

Review Article

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The Impact of Employee Engagement and Structured Rounding on Patient Satisfaction in a Post-Surgical Unit

Carlotta Gabriele

CEO Thought Nurse Leader, Author Transformational Nurse Leader, Professor, Global Speaker, Change Agent, Consultant. Innovator, USA

ABSTRACT

Employee engagement and leadership presence are essential components of high-quality patient care, yet many acute care settings struggles to translate these concepts into measurable outcomes. This quality improvement initiative examined the impact of structured leadership rounding, interdisciplinary collaboration, and intentional staff engagement strategies on patient satisfaction within a high-acuity post-surgical unit. Over a 12-month period, interventions included implementation of a standardized rounding tool, Daily Interdisciplinary Rounds (IDR), and targeted employee engagement practices. Results demonstrated a significant increase in patient satisfaction scores from below 60% to above 90%, alongside improved staff accountability, communication, and interdisciplinary coordination. These findings reinforce the critical role of engaged leadership and structured processes in enhancing patient experience and achieving sustainable quality outcomes.

*Corresponding author

Carlotta Gabriele, DH, MSN-Ed, RN, CEO Thought Nurse Leader, Author Transformational Nurse Leader, Professor, Global Speaker, Change Agent, Consultant. Innovator, USA.

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Introduction

Patient satisfaction and experience are widely recognized as key indicators of healthcare quality and are directly linked to reimbursement, safety outcomes, and organizational performance [1]. In acute care environments, particularly post-surgical units, patient perceptions are heavily influenced by communication, responsiveness, and coordination of care.

Despite advancements in clinical practice, many healthcare organizations struggle to achieve high patient satisfaction scores due to fragmented communication, inconsistent leadership presence, and disengaged staff [2]. Employee engagement has been identified as a critical determinant of both patient outcomes and workforce stability, with engaged nurses demonstrating higher levels of accountability, improved communication, and stronger patient advocacy [3].

At baseline, the post-surgical unit examined in this study demonstrated patient satisfaction scores below 60%, minimal leadership rounding, and inconsistent interdisciplinary collaboration. These findings highlighted the need for a structured, evidence-based approach to improve both staff engagement and patient experience.

Literature Review

Employee Engagement and Patient Outcomes

Employee engagement in healthcare is strongly associated with improved patient outcomes, safety, and satisfaction. Engaged nurses are more likely to demonstrate attentiveness, empathy, and effective communication—key drivers of patient experience [4]. Research by Kutney-Lee [2]. (2009) found that better nurse work

environments were significantly associated with higher patient satisfaction scores and improved quality outcomes.

Shuck and Wollard define employee engagement as the cognitive, emotional, and behavioral investment in one's work role [3]. In nursing, this translates into proactive care delivery, responsiveness, and ownership of patient outcomes. Disengagement, conversely, has been linked to increased errors, poor communication, and decreased patient trust.

Leadership Rounding and Patient Experience

Leadership rounding has emerged as a best practice for improving patient satisfaction and identifying care gaps in real time. Studer emphasizes that purposeful rounding by leaders enhances visibility, builds trust, and allows for immediate service recovery [5]. When leaders consistently engage with both patients and staff, they reinforce expectations and create a culture of accountability.

Meade demonstrated that structured rounding significantly improves patient satisfaction, reduces call light usage, and enhances overall patient safety [6]. Leadership rounding also provides an opportunity to align staff behaviors with organizational goals and patient-centered care principles.

Interdisciplinary Collaboration and Communication

Effective interdisciplinary communication is essential for delivering coordinated, high-quality care. O'Leary found that structured interdisciplinary rounds improve teamwork, reduce length of stay, and enhance patient outcomes [7]. In post-surgical settings, where care is complex and time-sensitive, daily interdisciplinary rounds ensure that all team members are aligned in the plan of care.

The integration of electronic tools, such as electronic interdisciplinary rounds (EIDR), further enhances communication by standardizing processes and ensuring consistency (Institute for Healthcare Improvement [IHI], 2020) [8].

Theoretical Framework

This initiative is grounded in principles of transformational leadership and human-centered care. Transformational leadership fosters engagement by inspiring, motivating, and empowering staff to achieve shared goals [9]. Additionally, relationship-based care models emphasize the importance of connections among patients, families, and healthcare providers in improving outcomes [10].

Purpose

The purpose of this quality improvement initiative was to evaluate the impact of structured leadership rounding and enhanced employee engagement strategies on patient satisfaction and experience in a post-surgical unit.

Methods

Design and Setting

This quality improvement project was conducted over a 12-month period in a high-acuity post-surgical unit within a Magnet-designated academic medical center.

Baseline Assessment

Initial findings included:

- Patient satisfaction scores below 60%
- Lack of structured leadership rounding
- 0% compliance with Interdisciplinary Rounds (IDR)
- Communication gaps and increased safety reports
- Limited staff engagement

Interventions

Standardized Leadership Rounding

- Implementation of a structured rounding tool
- Daily leadership engagement with patients and staff
- Real-time issue resolution and feedback loops

Interdisciplinary Rounds (IDR)

- Transition from 0% to 100% compliance
- Implementation of electronic IDR (EIDR)
- Standardization of daily patient discussions

Employee Engagement Strategies

- Increased leadership visibility
- Staff recognition and coaching
- Reinforcement of accountability and communication standards

Culture Transformation

- Alignment with organizational values (fairness, respect, accountability)
- Team-based collaboration and communication improvement

Data Collection

Patient satisfaction was measured using standardized survey tools (e.g., HCAHPS domains), focusing on:

- Nurse communication
- Responsiveness
- Overall patient experience
- Likelihood to recommend

Results

Patient Satisfaction

- Increased from <60% to >90% across all domains

- Significant improvements in communication, responsiveness, and overall experience

Operational Outcome

- Leadership rounding: minimal → consistent daily practice
- IDR compliance: 0% → 100%
- Improved care coordination and efficiency

Employee Engagement

- Increased accountability and ownership
- Improved interdisciplinary communication
- Enhanced patient-centered behaviors

Discussion

The results of this initiative align with existing literature demonstrating the positive impact of employee engagement and structured rounding on patient outcomes. Leadership visibility and intentional engagement strategies played a critical role in transforming unit culture and improving patient experience.

Consistent with Studer and Meade, structured rounding enabled real-time identification and resolution of patient concerns. Additionally, the implementation of IDR and EIDR improved communication and coordination, supporting findings by O'Leary [5-7].

Employee engagement served as a key driver of success. As supported by Kutney-Lee, engaged nurses contribute to higher patient satisfaction through improved communication and responsiveness [2]. The integration of transformational leadership principles further strengthened staff commitment and performance.

Limitations

This study was conducted in a single unit, limiting generalizability. Additionally, as a quality improvement initiative, causation cannot be definitively established. External variables such as staffing changes may have influenced results.

Implications for Practice

- Prioritize leadership rounding as a standard practice
- Implement structured interdisciplinary rounds
- Invest in employee engagement strategies
- Utilize technology to standardize communication
- Foster a culture of accountability and recognition

Conclusion

Structured rounding and intentional employee engagement significantly improved patient satisfaction and experience in a post-surgical unit. These findings support the integration of leadership presence, interdisciplinary collaboration, and engagement-driven strategies to achieve high-quality, patient-centered care.

References

1. Centers for Medicare & Medicaid Services (2023) HCAHPS: Patients' perspectives of care survey <https://www.cms.gov>.
2. Lee A, McHugh MD, Sloane DM, Cimiotti JP, Flynn L (2009) Nursing: A key to patient satisfaction. *Health Affairs* 28: w669-w677.
3. Shuck B, Wollard K (2010) Employee engagement and HRD: A seminal review of the foundations. *Human Resource Development Review* 9: 89-110.
4. Press Ganey (2021). The influence of employee engagement on patient experience. Press Ganey Associates. <https://www.pressganey.com/resources/blog/why-employee-engagement-matters-for-optimal-healthcare-outcomes/>.

5. Studer Q (2013) *Hardwiring excellence: Purpose, worthwhile work, making a difference*. Fire Starter Publishing 2. <https://www.scirp.org/reference/referencespapers?referenceid=832064>.
6. Meade CM, Bursell AL, Ketelsen L (2006) Effects of nursing rounds on patients' call light use, satisfaction, and safety. *American Journal of Nursing* 106: 58-70.
7. O'Leary KJ, Sehgal NL, Terrell G, Williams MV (2010) Interdisciplinary teamwork in hospitals: A review and practical recommendations. *Journal of Hospital Medicine* 5: 69-75.
8. Institute for Healthcare Improvement (2020) *Interdisciplinary rounds toolkit*. Home | Institute for Healthcare Improvement.
9. Bass BM, Riggio RE (2006) *Transformational leadership* (2nd ed.). Lawrence Erlbaum Associates <https://www.taylorfrancis.com/books/mono/10.4324/9781410617095/transformational-leadership-bernard-bass-ronald-riggio>.
10. Koloroutis M (2004) *Relationship-based care: A model for transforming practice*. Creative Health Care Management. https://books.google.co.in/books/about/Relationship_Based_Care.html?id=BXB5AgAAQBAJ&redir_esc=y.

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