THE EFFECT OF LEADER ROUNDOVER ON NURSE RETENTION

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INTRODUCTION

BACKGROUND & SIGNIFICANCE

• There is a national concern that bedside nurses are leaving their current place of employment as well as leaving the nursing profession all together (American Association of Colleges of Nursing, 2014).

• In 2015, nationwide turnover rate for bedside RNs was 17.2% (Nursing Solutions, Inc. 2016).

• Estimated average cost of turnover for a bedside RN ranges from $77,700 to $58,400 (Nursing Solutions, Inc. 2016).

REVIEW OF THE LITERATURE

• Leader rounding builds relationships, improves communication, and increases staff satisfaction (DeCotis & Gordon, 2009).

• Accessibility and visibility of the nurse leader as well as the ability of the leader to listen have been identified as essential leadership traits (Tomey, 2009).

PURPOSE STATEMENT & OBJECTIVES

The purpose of this project was to evaluate the impact of monthly purposeful leader rounding on RN job satisfaction, retention, intent to stay, and voluntary turnover.

PICOT STATEMENT:

In the Emergency Department of an acute care hospital where employee turnover is nearly 26% and employee satisfaction is in the lowest tier for the organization, does monthly purposeful leader rounding with staff nurses for three months have an impact on the RN Satisfaction and Intent to Stay Survey question scores compared to pre-intervention for questions which relate to overall job satisfaction, retention, and intent to stay?

PROJECT OBJECTIVES:

• 10% increase in the RN Satisfaction and Intent to Stay Survey Responses compared to pre-implementation scores.

• Stable or decreased voluntary nurse turnover as evaluated three months after the implementation of monthly purposeful leader rounding.

METHODS

PROJECT DESIGN

• The Department Manager received training that included rounding script, utilization of skills associated with active listening and effective communication, and follow up activities consistent with staff recognition and engagement of staff in shared governance.

• Rounding script consisted of the following questions:

  • What is working well?
  • Is there anyone I should recognize for doing great work?
  • Are there any systems that need improvement?
  • Do you have the tools and equipment you need to do your job?
  • Is there anything that we, as leaders, can do better?

• Pre-implementation RN Satisfaction and Intent to Stay Survey conducted.

• Concept and practice of Leader rounding introduced to staff during staff meeting and huddles.

• The Department Manager conducted leader rounding for three consecutive months using the script of open ended questions.

• Leader rounding sessions were conducted in a private setting and lasted 10-15 minutes each.

• Post-implementation RN Satisfaction and Intent to Stay Survey conducted.

TOOLS & MEASURES

• Survey Items included the following:

  • Overall, I am fairly well satisfied with my job on my unit.
  • I would stay in my job on this unit if offered a similar job elsewhere.
  • I would like to be working on this unit three years from now.
  • Survey responses included scoring items on a Likert scale with five indicating strongly agree and one indicating strongly disagree.

• Demographic data collected included the following:

  • Age
  • Years of experience in the organization
  • Years of experience in the department

• Department specific turnover is reported as a percent of the number of voluntary terminations per average active employee.

• Turnover rate is collected and analyzed by the organization monthly, annualized turnover rate is also reported monthly.

RESULTS – RN SATISFACTION & INTENT TO STAY

• While there was no statistical difference in satisfaction, retention, or three-year intent to stay between the pre and post-implementation survey group, as measured by Mann-Whitney U, intent to stay responses were more favorable in the post-implementation group.

• Participant responses of strongly agree increased between 10% and 15% for the measures specific to satisfaction and intent to stay. Additionally, strongly disagree responses decreased for intent to stay post-intervention.

CONCLUSIONS

• Further evaluation is needed to determine the extent of the association between leader rounding and voluntary nurse turnover.

• Suggested next steps include continued leader rounding in the Emergency Department as well as an additional nursing unit.

• Evaluation of the intervention to be conducted after six months.

• Strengths of the project include ease of implementation and significance of impact of cost savings as a result of decreased turnover.

REFERENCES


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