Barriers for nurse participation in multidisciplinary ward rounds: An integrative review

Vahid Zamanzadeh1, Samira Orjulu1, Raziyeh Beykmirza2, Marjan Ghofrani3*

1Department of Medical Surgical Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran
2Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran
3Department of Pediatric Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran

ARTICLE INFO

Received 13 October 2020
Accepted 21 December 2020
Available online at:
http://npt.tums.ac.ir

Key words: physician-nurse relations; communication; nursing; review

ABSTRACT

Background & Aim: The purpose of this integrative literature review was to find, critically evaluate, and describe publications about barriers against nurse participation and collaboration in multidisciplinary ward rounds. Although multidisciplinary ward rounds are the right place for doctors and nurses to communicate, nurses’ attendance in these rounds is missed. The nurses' absence at the multidisciplinary ward rounding has negative effects on the patients, their relatives, other team members, and their care.

Methods: A systematic approach to searching, screening, and analyzing the literature was applied. The original and review papers were used. This study was an integrative review based on Whittemore and Knafl’s framework. Web of Science, PubMed, Scopus, Cochrane, Magiran, and SID were searched by time limitation for ten years (2009-2019). The search was conducted between February 2019–March 2019. The language was limited to English and Persian .

Results: After duplicate removal, title, and abstract review, 63 papers remained. After full-text control, finally, 7 papers were selected for this review. Barriers for rounding were divided into 4 main categories: time limitation, reluctance to participate, ineffective communication, and infrastructure & administration. Nurse time limitation, feeling not being valued by MDs, lack of standard and structure, and nurse unawareness from time of round are the most repeated barriers.

Conclusion: Barriers may need to be removed until nurse participation in multidisciplinary ward rounds improves. Some study needs to take place about this issue in Iran to identify the situation, facilitators, and barriers specific to our country. Based on them, a relevant intervention can be chased.

Introduction

Ward rounds are important in every medical field (1) and have a pivotal role in hospital-based care (2). During ward rounds, most of the decisions about patient care are made (3), an integrated plan of care is developed (2), and decisions are made to meet patients’ needs (4). Some activities that may be done during interdisciplinary rounds are reviewing patient health data; discussing problems; setting goals; determine interventions for reaching the goals; discussing progress toward goals; changing and revising goals and interventions as required; discussing about referrals, discharge plans; and defining responsibilities of health care team members toward reaching the goals (5). Ward rounds must be a daily routine in

the morning to guide task for rest of the day (4).

Hospitalized patients need care from different disciplines’ experts like medical doctors, nurses, therapists, social workers, and others (1). Multidisciplinary teamwork has been endorsed as the main mechanism to ensure truly holistic care for patients (6). Ward rounds are a key part of care planning and collaboration between different professional groups in the hospital (4). But despite ward rounds being considered an opportunity for multidisciplinary working, these rounds have been neglected. This multidisciplinary working sample should be accepted as a suitable way of delivering care in an increasingly complex healthcare environment (7).

In addition, Communication failures are very common causes of errors and harm in medicine (8), and poor communication between physicians and nursing staff could

*Corresponding Author: Marjan Ghofrani, Department of Pediatric Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran. E-mail: marjan.ghofrani@gmail.com
DOI: 10.18502/npt.v8i2.5120

Please cite this article as: Zamanzadeh V, Orjulu S, Beykmirza R, Ghofrani M. Barriers for nurse participation in multidisciplinary ward rounds. An integrative review. Nursing Practice Today. 2021; 8(2):96-102
result in an inadequate collaboration that will affect patient health negatively (9). But this is where ward round enables collaborative decision-making and provides a platform for communication with the patients and the team (1).

Although multidisciplinary rounds is a place for hospital care teams member to improve collaboration (10, 11), improve communication (12), and share the necessary information for patient care (4) but nurses’ attendance in this wards is missed (13). The Royal College of Physicians and the Royal College of Nursing identified a reduction in nurses’ contributions to ward rounds (14). The result of a study in Nigeria shows that only 13% of the nurses participated in ward rounds the previous day, and 67% believed that some nurses do not like ward rounds (15). In Shokri et al.’s study, 45/5% of nurses said that doctors did not consult nurses in their decision about patients’ treatment, and 50/9% said that doctors did not respect the nursing profession's specific roles (16). Manias and Street found that nurses faced many barriers against their decision-making during ward rounds (17), and Busby and Gilchrist found that nurses made only 12% of the comments during ward rounds (18).

Nurses have an essential role in multidisciplinary ward rounds, and they have to make attending rounds a priority, even though their responsibilities in rounds can vary in different wards (19). Nurses spend extended time with the patient, and they have an essential role in supporting patients for expressing their opinions (15), to present patient care, and sometimes leadership during the round (20). The nurses’ absence at the multidisciplinary bedside rounding has apparent negative effects on the patients, their relatives, other team members, patients’ care (15) and clear consequences for communications, ward-round efficiency, and patient safety (21). Efficiency improves if nurses present at multidisciplinary bedside rounds, as changes in patients’ condition over the previous 24h are discussed between group members (22). Also, nurse attendance on rounds contributes to a positive working team attitude, increasing satisfaction through team members’ empowerment (23).

Despite the important role of nurses in multidisciplinary ward rounds, this reduction in nurses’ contributions to ward rounds can worsen. This review is conducted based on the above precise needs for nurse attendance and collaborating during multidisciplinary ward rounds and nurses’ empty place in these rounds. The first step to improve this situation is to recognize the barriers.

Methods

This study was an integrative review based on Whittemore and Knaff's framework (24). They modified Cooper’s (1998) framework to address issues specific to the integrative review method and introduced a new framework for conducting an integrative review, which is consist of 5 stages: Problem identification stage, Literature search stage, Data evaluation stage, Data analysis stage, Presentation stage

Problem identification stage

This integrative literature review aimed to find, critically evaluate, and describe publications about nurse participation and collaboration in ward rounds. The concept of interest in this review is the barriers against nurse participation in ward rounds. The target population is nurses working in hospital wards. Empirical or theoretical literature could be included in the review.

Literature search stage

A beginning search conducted on google and google scholar to make a primary image of the topic and identify different words is used in this topic. Some words were extracted, and MESH was searched to find alternative probability words for searching databases. We just used these strategies to find literature about hospital rounds, containing tools, hospital protocols, resources, and articles about this topic.

We also searched Web of Science, PubMed, Scopus, Cochrane, Magiran, SID by time limitation for 10 years (2009-2019).
The search was conducted between February 2019–March 2019. The language was limited to English and Persian. We used terms by the following sequence:

“Nurse AND Doctor OR Physicians” AND “Round OR Hospital rounds OR Grand round OR Besides round OR Morning OR Visits OR Teaching Rounds” AND “Collaboration OR Cooperation.” Different alternatives were used for the phrase “ward round” in the search strategy because we tried to find any relevant publication. This syntax was used for all the databases. We extracted articles from all databases by this syntax. Papers were selected if they were original or reviews; we also used reviews because they might use studies that we missed or didn’t have access to. This might miss the barriers to nurse participation and collaboration during ward rounds. Inclusion criteria were (a) English and Persian languages, (b) publication date between 2009 and 2019, (c) original or review articles, and (d) articles that focused on barriers against nurse participation in ward rounds.

After reviewing the title/abstract and removing duplicates, 63 articles remained. After reviewing full-texts, 7 articles chased for this review (Figure 1). Table 1 summarizes the paper used in this article.

Figure 1. PRISMA flow diagram
Table 1. Papers selected for this integrative review

| Study | Type   | Design                      | Purpose                                                                 | Country  |
|-------|--------|-----------------------------|-------------------------------------------------------------------------|----------|
| 1     | (30)   | Article Fundamental qualitative descriptive | Description of the barriers and facilitators for interprofessional patient-centered rounding | USA      |
| 2     | (28)   | Article Descriptive, cross-sectional survey | Evaluation of the perceptions of nurses, attending physicians, and house staff physicians about the benefits/barriers of the interprofessional bedside rounds | USA      |
| 3     | (27)   | Article Interventional      | Identifying (1) local barriers to the nursing presence on patient- and family-centered rounds (PFCR), and (2) increase nursing attendance during PFCR. | USA      |
| 5     | (26)   | Article Descriptive, cross-sectional | Examination of the collaboration between nurses and physicians and their perceived barriers to interprofessional bedside rounds | Singapore |
| 6     | (23)   | Article Time series         | To increase nurse attendance on hospitalist family-centered rounds to 80% in three months. | USA      |
| 7     | (29)   | Article Systematic Review   | Identifying facilitators and barriers to rounding in the ICU             | Canada   |

**Data evaluation stage**

Empirical reports included a wide variety of methods (Table1). So we used a modified version of the Critical Appraisal Skills Program (CASP) tool created by Halcomb et al. (25). All 7 articles remained after quality appraisal.

**Data analysis stage**

In this stage of the study, selected articles were reviewed by the research team, and information about barriers was extracted. Extracted information was read again, and based on the nature of the barriers, and four categories were defined for them.

**Presentation stage**

Finally, the review results are presented later in this article; also, information about selected papers for review is summarized in table 1.

**Results**

During the review, barriers against nurse participation in ward rounds were determined and classified into four categories as (Time limitation, Reluctance to participation, Ineffective communication, and Infrastructure & administration):

**Time limitation**

Nurse time limitation was one of the highest-ranked barriers to bedside interprofessional rounding (26-28), medication administration, patient assignment load, other patient needs; new admissions were also mentioned in the literature that can be related to nursing time limitation too (23). Increased rounding time (26, 29) and conflict in a daily schedule (30) are some other barriers that also remark on the necessity of staff’s time consideration.

**Reluctance to participation**

Doubt about communication skills, uncertainty about the rounding, (30), feeling not being valued by MDs (26, 29), lack of support from nurse managers/clinicians and senior physicians in facilitating interprofessional rounding (26) also found in literature as barriers that can be lead to reluctance nurse participation in ward rounds.

**Ineffective communication**

Interruptions in communication (29), large team size (28), the hierarchical structure between team members (29), high turnover in team members (30), and lack of a culture of nurse-physician rounding in a ward (26, 28) are barriers will make challenges against communication and collaboration in a multidisciplinary team.
Nurse participation in multidisciplinary ward rounds

Infrastructure & administration

Round location (bedside or conference room) (29), lack of standard and structure, electronic health records (30), poor information retrieval and documentation (29), lack of a system for alerting nurse about round/ nurse unawareness from time of round (27, 28), geographic distributing of teams (26, 30), lack of proper physical facilities (for example small rooms) (28) incompatibility with the organization’s goals (30) are some of the barriers against ward round which needs some facilities or administrative consideration till can be solved.

Discussion

This review aimed to find, critically evaluate, and describe publications about nurse participation and collaboration in ward rounds. With this aim, we conducted a broad search, and some papers were retrieved. Staffing issues and other adverse factors must be identified before rounds (21, 31). Challenges and potential barriers exist that will affect the successful implementation of multidisciplinary rounds. These challenges and barriers must be identified (32).

During the review, barriers against nurse participation in ward rounds were determined and classified into four categories:” Time limitation, Reluctance to participation, Ineffective communication, and Infrastructure & administration.” In a study that examined the facilitators and barriers for interprofessional rounding at an academic health center hospital, the facilitators and barriers were categorized to “Team Members’ Facilitators and Barriers” and “Healthcare Environment Facilitators and Barriers” (30). In a study in 2014, the researchers developed 4 domains for the barriers to interprofessional bedside rounds, including factors related to the Patient, Time, Systems issues, and Providers (nurses, attending physicians, and house staff physicians) (28). In another study in 2019, barriers were categorized into 4 classes, including Time, Patient, Organization, and Providers (26).

Nurse time limitation was one of the highest-ranked barriers to bedside interprofessional rounding (26-28). A planned, dedicated time must be assigned to multidisciplinary ward rounds (21). Ward rounds must become a priority for all members of a multidisciplinary team (21, 31). When something becomes a priority, enough time will give to that. One of 3 interventions in a study in 2018 was a standardized multidisciplinary round schedule; in this study, nurse participation increased from 50% to 88% (33). Feeling not being valued by MDs (26, 29) is another repeated barriers in literature. But in another study, in contrast, this wasn’t considered as an important barrier by the participants (27).

Lack of standards and structure are mentioned as barriers, too (29, 30). In a study in 2016 and in another one in 2018, the researchers made a structure for rounding, which improved communications and teamwork during ward rounds (34, 35). Lack of a system for alerting nurses about round/ nurse unawareness from time of round (27, 28) is another common barrier. It is difficult for nurses to attend rounds if they don't know when they occur (36). In a study, the most commonly cited barrier to nursing attendance on patient family-centered rounds was “not knowing when the team will be rounding on my patient” (27). In two studies conducted in 2018 and 2016, nurses carried a pager to increase nurse participation in ward rounds (34, 36). This helps nurses stay informed of the timing of the rounds.

The first step can be to identify barriers and challenges and later try to change through interventions and recommendations mentioned in the literature. Engage team in discussion about the current state (5), concerns, barriers, and ideas for improvement of the rounding process (37, 38). This discussion session may be held in the format of focus groups or conferences (37, 38).

We could not find any paper about this specific issue, which is about our country’s situation, statistics, specific barriers and facilitators, and interventions. Almost all the papers are for developed countries that
situations and attitudes may be different from our country.

Conclusion

In this review, barriers for multidisciplinary ward rounds were determined and classified into four categories (Time limitation, Reluctance to participation, Ineffective communication, and Infrastructure & administration). Challenges that were categorized may need to be solved till nurse participation in multidisciplinary ward rounds improve. Some study needs to take place about this issue in Iran to identify the situation, facilitators, and barriers specific for our country, and based on them, a relevant intervention can be chased.

Recommendations

Iran’s situation in the ward round must be determined in an accurate study. Also, facilitators and barriers should specifically be assessed.

Acknowledgments

We would like to publicly acknowledge the authors whose valuable articles were used in this integrative review.

Conflict of Interest

There is no conflict of interest.

References

1. Vietz E, März E, Lottspeich C, Wölfel T, Fischer MR, Schmidmaier R. Ward round competences in surgery and psychiatry-a comparative multidisciplinary interview study. BMC medical education. 2019;19(1):137.
2. Hodgson R, Jamal A, Gayathri B. A survey of ward round practice. Psychiatric Bulletin. 2018;29(5):171-3.
3. O’Hare JA. Anatomy of the ward round. European journal of internal medicine. 2008;19(5):309-13.
4. Shankar P. Ward rounds in medicine. RGUHS Journal of Medical Sciences. 2013;3(3):135-7.
5. Health Quality Council. Module 1–Interdisciplinary Rounding. Patient Flow Toolkit.
6. Jeffries H, Chan K. Multidisciplinary team working: is it both holistic and effective? International Journal of Gynecologic Cancer. 2004;14(2):210-1.
7. Savage L, Vyas V, Akerele E, Klein M. Surgical ward rounds: a missed opportunity for multidisciplinary working? The Bulletin of the Royal College of Surgeons of England. 2015;97(1):E9-11.
8. Sharma S, Peters MJ. ‘Safety by DEFAULT’: introduction and impact of a paediatric ward round checklist. Critical Care. 2013;17(5):R232.
9. Wershofen B, Heitzmann N, Beltermann E, Fischer MR. Fostering interprofessional communication through case discussions and simulated ward rounds in nursing and medical education: A pilot project. GMS J Med Educ. 2016;33(2):Doc28.
10. O’Leary KJ, Boudreau YN, Creden AJ, Slade ME, Williams MV. Assessment of teamwork during structured interdisciplinary rounds on medical units. Journal of hospital medicine. 2012;7(9):679-83.
11. Malec A, Mork A, Hoffman R, Carlson E. The care team visit: Approaching interdisciplinary rounds with renewed focus. Journal of nursing care quality. 2018;33(2):135-42.
12. Terra SM. Interdisciplinary Rounds. Professional case management. 2015;20(6):299-307.
13. Launer J. What's wrong with ward rounds? Postgraduate medical journal. 2013;89(1058):733-4.
14. Shaughnessy L, Jackson J. Introduction of a new ward round approach in a cardiothoracic critical care unit. Nursing in critical care. 2015;20(4):210-8.
15. Ndie EC, Ogwa E, Oko UJ, Emeh A. Assessment of nurses opinions on participation in ward round in Ebonyi State. International Research Journal of Public and Environmental Health. 2015;2(1):1-3.
16. Shokri A, Yazdan Panah A, Vahdat S. The Professional Relationship between the Nurses and Physicians from their Own Point of View. Journal of Health and Care. 2013;15(1):76-69.
17. Manias E, Street A. Nurse–doctor interactions during critical care ward rounds. Journal of clinical nursing. 2001 Jul 20;10(4):442-50.
Nurse participation in multidisciplinary ward rounds

18. Busby A, Gilchrist B. The role of the nurse in the medical ward round. Journal of advanced nursing. 1992;17(3):339-46.
19. Lees L. The nurse's role in hospital ward rounds. Nurs Times. 2013;109(12):12-4.
20. Walton V, Hogden A, Long JC, Johnson JK, Greenfield D. How Do Interprofessional Healthcare Teams Perceive the Benefits and Challenges of Interdisciplinary Ward Rounds. Journal of multidisciplinary healthcare. 2019;12:1023-32.
21. Kirthi V, Ingham J, Lecco C, Amin Y, Temple RM, Hughes S, et al., editors. Ward Rounds in Medicine: Principles for Best Practice: a Joint Publication of the Royal College of Physicians and the Royal College of Nursing, 2012. London: Royal College of Physicians.
22. Muething SE, Katagal UR, Schoettker PJ, Gonzalez del Rey J, DeWitt TG. Family-centered bedside rounds: a new approach to patient care and teaching. Pediatrics. 2007;119(4):829-32.
23. Aragona E, Ponce-Rios J, Garg P, Aquino J, Winer JC, Schanker E. A quality improvement project to increase nurse attendance on pediatric family centered rounds. Journal of pediatric nursing. 2016;31(1):e3-e9.
24. Whittemore R, Knafl K. The integrative review: updated methodology. Journal of advanced nursing. 2005;52(5):546-53.
25. Halcomb E, Stephens M, Bryce J, Foley E, Ashley C. Nursing competency standards in primary health care: an integrative review. Journal of clinical nursing. 2016;25(9-10):1193-205.
26. Chew BH, Tang CJ, Lim WS, Yap JKY, Zhou W, Liaw SY. Interprofessional bedside rounds: Nurse-physician collaboration and perceived barriers in an Asian hospital. Journal of interprofessional care. 2019;33(6):820-2.
27. Sharma A, Norton L, Gage S, Ren B, Quensel A, Zimmancck K, et al. A quality improvement initiative to achieve high nursing presence during patient-and family-centered rounds. Hospital Pediatrics. 2014;4(1):1-5.
28. Gonzalo JD, Kuperman E, Lehman E, Haidet P. Bedside interprofessional rounds: perceptions of benefits and barriers by internal medicine nursing staff, attending physicians, and housestaff physicians. Journal of hospital medicine. 2014;9(10):646-51.
29. Lane D, Ferri M, Lemaire J, McLaughlin K, Stelfox HT. A systematic review of evidence-informed practices for patient care rounds in the ICU. Critical Care Medicine. 2013;41(8):2015-29.
30. Hendricks S, LaMothe VJ, Kara A, Miller J. Facilitators and barriers for interprofessional rounding: A qualitative study. Clinical Nurse Specialist. 2017;31(4):219-28.
31. Shetty K, Poo SXW, Sriskandarajah K, Sideris M, Malietzis G, Darzi A, et al. “The Longest Way Round Is The Shortest Way Home” : An Overhaul of Surgical Ward Rounds. World journal of surgery. 2018;42(4):937-49.
32. New South Wales. Department of Health. Multidisciplinary ward rounds: A resource. North Sydney, N.S.W: NSW Department of Health. 2011. Available from: http://www.health.nsw.gov.au/pubs/2011/multidisciplinary_ward_rou.html
33. Alcantara, Alma, "MDR Matters! Improving Primary Nurse Participation in Multidisciplinary Rounds". Master's Projects and Capstones. 852. 2018. Available from: https://repository.usfca.edu/capstone/852
34. Henkin S, Chon TY, Christopherson ML, Halvorsen AJ, Worden LM, Ratelle JT. Improving nurse-physician teamwork through interprofessional bedside rounding. Journal of multidisciplinary healthcare. 2016;9(1):201.
35. Marshall CD, Fay ME, Phillips B, Farote R, Kustudia J, Ransom RC, et al. Implementing a Standardized Nurse-driven Rounding Protocol in a Trauma-surgical Intensive Care Unit: A Single Institution Experience. Cureus. 2018;10(10):e3422.
36. Jiménez RA, Swartz M, McCorkle R. Improving quality through nursing participation at bedside rounds in a pediatric acute care unit: a pilot project. Journal of pediatric nursing. 2018;43:45-55.
37. Licata J, Aneja RK, Kyper C, Spencer T, Tharp M, Scott M, et al. A foundation for patient safety: Phase I implementation of interdisciplinary bedside rounds in the pediatric intensive care unit. Critical care nurse. 2013;33(3):89-91.
38. Huang K, Minahan J, Brita-Rossi P, Aylward P, Katz JT, Roy C, et al. All together now: impact of a regionalization and bedside rounding initiative on the efficiency and inclusiveness of clinical rounds. Journal of hospital medicine. 2017;12(3):150-6.