



Review Article

Barriers for nurse participation in multidisciplinary ward rounds: An integrative reviewVahid Zamanzadeh¹, Samira Orujlu¹, Raziye Beykmirza², Marjan Ghofrani^{3*}¹Department of Medical Surgical Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran²Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran³Department of Pediatric Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran

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<http://npt.tums.ac.ir>**Key words:**physician-nurse relations;
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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 Whitemore and Knaf'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 chased 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

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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).

Nurse participation in multidisciplinary ward rounds

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.

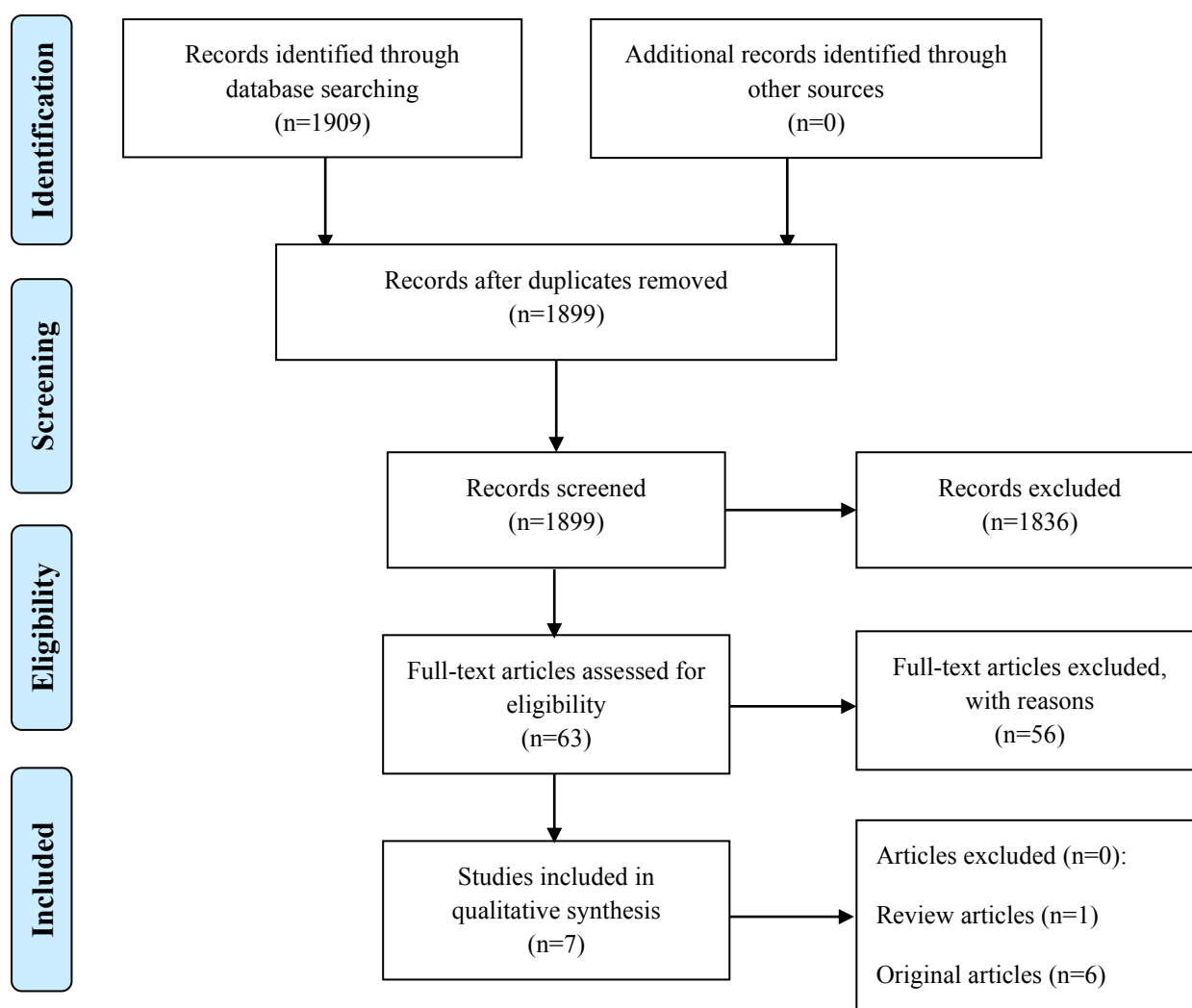


Figure 1. PRISMA flow diagram

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 (Table 1). 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.

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.

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Conflict of Interest

There is no conflict of interest.

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