



Impact of nurse-initiated rounds on patient satisfaction at new Najran General Hospital in Saudi Arabia

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Abstract

Background: Patient satisfaction and purposeful nurse rounding gave that patients are in a vulnerable and dependent state while in the hospital, nurse reaction time is crucial component of their care experience. One of the most important criteria for evaluating the quality of hospitals is patient satisfaction. Nurse-initiated clinical rounds give nurses the chance to talk to patients, address their concerns, and improve uncomfortable circumstances. Particularly, regular nurse rounds deliver the opening to identify the patient needs using practical nursing practices, considerably enhancing patient satisfaction. Hence the study aimed to determine the impact of Nurse-Initiated Rounds on Patient Satisfaction at New Najran General Hospital in Saudi Arabia.

Methods: A Clinical trial was carried out by using a non-equivalent control group at New Najran General hospital in Najran, Saudi Arabia. A convenience sample of 68 clients with hospitalization participated in this study (34 in the control and 34 intervention group). The study group participants received the nurse-initiated hourly rounds with patients by focusing on their pain, potty, pulse, position, pallor, paralysis positive environment, and other nursing tasks. The control group received normal routine care. In both groups, measurements of patient satisfaction with nursing care were made on the first and fifth days of hospitalization. The sample characteristics were described using frequency and percentage distribution. A chi-square test was used to compare the socio-demographic and other characteristics of patients in both groups. Furthermore, an independent t-test was performed to determine whether there is a statistical difference between the mean satisfaction scores of the two groups on the first and fifth days of hospitalization. The statistical tests were performed at the level of significance $p < 0.05$.

Results: The outcome showed that there were differences in nursing care satisfaction scores on the first and fifth days of admission between the control and experimental groups. The analysis showed that there was no significant difference in the mean satisfaction levels of the two groups on the first day of hospitalization ($p = 0.288$). However, on the fifth day, the mean levels of pleasure in the two groups significantly diverged ($p = .0001$). On the other hand, comparing the first and fifth days' mean patient satisfaction levels revealed a substantial increase in the intervention group and a significant decline in the control group ($p = .05$).

Conclusion: The study's findings, implementing nurse-initiated hourly nursing rounds has a significant impact on both the control and intervention groups, with patient satisfaction ratings increasing as length of stay increased. Patients in the intervention group had higher patient satisfaction scores than those in the control group. Future awareness campaigns focused at bettering patient outcomes may use the study's findings as a springboard.

Keywords: Nurse-initiated rounds, patient satisfaction, New Najran General Hospital, Saudi Arabia

Introduction

Patient satisfaction and purposeful nurse rounding provided that patients are in a vulnerable and dependent state while in the hospital, nurse reaction time is crucial component of their care experience. One of the most important criteria for evaluating the quality of hospitals is patient satisfaction ^[1]. Delays in nursing care might increase the risk of accidents like falls. In addition, patient satisfaction with care is frequently connected with how quickly call lights are responded to ^[2]. Patient satisfaction is one of the most crucial factors to consider while evaluating the caliber of hospitals. Daily nursing rounds have a strong positive impact on patient satisfaction and safety ^[3] through

operational assessments, attention to patient and staff needs, and appropriate responses to resolve problems and lessen unfavorable effects, nursing rounds increase patient satisfaction. In healthcare settings, patient satisfaction affects quality, outcomes, and safety.

The prior emphasis was on slowing the growth of healthcare expenses, the new emphasis is on improving the quality and results of healthcare. On the other hand, it is necessary to have readily available and trustworthy quality indicators in order to raise the standard of healthcare. The effectiveness of hospital services is measured using a variety of metrics, including hospital mortality, duration of stay, readmission, and rate of disease recurrence. In addition to all of these

measures, quality improvement programs have been guided by an index based on patient satisfaction scores ^[5]. Indicators of the efficiency and caliber of healthcare systems now include patient satisfaction ^[6].

Nurses are so important to how patients feel during their hospital stay, patient satisfaction with nursing care accounts for a sizeable portion of their overall satisfaction with the level of service quality. In the medical community, anticipatory rounds, such as intentional nurse rounding, have drawn a lot of attention as a strategy to promote patient comfort in addition to patient safety ^[7]. The bulk of patient satisfaction studies carried out in Iran and other countries showed that nursing services couldn't generally provide everything patients needed. For instance, just 39.7% of patients in a national poll done in university hospitals in a few Iranian towns expressed perfect satisfaction with the nursing care they got ^[8]. There are numerous variables that affect patient satisfaction ^[9]. Effective and ongoing interaction and communication are important predictors of patients' satisfaction, hospital stay, and healing, among other things ^[10, 11]. Patient satisfaction has been found to be correlated with the perceived quality of nurse-patient interactions ^[12]. To inform staff about the importance of building relationships with patients in order to boost patient satisfaction, numerous efforts, including training programs, have been developed and successfully implemented in a range of contexts ^[13].

Nursing clinical rounds give nurses the chance to talk to patients, address their concerns, and improve uncomfortable circumstances. More specifically, routine nursing rounds offer the chance to recognize and meet patient needs using practical nursing techniques. Hospital rounds for patients can take many different forms, but they all primarily focus on providing comfort, pain treatment, toileting, positioning changes, and environmental control ^[14]. Improved nurse-patient communication appears to have a positive impact on patients' outcomes, including their satisfaction with nursing care. Therefore, the purpose of this study was to ascertain how frequently clinical nurse rounds affected patient satisfaction levels. Regular nurse rounds can be an effective way to communicate with patients and raise their satisfaction with the caliber of nursing care. Therefore, the objective of the present study was to define the effect of Nurse-Initiated Rounds on Patient Satisfaction at New Najran General Hospital in Saudi Arabia.

Materials and Methods

Study design

A Clinical trial was carried out by using a non-equivalent control group at New Najran General hospital in Najran, Saudi Arabia.

Setting and study population

The study was carried out in Najran at the New Najran General Hospital. The hospital serves as a referral facility for the Najran Region and is CBAHI accredited (Central Board for Accreditation of Health Care Institutions). Every single client who was admitted to the medical and surgery ward at New Najran General Hospital in Najran served as the study's sample population. Age above 25, communication skills, and a minimum 5-day stay in a surgical or medical unit were requirements for inclusion.

Patients who were admitted with chronic illness and spent a long time in the hospital were admitted for observation, or were released from the hospital within 72 hours were not included in the study. The nursing personnel that was included in the studies were registered nurses, charge nurses, and nursing supervisors who work in the medical and surgical unit.

Sample size and Sampling Procedure

The population size for the study was 80, the response distribution rate was 50%, and the estimated sample size was 68. The number of samples was computed using the RAO Soft sample size calculator with a 5% margin of error and 95% confidence level. The sample size needed for the experimental (34) and the control group was (34). Thus, 68 individuals were included in the study's overall sample. Finally, according to the samples that meet the inclusion criteria, a proportionate amount of patients was selected from medical wards I and II (Medical ward I experimental (17) and Medical ward II (control group 17) and surgical ward 34 (Surgical ward I experimental (17) and Surgical ward II (control group 17)). A convenience sampling strategy was used to collect the samples from the wards that meet the inclusion criteria.

Nurse-Initiated Hourly Rounds

The study participant group received the nurse-initiated hourly rounds with patients. Nurses visited the research participants every hour during the day and every two hours at night. Clients had the chance to proactively take care of their most pressing needs. The nurses in the experimental group regularly visited each patient they were responsible for and carried out nursing tasks, paying attention to their discomfort, urination, pulse, posture, pallor, paralysis, and other factors. To ensure proper performance throughout the rounds, the nurses were instructed to conduct their rounds under supervision ^[15, 16]. The monitoring chart was maintained before and after the rounds were recorded. The head nurse in charge of each unit also made an announcement at the beginning of every hour to urge nurses to do their hourly rounds. Self-administered questionnaires were utilized to gauge both groups' satisfaction with nursing on the first and fifth days following hospitalization.

Data collections instruments

Part I: Age, gender, civil status, nationality, educational level, prior hospitalization history, length of hospital stays, and hourly nurse rounds were some of the sociodemographic data and patient-related aspects that were examined.

Part II: The effect of nurse-initiated rounds on patient satisfaction was evaluated using the Newcastle Satisfaction with Nursing Care Scale (NSNS). The NSNS standard scale, which consists of 19 items rated on a 5-point Likert scale, assesses the multifaceted aspect of nursing care (not at all satisfied, barely satisfied, quite satisfied, very satisfied, completely satisfied). Participants were asked to rate their level of satisfaction with various aspects of nursing care by selecting the one number that most accurately reflected their feelings for each scale item ^[16, 17]. The questionnaire was written in English and translated into Arabic for

consistency.

Data Collection procedure

The hospital's administrators were informed of the need for the study and given permission to carry out the study. The study's objectives were explained to the clients and gave their informed consent. To encourage cooperation, a therapeutic rapport was developed with the clients. For both groups, demographic information on the patients was gathered. In the intervention group, nurses visited individually for whom they provided care for on a regular basis and carried out nursing hourly rounds while paying attention to their pain, urination, pulse, posture, pallor, paralysis, and surrounding environment and ensuring proper performance throughout the rounds. The nurses received training on how to carry out their rounds with supervision. The control group received routine nursing care, which was standard hospital procedure. Six qualified nurses gathered the data. Patients were asked to rate their level of satisfaction with various aspects of nursing care on the first and fifth days of their hospital stay by selecting only the one number that most accurately represented their feelings about each item on the scale. Two supervisors strictly monitored the data collection process.

Ethical Considerations

The study was approved by the Institutional Review Board (IRB) with registration number KACST, KSA: H-11-N-081, in Najran, Saudi Arabia. Prior to taking part in the research project, every participant gave their consent. The study's execution was granted administrative approval. The

significance of informed consent and data privacy was guaranteed. The data was only accessible to the researchers. The information was kept in a password-secure file.

Statistical analysis

SPSS 21 was used for both the statistical analysis and data entry. Frequency and percentage distribution were used to describe the sample properties. The sociodemographic and other features of the patients in the two groups were compared using a chi-square test. Also, a separate t-test was conducted to see if there was a statistically significant difference between the two groups' mean satisfaction levels on the first and fifth days of hospitalization. The significance level for the statistical tests was set at p 0. 05.

Results

Description of the demographic variables of the study participants

Descriptions of the participants' demographics 44% of clients in the study group and 56% of patients in the control group, respectively, were between the ages of 35 and 45, according to the data gathered. In the study group, 53% of the patients were male, compared to 46% in the control group. The percentage of married participants in the control and study groups was 74% and 68%, respectively. 68% of those in the study group and 65% of those in the control group had only finished their primary education. 58% of those in the control group and 56% of those in the study group had previously been hospitalized. 64% of individuals in both groups had engaged in the nurse routine rounding process.

Table 1: Nursing care satisfaction levels on the first day of hospitalization in the control and study groups

S. No	Items of Scale	Not at all Satisfied N (%)		Barely Satisfied N (%)		Quite Satisfied N (%)		Very Satisfied N (%)		Completely Satisfied N (%)	
		Con-Group	Study-Group	Con-Group	Study-Group	Con-Group	Study-Group	Con-Group	Study-Group	Con-Group	Study-Group
1	How long the nurse stays with you.	3(8.8)	4(11.8)	5(14.7)	4(11.8)	5(14.7)	6(17.6)	10(29.4)	9(26.5)	11(32.4)	11(32.4)
2	How competent nurses were in their work	2(5.8)	4(11.8)	3(8.8)	5(14.7)	5(14.7)	7(20.6)	10(29.4)	7(20.6)	13(38.2)	11(32.4)
3	There always being a nurse around if you needed on.	4(11.8)	4(11.8)	5(14.7)	5(14.7)	5(14.7)	6(17.6)	8(23.5)	7(20.6)	12(35.3)	12(35.3)
4	How much the nurses were aware of your care	4(11.8)	5(14.7)	6(17.6)	4(11.8)	7(20.6)	6(17.6)	6(17.6)	7(20.6)	11(32.4)	12(35.3)
5	How quickly nurses responded to your call for assistance.	3(8.8)	5(14.7)	5(14.7)	4(11.8)	6(17.6)	4(11.8)	9(26.5)	11(32.4)	11(32.4)	10(29.4)
6	How comfortable the nurses made you feel.	2(5.8)	5(14.7)	5(14.7)	5(14.7)	7(20.6)	8(23.5)	10(29.4)	9(26.5)	10(29.4)	7(20.6)
7	How much information nurses provided you on your condition and care.	3(8.8)	4(11.8)	7(20.6)	6(17.6)	12(35.3)	9(26.5)	9(26.5)	6(17.6)	11(32.4)	9(26.5)
8	How frequently nurses asked if you were alright.	3(8.8)	3(8.8)	4(11.8)	3(8.8)	7(20.6)	6(17.6)	9(26.5)	10(29.4)	11(32.4)	12(35.3)
9	Nurses' helpfulness.	2(5.8)	3(8.8)	5(14.7)	4(11.8)	8(23.5)	6(17.6)	9(26.5)	8(23.5)	10(29.4)	13(38.2)
10	The way nurses explained things to you	2(5.8)	5(14.7)	5(14.7)	5(14.7)	10(29.4)	7(20.6)	10(29.4)	8(23.5)	7(20.6)	9(26.5)
11	How nurses helped ease the anxieties of your friends or family members.	3(8.8)	5(14.7)	6(17.6)	4(11.8)	9(26.5)	8(23.5)	8(23.5)	7(20.6)	8(23.5)	10(29.4)
12	The way nurses conduct themselves as they work.	3(8.8)	3(8.8)	5(14.7)	5(14.7)	10(29.4)	7(20.6)	9(26.5)	8(23.5)	7(20.6)	11(32.4)
13	The nature of the information	3(8.8)	4(11.8)	4(11.8)	4(11.8)	10(29.4)	6(17.6)	9(26.5)	9(26.5)	8(23.5)	11(32.4)

	nurses provided you regarding your condition and care.										
14	Your personal treatment by nurses.	3(8.8)	3(8.8)	5(14.7)	4(11.8)	8(23.5)	5(14.7)	7(20.6)	10(29.4)	11(32.4)	12(35.3)
15	Your issues and concerns were carefully heard by the nurses.	3(8.8)	5(14.7)	5(14.7)	4(11.8)	7(20.6)	8(23.5)	8(23.5)	9(26.5)	11(32.4)	8(23.5)
16	The amount of freedom you were given on the ward.	2(5.8)	4(11.8)	6(17.6)	5(14.7)	7(20.6)	6(17.6)	9(26.5)	9(26.5)	10(29.4)	10(29.4)
17	How willing nurses were to reply to your demands.	3(8.8)	4(11.8)	6(17.6)	6(17.6)	8(23.5)	6(17.6)	8(23.5)	9(26.5)	9(26.5)	9(26.5)
18	How much privacy the nurses provided to you	3(8.8)	3(8.8)	6(17.6)	4(11.8)	6(17.6)	7(20.6)	8(23.5)	9(26.5)	11(32.4)	11(32.4)
19	Your needs are known to the nurses.	4(11.8)	5(14.7)	4(11.8)	5(14.7)	9(26.5)	7(20.6)	7(20.6)	8(23.5)	10(29.4)	9(26.5)

Table 1: Measures the variables that affect the control and study groups' first-day satisfaction levels with nursing care. The quantity of time nurses spent with patients was rated as being entirely satisfied with the intervention group and control 13 (8.8%) was not satisfied. A small portion of the samples showed that, in terms of how competent nurses were at their jobs, the control 2(5.8) and study 1 4(11.8) groups did not satisfy them, whereas the control and 13(38.2) and study groups were stratified 11 (32.4). The majority of participants in both groups 4(11.8) expressed their satisfaction with the availability of a nurse whenever necessary. The majority of the samples stated that they were quite surprised by how much the nurses in controls 7(20.6) and 6 understood about their treatment (17.6). Both groups intervention 9(26.5) and control group 11(32.4). Expressed great satisfaction with the nurses' response time when you phoned them. In terms of how the nurses made you feel at home, the study 8 and control 7 (23.5) were quite satisfied. Both groups 11(32.4) and 9(26.5) were extremely impressed with the amount of information nurses provided them regarding the condition and course of treatment 9(26.5). The majority of participants in the control 9(26.5) and intervention group 10(29.4) study participants stated that the

frequency with which nurses checked on them was absolutely satisfactory. A large amount of the control 10(29.4) and intervention 13(38.2) reported that nurses were helpful. Barely happy with the way nurses communicated things to you in terms of nursing 5(14.7). 5(14.7%) of the samples said they were dissatisfied with how nurses helped ease the anxieties of their family members or friends. A bulk of the participants (32.4%) said they were entirely satisfied with how nurses conducted themselves at work. Regarding the kind of information treatment, control 10(29.4) and experimental 6(17.6) were reported as being very happy. A bulk amount of participants in both groups said they were satisfied with how the nurses treated them personally. Both groups are fully satisfied with the amount of freedom you had on the ward. 10 (29.4). The majority of the samples stated that they were only somewhat satisfied with the nurses' willingness to fulfill their demands in the control 6(17.6) and interventional groups (23.5). Most of the samples demonstrated that nurses were quite satisfied with the level of privacy they provided in the control 7(20.6) and experimental 8 groups (23.5). Both groups were entirely satisfied with the nurses' awareness of their patient's needs.

Table 2: Nursing care satisfaction levels on the fifth day of hospitalization in the control and study groups

S. No	Items of Scale	Not at all Satisfied N (%)		Barely Satisfied N (%)		Quite Satisfied N (%)		Very Satisfied N (%)		Completely Satisfied N (%)	
		Con-Group	Study-Group	Con-Grop	Study-Group	Con-Group	Study-Group	Con-Group	Study-Group	Con-Group	Study-Group
1	How long the nurse stays with you.	4(11.8)	3(8.8)	5(14.7)	3(8.8)	6(17.6)	4(11.8)	9(26.5)	11(32.4)	10(29.4)	13(38.2)
2	How competent nurses were in their work	3(8.8)	2(5.8)	4(11.8)	2(5.8)	6(17.6)	6(17.6)	9(26.5)	10(29.4)	12(35.3)	14(41.3)
3	There always being a nurse around if you needed on.	4(11.8)	1(2.9)	4(11.8)	2(5.8)	5(14.7)	3(8.8)	7(20.6)	9(26.5)	14(41.3)	16(47)
4	How much the nurses were aware of your care	2(5.8)	2(5.8)	7(20.6)	3(8.8)	6(17.6)	2(5.8)	5(14.7)	10(29.4)	14(41.3)	17(50)
5	How quickly nurses responded to your call for assistance.	3(8.8)	2(5.8)	4(11.8)	2(5.8)	5(14.7)	2(5.8)	9(26.5)	12(35.3)	13(38.2)	14(41.2)
6	How comfortable the nurses made you feel.	2(5.8)	3(8.8)	4(11.8)	5(14.7)	6(17.6)	6(17.6)	10(29.4)	9(26.5)	12(35.3)	11(32.4)
7	How much information nurses provided you on your condition and care.	2(5.8)	2(5.8)	5(14.7)	3(8.8)	10(29.4)	7(20.6)	8(23.5)	10(29.4)	9(26.5)	12(35.3)
8	How frequently nurses asked if you were alright.	2(5.8)	2(5.8)	3(8.8)	1(2.9)	9(26.5)	3(8.8)	8(23.5)	12(35.3)	12(35.3)	16(47)
9	Nurses' helpfulness.	2(5.8)	1(2.9)	4(11.8)	3(8.8)	11(32.4)	4(11.8)	7(20.6)	9(26.5)	10(29.4)	17(50)
10	The way nurses explained things to you	1(2.9)	3(8.8)	3(8.8)	4(11.8)	12	6(17.6)	11(32.4)	9(26.5)	7(20.6)	12(35.3)

11	How nurses helped ease the anxieties of your friends or family members.	5(14.7)	3(8.8)	6(17.6)	4(11.8)	8(23.5)	8(23.5)	8(23.5)	8(23.5)	7(20.6)	11(32.4)
12	The way nurses conduct themselves as they work.	4(11.8)	2(5.8)	5(14.7)	3(8.8)	12(35.3)	6(17.6)	8(23.5)	9(26.5)	5(14.7)	14(41.3)
13	The nature of the information nurses provided you regarding your condition and care.	3(8.8)	2(5.8)	4(11.8)	3(8.8)	9(26.5)	5(14.7)	10(29.4)	11(32.4)	8(23.5)	13(38.2)
14	Your personal treatment by nurses.	3(8.8)	1(2.9)	4(11.8)	3(8.8)	10(29.4)	4(11.8)	8(23.5)	12(35.3)	9(26.5)	14(41.3)
15	Your issues and concerns were carefully heard by the nurses.	2(5.8)	3(8.8)	4(11.8)	2(5.8)	7(20.6)	8(23.5)	9(26.5)	11(32.4)	12(35.2)	10(29.4)
16	The amount of freedom you were given on the ward.	3(8.8)	4(11.8)	5(14.7)	5(14.7)	9(26.5)	7(20.6)	8(23.5)	9(26.5)	9(26.5)	9(26.5)
17	How willing nurses were to reply to your demands.	4(11.8)	2(5.8)	6(17.6)	4(11.8)	11(32.4)	7(20.6)	7(20.6)	11(32.4)	6(17.6)	10(29.4)
18	How much privacy the nurses provided to you	4(11.8)	1(2.9)	5(14.7)	2(5.8)	6(17.6)	8(23.5)	10(29.4)	9(26.5)	9(26.5)	14(41.3)
19	Your needs are known to the nurses.	3(8.8)	3(8.8)	4(11.8)	4(11.8)	11(32.4)	7(20.6)	9(26.5)	8(23.5)	7(20.6)	12(35.3)

The variables that have an impact on the control and study groups' satisfaction with nursing care on day five are measured in Table 2. The majority of participants (50%) were happy with 17. how long the nurse stays with you, the nurse's skills, how readily available nurses were when you needed them, how much they knew about your care, how soon they arrived when you called for them, and how comfortable the nurses made you feel. The majority of participants said they were 16(47%) extremely satisfied with the amount of information provided on health and treatment. How frequently nurses asked if you were alright, helpfulness the way explained things, and the way they tried to ease the anxieties of your friends or family members. In a large proportion of samples 14 (41.2%) said they were completely happy with the information nurses provided about health and course of treatment, personal treatment, and issues concerning freedom you had while on the ward. how quickly nurses responded to your inquiries, and how much privacy the nurses provided.

Table 3: Mean Differences between Nursing care satisfaction levels on the fifth day of hospitalization in the control and study groups

Mean satisfaction score	Control group	Study group	P-value
First day of hospitalization	62.42±12.02	64.24±12.10	0.288
Fifth day of hospitalization	66.12±16.06	70.26±10.12	0.001

The analysis in Table 3 showed that there was no significant difference in the mean satisfaction levels of the two groups on the first day of hospitalization ($p=0.288$). However, on the fifth day, the mean levels of pleasure in the two groups significantly diverged ($p .0001$). On the other hand, comparing the first and fifth days' mean patient satisfaction levels revealed a substantial increase in the experimental group and a significant decline in the control group ($p .05$). Consequently, it can be concluded that nurse-initiated hourly rounds contributed considerably to the study group's significantly higher patient satisfaction level.

Discussion

The aim of the study was to define the effect of Nurse-Initiated Rounds on patient satisfaction at New Najran General Hospital in Saudi Arabia. A non-equivalent control group was used in a clinical research. Based on the inclusion criteria, 68 samples who were admitted to the medical and surgical wards were chosen. In the current trial, the intervention group received the ward's customary care while receiving hourly nursing rounds every one to two hours throughout the course of a 24-hour period. The first and fifth days of hospitalization were used to collect the patient satisfaction scores. The present study reported that the patient satisfaction score on nursing care was not statically significant on the first day of hospitalization between the control and experiment groups ($p=0.288$). The current study also reported that the participants were quite satisfied with the following domains such as the length of time the nurse spent, the level of work proficiency, how soon the nurses arrived when you called for them, taken capacity to make you feel at home and their level of information-sharing regarding your health and treatment plan. Bleckley *et al.* revealed that the effect of hourly, regular nurse rounds has considerable favorable benefits on patient satisfaction, supporting the findings of prior studies.

The current study reported that the study applicants were extremely satisfied with the following factors, such as asking how you were doing, helpfulness, explanations of items, how nurses relieved your friends' or family members 'anxiety, the way nurses conduct themselves as they work, the information they provided to you on your condition and care, personal treatment, issues, and concerns, the freedom you had while on the ward, how quickly responded to your inquiries and privacy provided by the nurses. These outcomes could be attributable to the nurses' overall service during rounds, which has increased patient satisfaction. A study by Ford *et al.* found that normal hourly nursing rounds are safe and beneficial for improving nursing practice, increase patient satisfaction with care delivery, and are an essential tool for improving safety and quality of care generally. These findings are similar to those of our study.

The present study reported the patient satisfaction survey on

the fifth day of hospitalization among the study and control group and reported that there was no noteworthy satisfaction between the control group mean score between the first and fifth day of hospitalization. However, there was a substantial difference between the two groups' mean satisfaction levels ($p = .0001$). Comparing the mean patient satisfaction levels between the first and fifth days, on the other hand, showed a noteworthy rise in the study group and a substantial decrease in the control group ($p = .05$). This outcome could be attributed to the effect of nurse-initiated patient rounds in the study group, where nurses regularly visited each patient they cared for and conducted nursing duties while paying attention to their discomfort, urination, pulse, posture, pallor, paralysis, and other factors. The results of this study corroborated a study by Henok Mulugetaa that looked at the effect of hourly nursing rounds on patient satisfaction at Debre Markos Referral Hospital in Northwest Ethiopia. In that study, it was discovered that, on the second day of hospitalization, patients in the intervention group scored higher on satisfaction than patients in the control group, though this difference was not statistically significant ($P = 0.215$). However, on the fifth day of hospitalization, there was a significant difference in the mean satisfaction scores in the control group (from 71.02 to 14.37) and in the intervention group, to (79.69 to 12.21) and it was also shown that patients in the intervention group had higher satisfaction scores than those in the control group, demonstrating that hourly nursing rounds improve patient satisfaction with nursing care and quality ($P = 0.001$)^[19]. When Reza Negarandeh and colleagues examined the impact of routine nurse rounds on patients' satisfaction with nursing care, they found that on the second day, there was no discernible difference between the two groups' patient satisfaction levels ($p = 14.499$). Instead, the intervention was found to be associated with a statistically significant increase in patient satisfaction in the experimental group when compared to the control group ($p = .001$), and it was also discovered that performing routine nurse rounds had a positive impact on patient satisfaction^[20].

Limitations of the study

The present study has a number of drawbacks. First, the study used a non-randomized control group which does not ensure the equivalence between the group. Second, the current study was restricted to a single site, which makes it difficult to generalize the results. Finally, the medical and surgical departments were used to choose the study sample. For more generalizable results, similar research in other wards are recommended.

Conclusion

The study's findings, implemented that nurse-initiated hourly nursing rounds has a significant impact on both the control and intervention groups, with patient satisfaction ratings increasing as length of stay increased. Patients in the intervention group had higher patient satisfaction scores than those in the control group. This shows that hourly nurse rounds in the intervention group are satisfying the basic patient needs as hospital stays expand, which may increase patient satisfaction. The findings of this study could serve as a starting point for future awareness efforts aimed at improving patient outcomes.

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Conflicts of Interest

The authors declare no conflict of interest.

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