to cite: Alemayehu, H., Habte, S., Ahmed, N., Letta, S. 2024. Barriers to Implementation of Nursing Rounds among Nurses Working in Public Hospitals in Harar, Eastern Ethiopia: A Qualitative Descriptive Study *East African Journal of Health and Biomedical Sciences*, Volume 8(1): 17-26

Introduction

Nursing rounds refer to scheduled visits by nurses to patients in hospitals to examine patients for comfort, safety, and needs, as well as provide basic nursing care regularly to satisfy patients' needs, assure patient safety, and boost patient (Langley, 2015). It fulfill several critical purposes, including proactively addressing patient needs, promoting teamwork among nurses, streamlining workflows for efficient time allocation, facilitating communication between patients, families, and healthcare providers, and ensuring nurses administer medications in strict adherence to prescribed regimens (Daniels, 2016, Fan *et al.*, 2021, Mullen and Reynolds, 2024).

Only a quarter (25%) of nurses in the USA felt a sense of ownership toward the rounding initiative (Fabry, 2015). Regular nursing rounds are essential for improving patient care and outcomes, but less attention has been given to their implementation. The evidence suggests that nursing rounds enhance patient satisfaction with nursing care and the overall quality of care (Mulugeta *et al.*, 2020). Patients feel confident and safe about their care, which leads to reduced patient use of call bells and prevents adverse events such as falls, patient deterioration, and medication errors (Roustaei *et al.*, 2023, Shin and Park, 2018, Meade *et al.*, 2006).



The implementation of nursing rounds faces several barriers that hinder their effectiveness in different regions of the world for various reasons (Rahmawati, 2021). Nurse adherence in the implementation of nursing rounds is significantly associated with the number of the workforce, training, reward, punishment, and perceived benefits of the nurse's compliance (Nasrullah *et al.*, 2017). Lack of staff involvement, workload, burdensome rounding logs, patient acuity levels, lack of adequate staff education, and a lack of sustainability affected the implementation of nursing rounds (Toole *et al.*, 2016).

Nursing rounds are implemented when nurses have adequate knowledge, sustain a positive attitude, adhere to favorable subjective norms, and demonstrate genuine intentions to carry out the rounds (Moi *et al.*, 2019). Understanding the factors influencing nursing rounds is crucial for improving patient care, nurse satisfaction, and overall healthcare quality (Roustaei *et al.*, 2023, Mulugeta *et al.*, 2020, Shin and Park, 2018).

Despite the global recognition of the importance of nursing rounds, a significant research gap exists in Ethiopia. Limited evidence exists on the barriers to successful implementation of nursing rounds in the study setting, necessitating further exploration from various perspectives. Therefore, this qualitative study explored barriers to implementing nursing rounds from the perspective of nurses working in public hospitals in Harar, Eastern Ethiopia.

Materials and Methods

Study Setting, Design, and Period

This was an exploratory qualitative study conducted at public hospitals in the Harar (Hiwot Fana Comprehensive Specialized University Hospital and Jugal Hospital), Eastern Ethiopia, from July 1 to 30, 2023. Harar is 526 kilometers away from Addis Ababa, the capital city of Ethiopia. There are two public hospitals, one private hospital, one police hospital, eight health centers, 54 private clinics, and 28 health posts in the town.

Hiwot Fana Comprehensive Specialized Hospital (HFCSH) is the tertiary health care level, while Jugal General Hospital (JGH) is a general hospital in the town. These hospitals provide multidimensional care to patients who need specialized health care services.

Each hospital delivers the service for more than 5 million populations in the catchment area. Jugal General Hospital, located in the Harari Regional State, has 95 beds and is staffed by 113 nurses. The hospital provides various services, including an emergency department, a medical ward, a surgical ward, a gynecology and delivery ward, a pediatric ward, a NICU ward, and a dialysis unit. Hiwot Fana Comprehensive Specialized Hospital has an emergency, medical ward, surgical ward, gynecology and delivery ward, pediatric ward, Neonatal intensive care unit (NICU) ward, orthopedic ward, burn unit, and oncology ward. HFCSH has 201 beds and 281 nurses, and it is a teaching hospital affiliated with Haramaya University. In the study setting, nurses' conduct nursing rounds, but these rounds are not performed as per the standard. Nurses round with other health professionals (Harari Regional Health Bureau).

Population, Sample, and Sampling Method

The participants in this study included the nurse director, head nurses, and staff nurses who had been actively involved in providing care in the medical ward, surgical ward, emergency units, and intensive care unit (ICU) for a minimum of six months before data collection. Nurses who were on leave or absent during this period were not included in the study. The sample size was established based on the concept of "saturation," which refers to the stage at which no new information emerges from additional interviews (Denzin & Lincoln, 2011). To ensure a targeted approach, purposeful sampling was utilized to select the participants.

Data Collection Procedure

The data was collected through in-depth interview using pre-tested semi-structured guides adapted from existing relevant literature (El Atty *et al.*, Al-Nusair *et al.*, 2023, Fillmore, 2010, Baik and Zierler, 2019, Neo *et al.*, 2023). Interviews were conducted in a separate room with minimal disturbance or a comfortable location. The interviewer listened attentively to the interviewee and used probing questions based on responses. The research assistant took notes. Each interview was audio recorded by the Sony sound recorder and supplemented by notes. Each session lasted between 40-60 minutes. After completing each interview, before conducting the next interview, the investigator listened to the audio record and read the field

notes to identify emerging ideas that were then added to the interview guide for the next interview. Two experienced nurses conducted the interviews and one with an MSc degree supervised the overall data collection process.

Data Quality Control

Interview guides were prepared in English, then translated to the local languages (Afaan Oromo and Amharic), and then back-translated to English by an independent translator to ensure consistency. The interviewers and supervisor received two days of training regarding the interview guide, interview techniques, and procedures. There was also continuous supportive supervision throughout the data collection process. Trustworthiness was also maintained through multiple strategies, including comprehensive data collection records and analysis processes and consistent engagement in peer debriefing sessions. Thorough documentation was ensured throughout, and regular meetings with colleagues facilitated the review and discussion of research findings. To ensure the accuracy of transcriptions and translations, each transcription and translation underwent a secondary review. Consistency checks were regularly conducted across the transcripts, and audio by the team comprised of two individuals with extensive experience in qualitative research. Discrepancies were resolved through team discussions to reach a consensus, and by revisiting the original audio recordings for clarification.

Data Processing and Analysis

All of the interviews were transcribed verbatim in the local languages spoken by the study participants and then translated into the English language. Reflexive thematic analysis with the approach outlined by Braun and Clarke was used for analysis. This approach enables us to systematically identify, analyze, and report themes within our data, ensuring that our research findings are robust, comprehensive, and insightful. This aligns with the exploratory nature of the study offering flexibility to follow the data wherever it leads,

uncovering unexpected patterns and themes that are crucial for new insights (Braun and Clarke, 2019, Tomaszewski *et al.*, 2020). The transcripts were read and re-read to become familiarized with the data's depth, scope, and content, then exported into ATLAS. Ti 7 software for coding. Initial codes were generated to identify the data features relevant to the research question. The codes were applied to all subsequent transcripts. The preliminary codes with similar ideas were grouped into thematic headings. Those potentially identified themes were reviewed and refined based on their relevance to the research objective. Finally, the themes were defined and named accordingly.

Ethical Consideration

Ethical approval was obtained from the Institutional Health Research Ethical Review Committee (IHRERC) of Haramaya University College of Health and Medical Sciences with Ref. Number: IHRERC/106/2023. The Collage also provided an official letter of cooperation to the hospitals. Written and signed informed consent was obtained from study participants following a discussion about the purpose and procedure of the study. Participation in the study voluntarily and participants were informed of their right to quit/refuse their participation at any stage of the study. Moreover, the confidentiality of the information and privacy of study participants was assured during the interview.

Results

Socio-demographic characteristics of participants

Ten in-depth interviews were conducted with staff nurses, head nurses, and nurse directors working in selected hospitals. The mean age of the participants was 33.6 years ($SD \pm 4.8$ years). Most (7) of them were males. Six out of ten were working for less than ten years. More than two-thirds of them were bachelor's degree holders. The proportion of sampled participants was consistent across medical, surgical wards, and ICU except for emergency units (Table 1).

Table 1: Demographic characteristics of Nurses working in Public Hospitals in Harar, Eastern Ethiopia. 2023.

Variable	Category	Number
Age, year	25-35	7
	>35	3
Sex	Male	7
	Female	3
Service year	<10	6
	≥10	4
Level of education	BSc	7
	MSC	3
Working unit	Medical	3
	Surgical	3
	ICU*	3
	Emergency	1
Position	Staff Nurse	6
	Head Nurse	2
	Nurse director	2

*,ICU; intensive care unit

Table 2: Summary of Barriers to Implementing Nursing Rounds among Nurses Working in Public Hospitals in Harar, Eastern Ethiopia, 2023.

Themes	Categories
Organizational barriers	Workload and time constraints
	Inadequate resources
	Insufficient administrative support
Behavioral barriers	Limited Knowledge of nursing rounds
	Lack of interest and commitment
	Misconception about the usefulness of nursing round
	Language barrier
Technical barriers	Absence of customized guideline
	Lack of training

Barriers to the implementation of nursing rounds

The findings were systematically divided into three main themes: organizational barriers, behavioral barriers, and technical barriers. Organizational barriers included inadequate resources, workload and time constraints, and insufficient administrative support. In contrast, behavioral barriers encompassed limited knowledge of nursing rounds, language barriers, lack of interest and commitment, and misconceptions about the usefulness of nursing rounds. Finally, technical barriers were represented by two sub-themes: the absence of customized guidelines and the lack of training (Table 2).

Theme 1: Organizational barriers

In the complex landscape of healthcare, organizational barriers significantly impact the effectiveness and efficiency of nursing round. These barriers can manifest in various forms, including workload and time constraints, insufficient administrative support, and inadequate resources.

Category 1.1: Workload and time constraints

The interviews with various nurses highlighted several common barriers to performing nursing rounds effectively across different wards/units. For example, nurses from the ICU, medical, and emergency wards emphasized time constraints, heavy workloads, and staff shortages as significant challenges. A nurse from the medical ICU mentioned being unable to make rounds due to a busy workload, stressing the need for dedicated time to conduct nursing rounds.

"There is also a workload. For example, the medical ICU is very busy, so I do not have time to do the rounds. The nursing rounds need dedicated time. Because of a workload, I am busy with other work and we do not have time to do rounds"(Medical ICU Nurse).

Similarly, a nurse from the medical ward describes time constraints and the exhaustion of managing many patients makes rounds difficult and less efficient.

"There are time constraints and a shortage of staff that increase the workload of seeing each patient, which can lead to inefficiencies in our rounds. It is very exhausting to make rounds with a large number of patients," (Staff nurse from the medical ward).

Participants also pointed out that when the work area is crowded, patient care becomes the main priority, and even when rounds are conducted, it is challenging to address patients' problems. A nurse described how this affects performing nursing rounds as follows:

"When the number of patients in the wards is higher, it becomes challenging to conduct rounds. Most of the time, other patient care takes priority. Even if I make a round, I cannot solve the patient's problem when it is crowded. Because of this reason, I rarely performed it" (staff nurse from the emergency ward.)

Category 1.2: Inadequate resources

The interviews highlight resource-related challenges, both human and material, as significant barriers to performing nursing rounds effectively. Participants emphasized the need for adequate materials, such as wheelchairs, to make nursing rounds practical. Nurses do rounds to evaluate patients' needs, provide treatment, and assure their well-being. For a patient lacking independent movement, a wheelchair is essential to address their mobility requirements. One staff nurse noted that nursing rounds are just beginning and require attention and support to be adequately implemented.

"In terms of material, resources are needed to meet the needs of the patient; For example, a wheelchair may be needed for a patient who cannot move by himself. Since the nursing round is just starting, I believe that attention and resources are needed to make it practical" (Staff nurse participant from the surgical ward)

An ICU staff nurse also highlighted the issue of insufficient staffing, which contributed to the difficulty of finding time for nursing rounds, especially in a critical care setting where many professionals are needed.

"Sometimes insufficient numbers of staff is limiting as to do the rounds. Because this ward is for critical patients, many professionals are needed here. Now we are working 1:3 nurses to patient ratio and there is no time to do nursing rounds" (ICU staff nurse participant).

Category 1.3: Insufficient administrative support

Some interviewees reflected inconsistent support, mentorship, and proper training in performing nursing rounds. A nurse expressed a minimal involvement of

others, stating that while there is a recognition of the need for rounds, no efforts are made to strengthen or support the process, stating.

"To be honest, they do what they have to do at some level. They asked if there was a nursing round, but I did not see them providing any support. They do not do anything to strengthen what has been done. I think they can do more than that" (Female ICU Nurse)

Another nurse attributes the inefficacy of rounds to several key barriers, such as insufficient support, a lack of mentorship, and the absence of supervision from superiors. These issues are articulated in the following manner:

"The thing that keeps me from doing it is not having enough support, and lack of mentorship, and lack of proper training. Additionally, there is no support from superiors observing the problems" (Male Staff nurse from the surgical ward).

Theme 2: Behavioral barriers

Behavioral barriers in nursing rounds can hinder communication, teamwork, and patient care. These barriers can cause misunderstandings, conflicts, and inefficiencies, impacting the effectiveness of nursing rounds. The themes that arise from these include limited knowledge of nursing rounds, lack of interest and commitment to nursing rounds, misperception about the usefulness of nursing rounds, and language barrier.

Category 2.1: Limited knowledge of nursing rounds

The interviews revealed a lack of understanding and familiarity with the 4Ps approach that focus pain, position, potty, and possessions, essential for effective nursing rounds to improve patient care and safety. Pain management ensures patient comfort and well-being, while positioning prevents pressure ulcers and promotes circulation. Potty checks address bathroom needs for hygiene and fall prevention. Possessions ensure that patients have essential items within reach for comfort and independence. Limited knowledge can lead to inappropriate practices and potentially compromised patient care quality, as staff members are not fully aware of the significance and application of nursing rounds. One participant stated it accordingly,

"I do not know about the basic components. Simply, I made rounds by asking the patients what they needed in the form, such as wound care, cannula, linen, whether they needed it if applicable, and asking them whether they felt pain or not" (Staff Nurse in Medical ICU)

Category 2.2: Lack of interest and commitment to nursing rounds

The interviews revealed that management and staff encounter difficulties in effectively implementing nursing rounds. Additionally, some respondents noted that staff often display a lack of interest and enthusiasm, viewing nursing rounds as less beneficial, which may lead to disengagement and ultimately result in the improper execution of these rounds.

"As a manager, I try to encourage them to conduct nursing rounds, but they lack interest and enthusiasm. I think this lack of engagement is why they fail to perform the rounds properly." (Female Head Nurse).

Category 2.3: Misperception about the usefulness of nursing rounds

Furthermore, the perceived usefulness of nursing rounds is crucial for effective implementation. If the staff perceives these rounds as less valuable, it can lead to a lack of proper execution and attention. The head of nurses in the medical ward shares their perspective on this issue:

"The staff perceived that the Nursing rounds are less useful. Because of this, they cannot implement accordingly and it seems that lacks due attention" (Medical ward head of nurse).

Category 2.4: Language barrier

Some participants stated that communication difficulties due to language differences impacted the implementation of nursing rounds. Some nurses find it difficult to communicate with patients because they do not speak the local languages like Afaan Oromo.

"There is a language barrier. Because of this, I cannot address the needs of the patient to the standard during rounds" (Staff nurse with 8 years of experience).

Another nurse stated,

"The issue of language disparity hinders communication between nurses and patients, undermining the significance of building a strong rapport." (Male staff Nurse with 4 years).

Theme 3: Technical barriers

Technical barriers in nursing rounds can directly or indirectly impede the quality of patient care. Technical barriers in nursing rounds can impact patient care quality. The lack of customized guidelines and training may lead to inconsistent assessments and care delivery.

Category 3.1: Absence of Customized Guideline

Several staff members expressed concerns about the current nursing round guidelines, stating that the guidelines, adapted from developed countries are not tailored to their setup. Additionally, directly copied guidelines without modifications are difficult to implement, making them inconvenient and inconsistent in practice.

"The existing guidelines are adapted from the developed country so it is influenced to apply according to our culture, lifestyle, and languages. In addition to this, they are not updated. It is the institution's responsibility to assess and update them" (Staff nurses with 8 years of experience)

"We have guidelines but it is copied directly from somewhere else without modification which makes it difficult to implement the rounds. The guidelines are not convenient and consistent" (28-years female nurse participant)

Category 3.1: Lack of training in nursing rounds

Lack of in-service training and awareness regarding the importance and benefits of nursing rounds can hinder their effective implementation. A seasoned nurse with 39 years of experience sheds light on this issue, emphasizing the need for greater awareness and established principles within the hospital. The nurse explains: The senior nurse explained,

".... Other barriers are lack of in-service training and lack of awareness. It would be great if they were given the awareness that nursing round has great benefits to both the patient and the nurse. However, there is no awareness and the hospital itself does not set principles, so it does not implement them" (39 years staff nurse)

"Training has not been given yet in the nursing round, and I do not know about the protocol. It is an experience that makes the round go up. If there is training and protocol, the health professionals can easily assess with a checklist when making a round" (Medical ICU Nurse).

Discussion

This exploratory qualitative study was conducted on barriers to implementing nursing rounds from a nurse's perspective in Harar, Eastern Ethiopia. This study identified the barriers to implementing nursing rounds and categorized them into organizational, behavioral, and technical barriers. Organizational barriers encompassed inadequate resources, workloads,

time constraints, and insufficient administrative support. Behavioral barriers involved a lack of interest and commitment, limited knowledge, language barriers, and a misperception about the usefulness of nursing rounds. Technical barriers include the absence of customized guidelines and lack of training in nursing rounds.

We identified that nurses' workload was a barrier to implementing nursing rounds. This finding is supported by a systematic review conducted in the US that showed caring for five or six patients every hour affects the implementation of nursing rounds into practice (Toole *et al.*, 2016). Similarly, studies from the UK and Indonesia recognized staff shortage as a barrier to implementation (Nasrullah *et al.*, 2017, Kirk and Kane, 2016). When there are not enough nurses to cover shifts, the existing staff is distributed, leading to higher patient-to-nurse ratios and inadequate time for thorough rounds. This results in longer wait times for patients needing care (Zamanzadeh *et al.*, 2020). Increased workloads force nurses to prioritize urgent tasks over routine activities like nursing rounds, resulting in skipped rounds (Twigg *et al.*, 2021). These findings underscore the importance of addressing workload by increasing the number of nursing staff, implementing flexible and efficient schedules, using electronic health records, and creating a teamwork culture that reduces workload and allows nurses to implement the nursing rounds (Mohammadnejad *et al.*, 2023, Mabona *et al.*, 2022).

The inadequate materials and resources for patient care during nursing rounds are also barriers to implementing nursing rounds. Studies have shown that the absence of materials can directly impact the quality of care provided (Gómez-Salgado *et al.*, 2019). These rounds are essential for assessing patient needs, ensuring proper care, and maintaining overall health. When important materials, such as medical supplies, equipment, and other resources are lacking, it becomes challenging for nurses to perform their duties efficiently. Implementing regular inventory assessment strategy and streamlined procurement processes to improve material availability and, improve the quality of patient care delivered during nursing rounds (Fallahnezhad *et al.*, 2023).

This study found the absence of customized guidelines during nursing rounds to be a barrier to effective implementation. The USA study also reported that nurses' support rounding but struggle with adapting it to make it practical (Blakley *et al.*, 2011). Clear guidelines provide a framework for monitoring and evaluating nurses' performance and are critical for the consistent and effective implementation of nursing rounds

(Deitrick *et al.*, 2012, Murphy *et al.*, 2019). Nurses may find it challenging to adhere to guidelines not customized to the unique requirements of that particular healthcare setting, which might result in inconsistent practice (Cassidy *et al.*, 2021). To overcome this barrier, developing guidelines that consider the local context, resources, and cultural nuances is crucial. This involves collaborating with local healthcare professionals to understand their challenges and creating flexible protocols that can be adjusted based on available resources (Harrison *et al.*, 2010, Beauchemin *et al.*, 2019).

Findings from this study indicated that limited knowledge about the components of nursing rounds was a significant barrier to their implementation of nursing rounds. Similarly, a quasi-experimental study done in Indonesia reported that knowledge is significantly associated with nursing round implementation (Hidayat *et al.*, 2022). When nurses do not fully comprehend what is included, including the important activities and evaluations, nursing rounds become less organized and irregular (Leamy *et al.*, 2023). To address this barrier, it is crucial to provide ongoing education and training that clearly define the objectives and components of nursing rounds, ensuring that all nursing staff have the knowledge and skills needed to conduct thorough and effective rounds.

Findings from this study indicated that lack of training was a significant barrier to their implementation of nursing rounds. Training is an environment where employees can gain or learn the skills, knowledge, and behaviors specifically related to the job (Shiri *et al.*, 2023). The review in the US reported that a lack of appropriate staff training before implementation led to inconsistent rounding performance (Toole *et al.*, 2016). Similarly, lack of clarity, which could be solved by training, was a barrier to implementing the nursing round (Deitrick *et al.*, 2012). Without proper training, nurses might lack the skills and confidence to perform thorough assessments and address patient needs (Hakvoort *et al.*, 2022). Therefore, arranging training sessions that address the importance and components of nursing rounds and equipping nurses with the communication and clinical skills and knowledge to engage effectively to improve the implementation of nursing rounds (Daniels, 2016).

Language differences between nurses and patients were barriers to implementing the nursing round. This finding was supported by the integrative review report, which showed that ineffective communication was a barrier to the implementation of the nursing rounds (Zamanzadeh *et al.*, 2020). The implementation of nursing rounds can face significant challenges due to

language differences (Rahmawati, 2021). Nurses serve as the initial professional point of contact for patients within healthcare systems and language barriers are a critical concern in nursing practice, affecting therapeutic communication and overall care (Squires, 2018, Arkorful *et al.*, 2020). When there is a language gap, communication becomes challenging, making it difficult for nurses to understand patients' needs, symptoms, and concerns fully (Al Shamsi *et al.*, 2020). Finding alternative communication methods, such as translation apps and visual aids, and providing nurses with training on effective communication techniques can enhance their ability to interact with patients from diverse backgrounds (Larsen *et al.*, 2021).

A lack of interest and commitment to implementing nursing rounds were existing barriers. When nurses are not fully aware of the potential benefits of nursing rounds, they may not perceive their value or feel motivated to engage actively in addition to their already heavy workload (Rahmawati, 2021). Nurses' attitudes are crucial for the implementation of nursing rounds (Negarandeh *et al.*, 2014). Perceived value, lack of authority, and organizational culture that does not value input from nursing staff may lead to disengagement and unwillingness to participate in rounds (Zamanzadeh *et al.*, 2020). Creating an organizational culture that values nurse input, and offering training sessions that emphasize the purpose and expected outcomes of nursing rounds and equip nurses with the attitude needed to engage effectively to improve the implementation of nursing rounds (Aydoğdu, 2023, Mabona *et al.*, 2022).

Misconceptions about the usefulness of nursing rounds can lead to missed opportunities for improving patient care (Khalil Saleh *et al.*, 2024). Nursing rounds are not just routine check-ins but valuable opportunities for nurses to assess patient needs, provide timely interventions, and communicate effectively with the healthcare team. By recognizing the importance of nursing rounds and actively engaging in them, nurses can enhance patient outcomes and contribute to a more efficient and coordinated care delivery (Roustaei *et al.*, 2023).

The study provided practical insight into barriers to implementing nursing rounds. The study gathered data from varying levels of experience and different wards, ensuring that the findings are grounded in actual experiences and challenges faced by the staff. The finding may not be generalized to all nurses in healthcare settings due to the nature of the sampling method of the study.

Conclusion

Multilevel barriers hindering the implementation of nursing rounds were categorized into organizational, personal, and technical. The primary challenges include workload and time constraints, limited resources, lack of administrative support, poor knowledge, lack of training and guidelines, and the perceived ineffectiveness of nursing rounds. Increasing staffing levels, ensuring sufficient resources, improving administrative support, training programs on nursing rounds, and establishing enforcing protocols and monitoring systems improve the implementation of nursing rounds. Hospital administrators should also recruit more nursing staff to reduce workloads and ensure time for comprehensive rounds. Allocating budgets for necessary resources and equipment is essential. Establishing clear policies and providing strong administrative support will recognize nursing rounds as a critical component of patient care. Customized guidelines tailored to specific contexts are also necessary. Nursing management should implement regular in-service training and establish standardized protocols, monitored for consistent application. Nurses should engage in ongoing learning and advocate for necessary resources. Nursing education institutions need to include comprehensive training on nursing rounds in their curricula to prepare future nurses for effective practice.

Acknowledgments

We would like to acknowledge the data collectors, nurses, supervisors, study beneficiaries, health institution administrators, and data clerks.

Competing Interests

The authors declare that they have no competing interests.

Funding Statement

The study was funded by Haramaya University.

Authors' Contributions

All authors contributed significantly to the conception, study design, data acquisition, analysis, and interpretation. HA and NA were involved in drafting the manuscript, while SL and SH provided a critical review of the draft and final version. All authors reviewed and approved the final version for publication, chose the journal for submission, and accepted responsibility for all aspects of the work.

List of Abbreviations

HFCSH: Hiwot Fana Comprehensive Specialized

Hospital;ICU: Intensive Care Unit; JGH: Jugal General Hospital; NICU: Neonatal intensive care unit

References

- Al-Nusair, H., Alnjadat, R., Mukona, D. M., Fonbuena, M. & Perinchery, S. 2023. The effect of intentional nurse rounding and nurse prompt response time to Call system on patient satisfaction, patient complaints, and patient clinical outcome: An Audit trial. *Nursing and Midwifery Studies*, 12, 142-150.
- Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S. & Al Kalbani, T. 2020. Implications of Language Barriers for Healthcare: A Systematic Review. *Oman Med J*, 35, e122.
- Arkorful, V., Hammond, A., Basiru, I., Boateng, J., Doku, F., Pokuaah, S., Agyei, E., Baoteng, J. & Lugu, B. 2020. A Cross-Sectional Qualitative Study of Barriers to Effective Therapeutic Communication among Nurses and Patients. *International Journal of Public Administration*, 44, 1-13.
- Aydoğdu, A. L. F. 2023. The impact of organizational culture on nursing: A comprehensive analysis. *World Academic Journal of Management*, 11, 32-41.
- Baik, D. & Zierler, B. 2019. Clinical nurses' experiences and perceptions after the implementation of an interprofessional team intervention: a qualitative study. *Journal of Clinical Nursing*, 28, 430-443.
- Beauchemin, M., Cohn, E. & Shelton, R. C. 2019. Implementation of Clinical Practice Guidelines in the Health Care Setting: A Concept Analysis. *ANS Adv Nurs Sci*, 42, 307-324.
- Blakley, D., Kroth, M. & Gregson, J. 2011. The impact of nurse rounding on patient satisfaction in a medical-surgical hospital unit. *Medsurg Nurs*, 20, 327-32.
- Braun, V. & Clarke, V. 2019. Reflecting on reflexive thematic analysis. *Qualitative research in sport, exercise and health*, 11, 589-597.
- Cassidy, C. E., Harrison, M. B., Godfrey, C., Nincic, V., Khan, P. A., Oakley, P., Ross-White, A., Grantmyre, H. & Graham, I. D. 2021. Use and effects of implementation strategies for practice guidelines in nursing: a systematic review. *Implement Sci*, 16, 102.
- Daniels, J. F. 2016. Purposeful and timely nursing rounds: a best practice implementation project. *JBIEvidence Synthesis*, 14, 248-267.
- Deitrick, L. M., Baker, K., Paxton, H., Flores, M. & Swavely, D. 2012. Hourly rounding: challenges with implementation of an evidence-based process. *Journal of Nursing Care Quality*, 27, 13-19.
- Denzin, N. K. & Lincoln, Y. S. 2011. *The Sage Handbook of qualitative research*, Sage.
- El Atty, S. E. S. A., El Mola, M. A. & Azzam, H. F. Effect of Conducting Clinical Nursing Round Training Program for Head Nurses on Their Clinical Round Performance. *International journal of health sciences*, 6, 363-376.
- Fabry, D. 2015. Hourly rounding: perspectives and perceptions of the frontline nursing staff. *Journal of Nursing Management*, 23, 200-10.
- Fallahnezhad, T., Aghaie, B., Norouzadeh, R., Ebadi, A. & Abbasinia, M. 2023. The challenges of nursing presence at the patient's bedside from the perspective of nurses: a qualitative study. *Ethiopian Journal of Health Sciences*, 33, 281-290.
- Fan, Q., Feng, X. Q. & Jin, J. F. 2021. Nursing rounds: a quality improvement project to improve outpatient satisfaction. *Journal of Nursing Management*, 29, 177-185.
- Fillmore, L. A. 2010. Walking nursing rounds to improve nurse morale and patient satisfaction. *Touro University Nevada*.
- Gómez -Salgado, J., Navarro-Abal, Y., López López, M., Romero-Martin, M. & Climent Rodríguez, J. 2019. Engagement, Passion, and Meaning of Work as Modulating Variables in Nursing: A Theoretical Analysis. *International Journal of Environmental Research and Public Health*, 16, 108.
- Hakvoort, L., Dikken, J., Cramer-Kruit, J., Nieuwenhuyzen, K. M.-V., Van Der Schaaf, M. & Schuurmans, M. 2022. Factors that influence continuing professional development over a nursing career: A scoping review. *Nurse Education in Practice*, 65, 103481.
- Harrison, M. B., Légaré, F., Graham, I. D. & Fervers, B. 2010. Adapting clinical practice guidelines to local context and assessing barriers to their use. *Cmaj*, 182, E78-84.
- Hidayat, M., Kamil, H. & Susanti, S. S. 2022. The Effect of Nursing Rounds on Nurse Knowledge: An Intervention Study. *International Journal Dental and Medical Sciences Research*, 4, 178-183.
- Khalil Saleh, R., Faisal Fakhry, S., Mohamed Elsayed, S. & Abd El-Ghaffar, G. 2024. Assessment of Head Nurses' Practice Regarding Nursing Round. **Egyptian Journal of Health Care**, 15, 806-813.
- Kirk, K. & Kane, R. 2016. A qualitative exploration of intentional nursing round models in the

- emergency department setting: investigating the barriers to their use and success. *Journal of Clinical Nursing*, 25, 1262-1272.
- Langley, S. 2015. Effects of rounding on patient care. *Nursing Standard*, 29, 51.
- Larsen, R., Mangrio, E. & Persson, K. 2021. Interpersonal Communication in Transcultural Nursing Care in India: A Descriptive Qualitative Study. *J Transcult Nurs*, 32, 310-317.
- Leamy, M., Sims, S., Levenson, R., Davies, N., Brearley, S., Gourlay, S., Favato, G., Ross, F. & Harris, R. 2023. Intentional rounding: a realist evaluation using case studies in acute and care of older people hospital wards. *BMC Health Serv Res*, 23, 1341.
- Mabona, J. F., Van Rooyen, D. R. & Ten Ham-Baloyi, W. 2022. Best practice recommendations for healthy work environments for nurses: An integrative literature review. *Health SA Gesondheid*, 27, 1788.
- Meade, C. M., Bursell, A. L. & Ketelsen, L. 2006. Effects of nursing rounds: on patients' call light use, satisfaction, and safety. *AJN The American Journal of Nursing*, 106, 58-70.
- Mohammadnejad, F., Freeman, S., Klassen-Ross, T., Hemingway, D. & Banner, D. 2023. Impacts of technology use on the workload of registered nurses: a scoping review. *Journal of rehabilitation and assistive technologies engineering*, 10, 20556683231180189.
- Moi, M. F., Nursalam, N. & Asmoro, C. P. 2019. Factors Affecting the Implementation of Nursing Round. *Fundamental and Management Nursing Journal*, 2, 35-44.
- Mullen, J. E. & Reynolds, M. R. 2024. Implementation of Nurse Integrated Rounds Improves Interdisciplinary Communication in the Pediatric Intensive Care Unit. *AACN Advanced Critical Care*, 35, 180-186.
- Mulugeta, H., Afenigus, A. D., Wagnew, F., Haile, D., Tadesse, A. & Kibret, G. D. 2020. The effect of hourly nursing rounds on patient satisfaction at Debre Markos Referral Hospital, Northwest Ethiopia: A non-randomized controlled clinical trial. *International Journal of Africa Nursing Sciences*, 13, 100239.
- Murphy, F., Doody, O., Lyons, R., Brenner, M., O'Connor, L., Hunter, A., Devane, D. & Sezgin, D. 2019. A guidance framework to aid in the selection of nursing and midwifery care process metrics and indicators. *Nurs Open*, 6, 948-958.
- Nasrullah, D., Rejeki, S. & Handayani, F. 2017. Factors Associated with the Nurse Compliance in Nursing Round Implementation at Siti Khodjijah Hospital. *Advanced Science Letters*, 23, 12550-12554.
- Negarandeh, R., Hooshmand Bahabadi, A. & Aliheydari Mamaghani, J. 2014. Impact of regular nursing rounds on patient satisfaction with nursing care. *Asian Nurs Res (Korean Soc Nurs Sci)*, 8, 282-5.
- Neo, N. W. S., Li, Y., Salazar, A. B., Gan, J. K. L., Ng, J. J. & Tho, P. C. 2023. Structured, nurse-led ward rounds to improve interprofessional communication and optimize care of vascular surgery patients: a best practice implementation project. *JBHI Evidence Implementation*, 21, 365-373.
- Rahmawati, I. N. 2021. Implementing nursing round to deal with the unresolved nursing problem on a patient with acute pain: A case report. *J Public Health Res*, 10.
- Roustaei, Z., Sadeghi, N., Azizi, A., Eghbalian, M. & Karsidani, S. D. 2023. The effect of regular nursing rounds on patients' comfort and satisfaction, and violence against nurses in the surgical ward. *Heliyon*, 9, e17708.
- Shin, N. & Park, J. 2018. The Effect of Intentional Nursing Rounds Based on the Care Model on Patients' Perceived Nursing Quality and Their Satisfaction with Nursing Services. *Asian Nurs Res (Korean Soc Nurs Sci)*, 12, 203-208.
- Shiri, R., El-Metwally, A., Sallinen, M., Pöyry, M., Härmä, M. & Toppinen-Tanner, S. 2023. The Role of Continuing Professional Training or Development in Maintaining Current Employment: A Systematic Review. *Healthcare (Basel)*, 11, 2900.
- Squires, A. 2018. Strategies for overcoming language barriers in healthcare. *Nurs Manage*, 49, 20-27.
- Tomaszewski, L. E., Zarestky, J. & Gonzalez, E. 2020. Planning Qualitative Research: Design and Decision Making for New Researchers. *International Journal of Qualitative Methods*, 19, 1609406920967174.
- Toole, N., Meluskey, T. & Hall, N. 2016. A systematic review: barriers to hourly rounding. *J Nurs Manag*, 24, 283-90.
- Twigg, D. E., Whitehead, L., Doleman, G. & El-Zaemey, S. 2021. The impact of nurse staffing methodologies on nurse and patient outcomes: A systematic review. *J Adv Nurs*, 77, 4599-4611.
- Zamanzadeh, V., Orujlu, S., Beykmirza, R. & Ghofrani, M. 2020. Barriers for nurse participation in multidisciplinary ward rounds: An integrative review. *Nursing*