



Talk to Me, Not About Me: Nursing Handover in the Hospital Setting

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QUESTION

In adult patients within a hospital setting, is patient satisfaction improved when nurse handover is given at the bedside compared to when nurse handover is given outside of the patient's room?



BACKGROUND

- “Nursing handover occurs when one nurse hands over the responsibility of care for a patient to another nurse, for example, at the end of a nursing shift. On average, nursing handovers occur three times a day for each patient” (Vermeulen et al., 2014, 4).
- “BSR [Bedside Report] is a significant change to the current shift report practice and culture of most organizations, but it is associated with both improved patient safety and patient and nurse satisfaction” (McAllen et al., 2018, 9).
- Research illustrates that patients felt reassured when nurses had an understanding of their care and they felt insecure when the nurse did not understand their plan of care (Bruton, Norton, Smyth, Ward, & Day, 2016).
- When the handover is practiced poorly, actions may result in missing pertinent patient information, including, “delays in treatment or diagnosis for the patient, inappropriate treatment, or failure to provide appropriate care” (Vermeulen et. al, 2014, 4).

Study	Description	Results
Nurse Handover: Patient and Staff Experience (Bruton et al., 2016).	<ul style="list-style-type: none"> • Level VI research evidence. • The study took place on a medical and surgical acute care ward. • Selection criteria for patients included the ability to participate in an interview for 30 minutes. • Interviews were conducted with patients and nurses and observations were made on patient interactions. • Content discussed within the interview related to the effectiveness of communication between the patients and their medical team, the benefits of nurse handover, the views from nurses and patients regarding the patients role in their care, and the rating of the care they received. 	<ul style="list-style-type: none"> • The current nurse was able to introduce the oncoming nurse. The oncoming nurse could ask the patient how they were and visually assess the patient and compare it to the chart. • The patient was able to correct any misinformation, hear about the cares they were receiving, and provide any additional necessary information reducing the number of errors.
Moving Shift Report to the Bedside: An Evidence-Based Quality Improvement Project” (McAllen et al., 2018).	<ul style="list-style-type: none"> • Level VI evidence. • The study that took place in a teaching hospital with 532 beds. • Observational interviews were conducted with patients and staff members. • Patient satisfaction was assessed using the Press Garney and the HCAHPS tools before the study and after the four month time period. 	<ul style="list-style-type: none"> • Bedside report was able to occur accurately and timely. • The patient was involved in their own care. • Oncoming nurse performed their own patient assessment as well as the safety of the room, and then the nurse updated the whiteboard for the day.
Patient and Nurse Preferences for Implementation of Bedside Handover: Do They Agree? Findings From a Discrete Choice Experiment (Whitty et al., 2016).	<ul style="list-style-type: none"> • Level V evidence, discrete choice experiment. • The study took place on a medical and surgical unit. • Selection criteria for patients included being 18 or older and admitted had been on the ward for at least two days. • A total of 401 patients and 200 nurses filled out surveys regarding quality and impact of bedside handover. 	<ul style="list-style-type: none"> • Bedside handover promoted two-way communication between the nurse and patient. • Patients were able to participate more, ask questions and provide input with their care and recovery in the hospital setting.
Nursing Bedside Clinical Handover: a Pilot Study Testing a Ward-Based Education Intervention to Improve Patient Outcomes (Hada et al., 2016).	<ul style="list-style-type: none"> • Level III research evidence. • The study took place on two geriatric rehabilitation wards at a research hospital in Australia. • Five tools were used to measure bedside handover interactions. • A total of 58 nurses and 125 patients participated in the stud. • Criteria for nurse participation included that the nurse had worked on the floor for at least three months. • Criteria for the patients included the ability to speak English and communicate with medical staff. 	<ul style="list-style-type: none"> • Patients felt that there was an increase in education related to their medications, diagnosis, and care with handover at the bedside. • Results indicated that with bedside handover there was a decrease in patient falls, pressure injuries, adverse effects, and medication errors.
Nurses Perceived Barriers to Bedside Handover and Their Implication for Clinical Practice (Tobiano et al., 2017)	<ul style="list-style-type: none"> • Level IV evidence. • This study was conducted in Australia, with a sample size of 200 nurses. • Discrete choice experiment survey administered, taking thirty minutes to complete. • Specific barriers to bedside handover were addressed in the survey. 	<ul style="list-style-type: none"> • Nurses were initially reluctant to provide bedside handover due to time constraints. • Addressing misconceptions to nurses may encourage bedside handover in clinical practice. • Discussing concerns regarding bedside handover can lead to increased patient participation.
Patients Prefer Clinical Handover at the Bedside; Nurses do not: Evidence From a Discrete Choice Experiment (Oxelmark et al., 2019)	<ul style="list-style-type: none"> • Level V evidence. • A discrete choice experiment survey measured preferences of attributes with bedside handover. • The study was conducted in Sweden, with a sample size of 218 patients and 101 nurses. • Participants chose between two different bedside handover alternatives. Patients were asked questions regarding the most important characteristics of bedside handover. 	<ul style="list-style-type: none"> • Nurses identified as the most important characteristic during bedside handover is the patient's desire to participate in care. • Patient level of involvement is one of the most important characteristics of bedside handover.

CONCLUSION

- Five out of six of the articles suggest a correlation between bedside handover and an increase in patient satisfaction and safety.
- Satisfaction increased when patients were able to contribute to discussion in regards to their care during report handover.
- Handover at the bedside allowed patients to ask questions or present concerns in a safe environment.
- Patients experienced decreases in adverse effects, medication errors, and injury when nursing handover occurred at the bedside.



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NURSING IMPLICATION

- Application of handover at the bedside can help in reducing complications in nursing care, such as medication errors and miscommunication.
- Initiating a change in clinical practice in order to bring change to patients and the nursing process is possible through lobbying at the legislative level.
- Individual hospital policy changing can assist in bringing bedside handover to the attention of nurses on medical floors.
- Education will be provided by the nurse manager, in a safe environment, to all nurses in order to increase confidence in performing bedside handover.
- Additional research and education will help to increase patient satisfaction in performing handover at the bedside.