Nurse and Patient Perspectives on Bedside Handover

Introduction

The choice between clinical handovers and bedside handovers depends on the healthcare facility, medical settings, and the preferences of nurses and patients. This paper aims to cover several aspects of the NSQHS Standards in relation to the handover process. It also aims to provide the nurse and patient perspectives on bedside handover process as evidenced in the literature.

Part 1: Nurse Satisfaction with the Handover Process

1. Data Interpretation

Based on the bar graph provided, it does not seem as if there is a major improvement in nurse satisfaction after the implementation of the new handover tool in the medical facility. The satisfaction levels of the nurses with respect to the between-shift handover process is seen to have increased by only 0.5 point on the Likert scale signifying very little increase in nurse satisfaction. Regarding the frequency of environmental disturbances during the handover process, nurses reported a very slight decrease in this frequency with the implementation of the new handover tool. The completion of the patient report received during the handover process also showed very little improvement in the new tool, and the amount of unnecessary information received during the handover process was also slightly higher in the new tool as compared to the previous one. Interestingly, the pre-implementation data shows that nurse satisfaction levels were already more than 7 on the Likert scale and the completeness of patient report was also close to 7.5. However, the frequency of interruptions in the old tool was at 6 point and the frequency at which unnecessary information was received during handover was at 4.5. Overall, the new tool showed an extremely marginal improvement over the old tool with respect to nurse satisfaction levels.

2. NSQHS Standard 6: Communicating for Safety

The NSQHS Standard 6 that revolves around communicating for safety requires that all healthcare facilities implement systems to encourage and support open and

effective communication between healthcare providers, patients, and their families. The healthcare providers are expected to make the best use of these systems to communicate with patients and other healthcare providers for enhanced safety and quality of healthcare services. Additionally, it also aims to promote appropriate documentation of patient information in order to provide safe and coordinated care to patients (ACSQHS, 2019).

Under this Standard, Actions 6.7 and 6.8 revolve around the communication between nurses and patients, and also between the incoming and outgoing shift nurses during the clinical handover process. According to Action 6.7, healthcare facilities need to decide the minimum content of information that should be communicated at the time of handover based on best-practice guidelines. The objective of this Action is to ensure that the information communicated during a handover is patient-centered and is aimed at providing safe and high-quality patient care (ACSQHS, 2019). Based on the data shown in the graph, the nurses are more likely to receive unnecessary information while using the new tool as compared to the older one. Also, the number of interruptions from the patients and other noises is quite high for both the old and the new tools, which can further disrupt effective communication during the handover process (Thakore and Morrison, 2001). Therefore, it is the responsibility of the healthcare facility to ensure that the handover process is effective enough to prevent interruptions and to ensure the complete transfer of patient information between nurses.

According to Action 6.8, healthcare facilities are required to use structured handover processes which allow transfer of relevant patient information keeping in mind patient's preferences and treatment goals, and ensure that patients and their family members are as involved in the handover process as they wish. The ultimate objective of this Action is the transfer of relevant, updated, and accurate information so that the best quality healthcare services are provided to the patient (ACSQHS, 2019). Therefore, as per this Standard, healthcare facilities are required to implement structured handover processes where the expectations of these processes are clearly communicated to the nurses as well as the patients. Additionally, the facilities also need to provide support and proper guidelines for the implementation of these structured processes so that both

the nurse and patient satisfaction levels are high, and there is consistency in the information transferred during the handover process.

Part 2: Benefits and/or limitations of Bedside Handover

One of the most important duties of a nurse is the process of handover and this may be done in two ways – one is the clinical handover which is done at the nurse's desk without involving the patient, and the other is the bedside handover which is done by the team of nurses at the patient's bedside with the objective of involving patients in their healthcare decisions. The aim of bedside handovers is to allow patients and their families to ask questions and be active participants in the formulation of their health management plans (Rifai et al., 2019). It has been shown to increase adherence of patients to their treatment plans and to enable them to receive important information about their future health management goals (Lu et al., 2014).

Despite the positive perspectives of patients for bedside handover, nurses report several obstacles in its implementation. They feel that a lot of time and resources are spent during the bedside handover, they need to be well aware of every aspect of the patient's condition in order to be able to answer questions promptly, and they feel that bedside handover may lead to confusion for the patients or lead to a breach of their privacy (Chaboyer et al., 2010). On the other hand, several nurses also feel that bedside handover is time-effective, error-free, and allows nurses to spend more time with their patients (Roslan and Lim, 2017).

A study conducted in a South Korea hospital has found that bedside handover allows nurses to clarify information about the patients' conditions and treatment goals so as to positively influence the patients' health outcomes (Kim et al., 2014). Another study conducted in Australia found that bedside handover is perceived to be a form of open communication between nurses and patients, which was time-effective and encouraged collaboration between healthcare providers (Aydon et al., 2014). Yet another study conducted by Yang et al. (2015) found that bedside handovers allowed nurses to prioritize their tasks effectively. However, this study also found that environmental

disturbances such as equipment noises were a major barrier to receiving complete patient information and preparing a good handover (Yang et al., 2015).

A few other studies have further highlighted the benefits of bedside handovers from the nurses' perspective. It promotes a two-way open communication between the incoming and outgoing nurses, as well as between nurses and patients giving patients and their family members an opportunity to voice their concerns, if any (Randell et al., 2011). It also allowed nurses to understand the body language of the patients while preparing their treatment plans so that they could discern patient satisfaction and compliance levels for enhancing patient health outcomes (Wise et al., 2012). It also ensured that nurses were extremely vigilant and focused during the handover process so that vital patient information was not missed out during documentation and preparation of treatment plans. Additionally, it led to increased nurse and patient satisfaction which is a strong indicator for nurse retention in healthcare facilities (Mukhopadhyay et al., 2015).

Several studies have also indicated negative nurse perceptions about the bedside handover process. A study conducted in a mental health facility in Australia found that nurses felt that the bedside handover was a confusing process for the patients where they were unable to understand medical terms and they felt excluded in the communication between two nurses (Poh et al., 2013). Another study conducted in Scotland found that the bedside handover process was considered to be time-consuming because of environmental disturbances, and frequent interruptions from patients and their family members. These interruptions also led to a delay in treatment processes of the patient such as transferring them on to trolleys in the resuscitation room. Nurses also felt that the time allotted for conducting bedside handover for each patient was not sufficient and this could possibly lead to a compromise in patient health and safety (Thakore and Morrison, 2001).

Overall, it has been seen that nurse and patient perspectives varied with the type of hospital and the setting in which the study was conducted. For instance, nurses in general ward settings had more favourable perspectives for bedside handover as compared to nurses in emergency care settings (Whitty et al., 2017). Also, the literature

shows mixed views regarding the bedside handover process with some studies reporting that nurses found the bedside handover to be time-effective and patient-centered, while other studies reporting that nurses found this process to be time-consuming leading to confusion and anxiety in the patients.

Conclusion

In conclusion, it can be seen that the bedside handover process has both advantages and limitations, and its implementation is largely dependent on the clinical setting, nurse perspectives, and patient preferences. For its successful implementation, healthcare providers need to consider patient's wishes regarding the extent to which they would like to be involved in the handover. The facility also needs to take steps in order to prevent environmental interruptions from disrupting the process of handover.

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