

1-27-2026

Implementation of Structured Nursing Leadership Rounding to Improve Hospital Policy Adherence

Irma Rose Maize
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Nursing Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by

Irma Rose Maize

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made

Review Committee

Dr. Jonas Nguh, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2026

Executive Summary: Staff Education Project
Implementation of Structured Nursing Leadership Rounding to Improve Hospital Policy

Adherence

by

Irma Rose Maize MSN, RN

Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

February 2026

Summary

Current literature indicates that breakdowns in communication between frontline staff and leadership are prevalent in healthcare, contributing directly to inefficiencies, medical errors, and poor patient outcomes. These communication gaps often manifest as inconsistent adherence to best practices and organizational policies. This DNP project focuses on staff education directed toward nursing leadership, emphasizing the importance of consistent leadership rounding and regular check-ins with unit nurses. Observational data and internal organizational findings indicate that multiple hospital policies are not being followed reliably, with variance in clinical practice between units, posing potential risks to patient safety and care quality. Rather than targeting isolated policies, the purpose of this project is to strengthen overall policy adherence by encouraging nursing leadership to recommit to a structured leadership rounding model designed to reinforce accountability, improve communication, and promote sustained compliance across all units.

The practice-focused question guiding this project is as follows: Will recommitting to a structured leadership rounding and check-in model improve accountability and enhance overall hospital policy adherence among unit nurses in an inpatient behavioral health setting? This question was informed by evidence demonstrating that leadership rounding is associated with improved accountability, reliability, and adherence to organizational standards. Analytical strategies included synthesis of internal observational data, evaluation of existing organizational practices, and appraisal of current literature regarding leadership rounding and its impact on compliance behaviors.

Background

Expectations are high and complex for nurses working in acute care psychiatric settings, which often leads to challenges in delivering comprehensive, full-scope care within a standard 12-hour shift (Salberg et al., 2019). Increasing patient acuity, unpredictable unit dynamics, and rapidly shifting clinical priorities frequently compete with nurses' ability to fulfill essential roles and responsibilities, including adherence to organizational policies (Juve-Udina et al., 2020). In this context, nursing leadership plays a critical role. Leaders must be informed, present, and prepared to provide real-time support to frontline nurses (George & Massey, 2020). This level of engagement is most effectively accomplished through consistent communication and structured leadership rounding, which facilitates timely identification of barriers and reinforces safe, reliable nursing practice (Huston & Burke, 2023).

Recent literature has emphasized the importance of leader presence in frontline clinical settings to gain insight into day-to-day operations, address local challenges, and engage staff in organizational priorities. While approaches such as management by walking around originated in business settings, leadership walk-arounds have become a widely adopted strategy nationally and internationally, particularly within healthcare to support quality improvement and staff engagement (Martin et al., 2014). Evidence suggests that walk-around interventions are perceived positively across organizational levels and may contribute to improvement in patient safety and culture (Murray et al., 2024). In a multi-site evaluation, Danielsson et al. (2015) found that frontline staff, local managers, and senior leaders viewed walk-arounds favorably and identified multiple advantages associated with their implementation, including potential impacts on patient

safety. Murray et al. (2024) demonstrated that ineffective communication between frontline nurses and leadership contributes directly to practice variability, inefficiencies, and adverse patient outcomes. Similarly, Blake and Bacon (2020) found that structured leadership rounding enhances nurse satisfaction and supports a clearer understanding of role expectations, creating a more consistent and accountable practice environment. Foster et al. (2023) reported that leadership walkarounds are associated with improved operational reliability, stronger safety culture, and increased staff engagement, further emphasizing the value of leader visibility and active oversight. Organizational data from the Mount Sinai Health System (2022) also showed that regular leader rounding led to improvements in policy compliance, communication transparency, and overall unit performance. Collectively, this evidence provides strong support for implementing structured leadership rounding as an effective strategy to reduce practice gaps, promote accountability, and reinforce consistent adherence to hospital policies.

Staff Education Project Development

The staff education project was developed for nursing leadership participants, including the Director of Nursing (DON), Assistant Director of Nursing (ADON), unit charge nurses, and designated nurse leaders responsible for oversight of inpatient psychiatric units. Evans and Rao (2015) suggest that nurse leadership, specifically the role of the director of nursing across various healthcare settings, is often burdened with an overwhelming array of responsibilities for which they are not adequately prepared. As a result, leadership practices such as walk-arounds and nurse empowerment strategies can be difficult to implement consistently, which informed the proposal of a rotating walk-around schedule distributed across the nursing leadership hierarchy. These individuals

were selected based on their direct influence over frontline nursing practice and their role in monitoring and supporting policy adherence. The development process began with collaborative discussions with organizational leaders to identify gaps in policy compliance, assess current communication practices, and determine leadership readiness for practice change. Evidence indicates that organizational readiness is shaped by multiple manager-level and system-level factors, including leadership characteristics, motivation, staff engagement, trust-based communication, and the availability of adequate time and resources to support implementation (Granberg et al., 2025). A structured leadership rounding checklist and accompanying educational poster were created to guide leaders in conducting consistent, supportive rounding and engaging in meaningful check-ins with unit nurses. Nursing leaders were encouraged to use the rounding tool to document findings, identify real-time barriers for nurses, and provide immediate support. Evidence shows that checklists enhance reliability and reduce communication errors by standardizing how data is collected and shared across roles and disciplines, ensuring that all team members have access to the same critical knowledge (Winters et al., 2009).

Collection and analysis of evidence involved synthesizing internal observational data on policy adherence, reviewing organizational reports, and evaluating literature on leadership rounding and communication-based interventions. Evidence was analyzed using the Johns Hopkins Evidence-Based Practice model, which guided appraisal, categorization, and synthesis.

Results

Following the implementation of structured nursing leadership rounding on November 1st, notable improvements in communication, policy adherence, and workflow reliability have been observed over a 6-week evaluation period. Nurse leaders have conducted consistent rounding every 2-4 hours, checking in with unit nurses to identify real-time barriers, clarify expectations, and offer support. As reflected in Table 1, communication between nurses and leadership has become more transparent and consistent, with unit nurses reporting increased accessibility to leadership and improved clarity regarding daily priorities.

Table 1

Outcome Measures

Outcome Measures	Post-Implementation (6 weeks)
Completion of required safety/equipment checks (AED, glucometer, refrigerator temperatures)	Consistent (95-100%)
Documentation of checks on required logs	Accurate
Nurse communication frequency	Increased (Q2-4 hours)
Nurse-initiated reporting of barriers for group facilitation	100% of shifts
Psychoeducation group completion rate	100% (adjusted, never skipped)
Leadership awareness of real-time unit barriers	Significantly improved

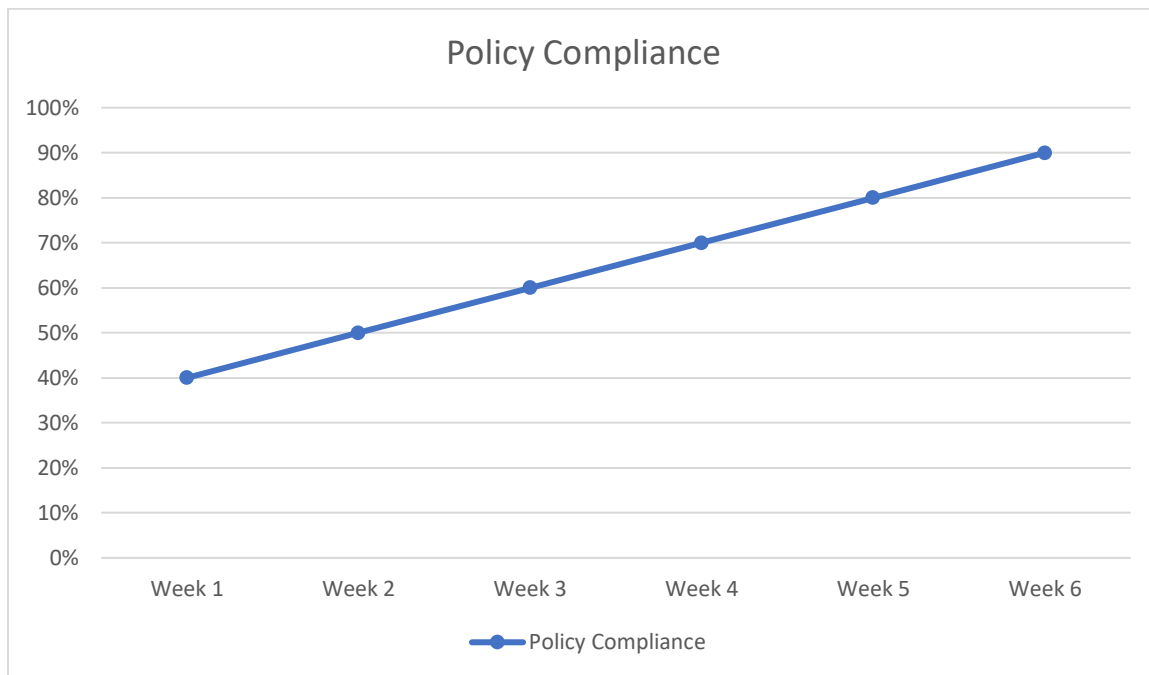
Policy compliance improved across several key areas. Nurses consistently completed required safety and equipment checks, including medication refrigerator temperatures, AED device checks, and glucometer control tests, early in their shift and documented findings. Heinemann (2015) noted that there is little guidance on the frequency with which glucose control testing should be performed, as manufacturers

often do not provide specific instructions; therefore, nurses have been advised by leadership to defer to hospital policy. Kim et al. (2022) emphasized that routine maintenance of automated external defibrillators (AEDs) is essential to ensure reliable performance and reduce the risk of device failure, especially in clinical and emergency settings where AEDs are used frequently. Ferraz et al. (2024) emphasized that reliable refrigerator temperature monitoring is essential for maintaining cold-chain integrity and preventing medication degradation.

Through observation, nurses are informed of their discharges for the day between 9 and 11 AM and have consistently communicated projected barriers to the facilitation of scheduled psychoeducation groups, allowing leadership sufficient time to plan for and provide appropriate coverage. Yosep et al. (2025) conducted a quasi-experimental study evaluating nurse-led psychoeducation interventions, and those who received the four psychoeducation sessions demonstrated improved awareness compared with those who did not. According to Oneib et al. (2025), participants in the P.A.C.T. psychoeducation program led to significant gains in clinical functioning, adherence to treatment, insight, self-esteem, and social autonomy in patients with schizophrenia. Consistent with these findings, psychoeducation groups at the project site were facilitated daily across all units during the 6-week observational period. Even when clinical crises occurred, group times were adjusted rather than omitted, demonstrating improved resiliency and continuity in therapeutic programming. These trends are illustrated in Figure 1, which depicts a steady increase in policy adherence following project implementation.

Figure 1

Weekly Policy Adherence After Implementation of Leadership Rounding



The project's impact on the organization includes enhanced consistency in nursing practice, increased staff accountability, and improved coordination between leadership and unit nurses (see Foster et al., 2023; Blake & Bacon, 2020). Leaders reported a deeper understanding of unit-level challenges and a greater ability to intervene before issues escalated, outcomes that align with evidence demonstrating the value of leadership rounding for identifying barriers and supporting frontline staff (see Martin et al., 2024). This has contributed to a more supportive practice environment and improved reliability in meeting core safety and treatment expectations (see Foster et al., 2023).

Limitations of the project included its short evaluation window, reliance on self-reporting and observational data, and the dynamic nature of psychiatric inpatient environments, which can affect rounding frequency during periods of high acuity (see

Martin et al., 2014; Danielsson et al., 2015). These limitations may have influenced the consistency or completeness of data capture. Nevertheless, the early outcomes provide meaningful insight into the value of structured leadership engagement and are consistent with prior findings, which support leadership rounding as a beneficial quality improvement strategy despite contextual constraints (see Foster et al., 2023; Murray et al., 2024).

This project holds significance beyond the local site by demonstrating how leadership rounding can serve as a scalable strategy to strengthen accountability, reduce practice variation, and reinforce policy adherence in behavioral health settings (see Foster et al., 2023; Murray et al., 2024). The findings support broader initiatives aimed at improving care reliability, enhancing team communication, and promoting equitable access to structured therapeutic programming across diverse inpatient populations (see Danielsson et al., 2015; Oneib et al., 2025; Yosep et al., 2025).

Conclusions

The implementation of structured nursing leadership rounding has had a positive and measurable impact on the organization by improving communication, enhancing nursing leadership visibility, and increasing adherence to key hospital policies (see Foster et al., 2023; George & Massey, 2020; Murray et al., 2024). Consistent rounding allowed leaders to promptly identify workflow barriers, reinforce expectations, and provide real-time support to unit nurses (see Martin et al., 2024; Danielsson et al., 2015). As a result, policy compliance improved across multiple areas, including safety checks, documentation accuracy, and continuity of daily psychoeducation groups (see Murray et

al., 2024). These outcomes reflect meaningful improvements in organizational reliability and overall nursing practice (see Foster et al., 2023; Blake & Bacon, 2020).

Future recommendations include sustaining leadership rounding as a standard organizational practice, expanding rounding to include interdisciplinary leaders, and integrating rounding data into ongoing quality improvement. Additional staff education, periodic reassessment of rounding effectiveness, and continued refinement of workflow processes may further strengthen policy adherence and maintain momentum (Blake & Bacon, 2020; Granberg et al., 2025). Exploring digital rounding tools or dashboards could also enhance reporting efficiency and transparency by supporting structured documentation and data-driven decision making (Martin et al., 2024).

Implications for nursing practice are significant. Structured leadership rounding promotes a culture of accountability, supports diplomatic decision-making, and strengthens relationships between nurses and leaders (Blake & Bacon, 2020). By increasing predictability and communication, rounding contributes to safer, more consistent care environments (Mount Sinai Health System, 2022).

From a social change perspective, improved policy adherence ensures that all patients, regardless of background, diagnosis, or length of stay, receive equitable and standardized care. Leadership rounding eliminates practice variability and ensures organizational standards are applied fairly across all units (Murray et al., 2024).

Ultimately, this project demonstrates how critical leadership engagement is for sustained policy adherence in all healthcare settings.

References

- Blake, P. G., & Bacon, C. T. (2020). Structured rounding to improve staff nurse satisfaction with leadership. *Medical–Surgical Nursing Leadership, 11*(3), 145–152. <https://doi.org/10.1016/j.mnl.2020.04.009>
- Danielsson, N., Nilsen, P., Rutberg, H., & Årestedt, K. (2015). Leadership walk rounds: Staff perceptions of a leadership intervention to improve patient safety. *Journal of Nursing Management, 23*, 1–9.
- Evans, L. K., & Rao, A. D. (2015). The role of directors of nursing in cultivating nurse empowerment. *Annals of Long-Term Care: Perspectives*. HMP Global Learning Network. <https://www.hmpgloballearningnetwork.com/site/altc/articles/role-directors-nursing-cultivating-nurse-empowerment>
- Ferraz, K., Cato, M., Fox, E., Rawlins, M., & Misko, J. (2024). Temperature excursions in cold chain management—Assessing the accuracy of refrigerator temperature probes. *Hospital Pharmacy, 60*(1), 66–69. <https://doi.org/10.1177/00185787241282245>
- Foster, M., Shultz, B., & Mazur, L. (2023). Impact of leadership walkarounds on operational, cultural and clinical outcomes: A systematic review. *BMJ Open Quality, 12*(4), e002284. <https://doi.org/10.1136/bmjopen-2023-002284>
- George, V., & Massey, L. (2020). Proactive strategy to improve staff engagement. *Nurse Leader, 18*(6), 532–535. <https://doi.org/10.1016/j.mnl.2020.08.008>
- Granberg, A., Lundqvist, L.-O., Duberg, A., & Matérne, M. (2025). Managers' perceptions of organizational readiness for change within disability healthcare: A Swedish national study with an embedded mixed-methods approach. *BMC*

Health Services Research, 25, Article 648. <https://doi.org/10.1186/s12913-025-12808-4>

Heinemann, L. (2015). Control solutions for blood glucose meters: A neglected opportunity for reliable measurements? *Journal of Diabetes Science and Technology*, 9(4), 723–724. <https://doi.org/10.1177/1932296815587602>

Huston, C. J., & Burke, K. M. (2023). Professional complacency in nursing: Passivity, indifference, and underperformance while maintaining self-satisfaction [Preprint]. *Social Science Research Network*.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4608720

Juvé-Udina, M.-E., González-Samartino, M., López-Jiménez, M. M., Planas-Canals, M., Rodríguez-Fernández, H., Batuecas Duelt, I. J., Tapia-Pérez, M., Pons Prats, M., Jiménez-Martínez, E., Barberà Llorca, M. À., Asensio-Flores, S., Berbis-Morelló, C., Zuriguel-Pérez, E., Delgado-Hito, P., Rey Luque, Ó., Zabalegui, A., Fabrellas, N., & Adamuz, J. (2020). Acuity, nurse staffing and workforce, missed care and patient outcomes: A cluster-unit-level descriptive comparison. *Journal of Nursing Management*, 28(8), 2216–2229.

<https://doi.org/10.1111/jonm.13040>

Kim, T. Y., Jung, Y.-K., Yoon, S. H., Kim, S. J., Cha, K.-C., Jung, W. J., Roh, Y. I., Kim, S., Kim, S. H., Kang, D. R., & Hwang, S. O. (2022). Trends in maintenance status and usability of public automated external defibrillators during a 5-year on-site inspection. *Scientific Reports*, 12, Article 10738.

<https://doi.org/10.1038/s41598-022-14738-9>

- Martin, G., Ozieranski, P., Willars, J., Charles, K., Minion, J., McKee, L., & Dixon-Woods, M. (2014). WalkRounds in practice: Corrupting or enhancing a quality improvement intervention? A qualitative study. *Journal of Quality and Patient Safety*, 40(7), 303–310. [https://doi.org/10.1016/S1553-7250\(14\)40040-0](https://doi.org/10.1016/S1553-7250(14)40040-0)
- Mount Sinai Health System. (2022). Leader rounding to improve patient experience. *Mount Sinai Progress Report*. <https://reports.mountsinai.org/article/px2022-03-leader-rounding>
- Murray, J., Clifford, J., Scott, D., Kelly, S., & Hanover, C. (2024). Leader rounding for high reliability and improved patient safety. *Federal Practitioner*, 41(1), 16–21. <https://doi.org/10.12788/fp.0444>
- Oneib, B., Mansour, A., & Bouazzaoui, M. A. (2025). The effect of psychoeducation on clinical symptoms, adherence, insight, and autonomy in patients with schizophrenia. *Discover Mental Health*, 5(1), Article 26. <https://doi.org/10.1007/s44192-025-00152-2>
- Salberg, J., Bäckström, J., Röing, M., & Öster, C. (2019). Ways of understanding nursing in psychiatric inpatient care: A phenomenographic study. *Journal of Nursing Management*, 27(8), 1826–1834. <https://doi.org/10.1111/jonm.12882>
- Winters, B. D., Gurses, A. P., Lehmann, H., Sexton, J. B., Rampersad, P., & Pronovost, P. J. (2009). Clinical review: Checklists—Translating evidence into practice. *Critical Care*, 13(6), 210. <https://doi.org/10.1186/cc7792>
- Yosep, I., Hikmat, R., Mardhiyah, A., & Purnama, H. (2025). The role of nurses in psychoeducation for improving awareness of the dangers of bullying among

students: A quasi-experimental study. *BMC Nursing*, 24, Article 1466.

<https://doi.org/10.1186/s12912-025-03991-0>