

IDENTIFYING NURSE AND PATIENT SATISFACTION WITH HANDOVER IMPLEMENTATION

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ABSTRACT

This study aims to identify nurse and patient satisfaction with handovers. The research method used is a literature review by searching for scientific journal articles using searches in three databases, namely PubMed, Ebsco, Garuda, and Cochrane Library. The study results show that each article discusses how the handover technique affects nurse and patient satisfaction. Patients and caregivers can benefit from different assignments between shifts, rooms, and units, grants received between nurses and exceptional students, and SBAR communication techniques (situation, background, assessment, and recommendations). In conclusion, handover implementation can have a positive impact on patients and nurses, increase the knowledge of nurses and patients, and reduce malpractice cases.

Keywords: Handover, Patient Satisfaction, Nurse Satisfaction

INTRODUCTION

Nurses perform the routine task of handover to ensure continuous, secure, and effective service. Handover is a common practice in hospitals for sharing patient clinical information and providing safe, high-quality care. To improve communication between healthcare professionals, this tradition transfers patient care responsibilities to the following shift (Hastuti et al., 2020; Oxyandi & Endayani, 2020). According to Mohebi et al., (2018); Pokojová & Bártlová (2018) handover can also refer to a method or strategy for transmitting and receiving information.

Eighty percent of events are the consequence of communication breakdowns between nurses during handovers, leading to treatment delays, medication errors, and patient falls (Faridah et al., 2020). In a survey done by the Agency for Healthcare Research and Quality, 72% of nursing staff said that crucial information was lost during handovers, and 62% reported that inappropriate handovers frequently created issues (Milesky et al., 2018). In Australia, 11% of bad occurrences are the result of effective handover communication (Braaf et al., 2015). If a suitable handoff is not executed, it will result in several issues, such as delays in medical diagnosis and an increased probability of side effects, as well as other implications, such as greater health care expenditures and patient and service provider dissatisfaction (David et al., 2017). The need for handovers in health care is since handovers can be viewed as a practice guide, offering information on the patient's status (Nasiri et al., 2021).

The primary objective of the handover shift is to communicate clinical patient information and to deliver safe and high-quality care (Milesky et al., 2018). To develop some type of appropriate communication during complex nurse handovers, a standardized procedure that is also suitable for the local context is required (Smeulers & Vermeulen, 2016). Effective information transfer during changes in communication can boost patient and nurse satisfaction during handovers (Abela-Dimech & Vuksic, 2018). Effective communication during the implementation of handovers can boost the satisfaction of both patients and service providers.

A lack of proper communication during a handover can jeopardize patient safety. According to the evidence, ineffective handoffs increase the risk of medication errors and sentinel events, delay treatment, diminish patient satisfaction, and lengthen hospital stays. Errors due to the delivery of handovers at the time of shift change will lead to a decrease in service quality indicators, particularly patient safety in a hospital (Oxyandi & Endayni, 2020). Therefore, additional research is required to determine patient and nurse satisfaction with handovers. On this basis, we will identify a literature review by synthesizing pertinent articles to determine patient and nurse satisfaction in handover implementation.

RESEARCH METHODS

The methodology employed is a literature review. A literature review was obtained by searching for scientific journal articles.

Using searches of three databases, namely PubMed, Ebsco, Garuda, and the Cochrane Library, with keywords based on the PICO (Patient, Intervention, Comparison, and Outcome) method, search each database using keywords such as: nurse OR patient AND handoff; nurse OR handoff AND patient satisfaction; or nurse satisfaction.

There was a total of 161 articles identified in the four utilized databases. The results for article exclusion are based on 2017–2022 (n = 161), not full text (n = 43), and duplicate studies (n = 23). There were 7 articles that met the inclusion criteria out of 99 screening results, 76 eligible articles, and 69 titles and results that did not match the research questions (figure 1).

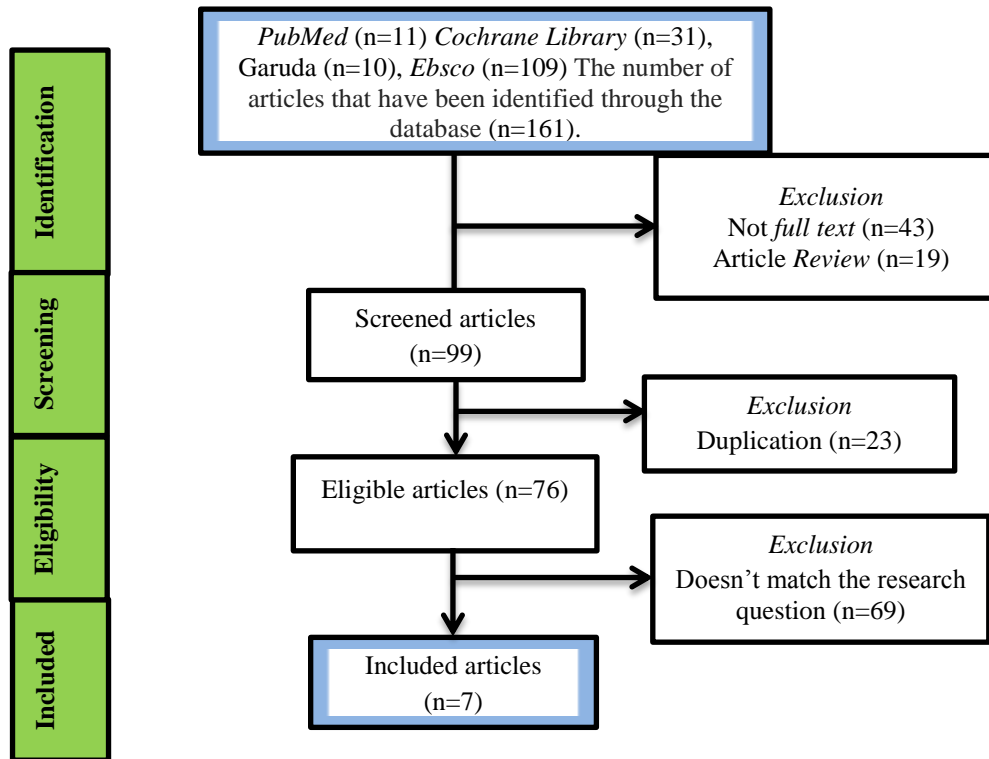
Article Inclusion and Exclusion Criteria

Inclusion Criteria

Articles that discuss the implementation of handovers in hospitals; English and Indonesian articles; Issue 2017-2022 (last 5 years).

Exclusion Criteria

Articles will be excluded if the concepts discussed in the study are other than communication and handover implementation. In addition, articles are excluded if the findings are mini reviews, narrative reviews, integrative reviews, proceedings, scientific papers (KTI), theses, and dissertations.



Figur 1. Flowchart

RESULT

Table 1. Description of the Study and Study Results

| Author Name, Article Title, Type of Literature | Year | Aims | Findings |
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| Nasiri et al., The impact of a structured handover checklist for intraoperative staff shifts changes on effective communication, OR team satisfaction, and patient safety: a pilot study | 2021 | To determine the effect of a structured checklist on the quality of intraoperative change of shift handover between scrubs and circulars. | Type of handover: Handover between oncology nurse shifts Communication method: Group A and B regular handover (face to face without checklist) Group C Written handover applying a structured checklist (SWITCH) Duration (study period): 9 months Results: patient satisfaction in group C (written handover) increased from 67.5% to 85.5% after the |

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| | | | intervention ($p < 0.00$), the percentage of missing information in surgical reports decreased from 19.5-12.1% ($p < 0.00$). The use of a written handover (checklist) significantly increased the duration of the handover ($p < 0.03$). |
| Dalky et al., Evaluation of the Situation, Background, Assessment, and Recommendation Handover Tool in Improving Communication and Satisfaction among Jordanian Nurses Working in Intensive Care Units, A pretest-posttest quasi-experimental design | 2020 | To evaluate the implementation of the SBAR among nurses in intensive care units (ICUs) in Jordan | Type of handover: Handover between rooms (surgical nurse and ICU nurse) Communication method: implementation of the SBAR technique SBAR (situation, background, assessment, and recommendation) for surgical nurses and ICU nurses Duration (study period): 4 months Results: There was a significant gain after the posttest in increasing knowledge and "communication relationship" with "nurse satisfaction" compared to ($p < 0.001$, $p < 0.01$) |
| Hovenkamp et al., The satisfaction regarding handovers between ambulance and emergency department nurses: an observational study, prospective observational study | 2018 | To determine the factors influencing the satisfaction regarding handovers from ambulance and ED nurses. | Type of handover: Handover between units (ambulance nurses and emergency room nurses) Communication method: the ambulance nurse defines the patient's condition using SBAR (Situation, Background, Assessment, Recommendation) communication techniques Duration (study period): 2 times a week, for 4 months of implementation Results: IGD nurse satisfaction demonstrated a positive correlation with the use of the ABCDE instrument ($r = .288$, $p = .006$) and the AMPLE instrument ($r = .208$, $p = .050$). Satisfaction of ambulance nurses is influenced by waiting time and doctor's |

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| | | | presence, while ER nurse satisfaction is influenced using handover instruments and completeness of medical information |
| Karmila et al., Factors relating to nurse satisfaction with communication during the bedside handover, cross-sectional study | 2019 | To describe the factors related to nurse satisfaction with communication during the bedside handover in the hospitals in Banda Aceh | Type of handover: Handover between nurses (ward nurses and final nursing students) Communication method: bedside structured communication or bedside handover. Duration (study period): NA Results: there is a significant relationship between communication during bedside handover and nurse satisfaction (p=0.001; r=0.829). Communication is the most dominant factor related to nurse satisfaction during bedside handover. |
| Ghosh et al., Impact of Structured Clinical Handover Protocol on Communication and Patient Satisfaction, A single-arm experimental trial | 2021 | To find out the Impact of Structured Clinic Handover Protocol on Communication and Patient Satisfaction | Type of handover: Handover between nurses Communication method: handover demonstration using the SBAR (Situation, Background, Assessment, Recommendation) protocol Duration (study period): 5 months Results: There was a significant post-intervention difference in overall nursing handover and patient satisfaction regarding nursing handover (p<0.05). |
| Chen et al., Situation-Background-Assessment-Recommendation Technique Improves Nurse-Physician Communication and Patient Satisfaction in Cataract Surgery, cross-sectional study | 2022 | To evaluate the impact of implementing SBAR on nurse-physician communication and on the safety and satisfaction of patients undergoing cataract surgery. | Type of handover: Handoff between units (nurses and doctors) Communication method: Nurses and doctors' handover the SBAR method. Duration (study period): 2 years Results: Post-implementation doctor-nurse communication improved significantly (p<0.01). significant increase in patient satisfaction (p<0.01) and decrease in medical and malpractice complaints (p<0.01). |

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| Talley et al., Improving postoperative handoff in a surgical intensive care unit, Mixed methods | 2019 | To improve postoperative patient safety in the surgical intensive care unit of a tertiary academic medical center. | Type of handover: Handover between rooms Communication methods: Bedside handoffs are formal reporting methods orally and in writing Duration (study period): 1 year Results: the proportion of nurses reporting receiving handoffs from the surgical team increased from 20% to 60% (p<.001). nurse satisfaction on handoff (46% before and 74% after intervention; p<.001) |
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Type of handover: Handover between units (ambulance nurses and emergency room nurses) Communication method: the ambulance nurse defines the patient's condition using SBAR (Situation, Background, Assessment, Recommendation) communication techniques. Duration (study period): 2 times a week, for 4 months of implementation

Results: IGD nurse satisfaction demonstrated a positive correlation with the use of the ABCDE instrument ($r = .288$, $p = .006$) and the AMPLE instrument ($r = .208$, $p = .050$). Satisfaction of ambulance nurses is influenced by waiting time and doctor's presence, while ER nurse satisfaction is influenced using handover instruments and completeness of medical information. The proportion of nurses reporting receiving handoffs from the surgical team increased from 20% to 60% ($p < .001$).

DISCUSSION

This literature review demonstrates that implementing handoffs can increase patient and nurse satisfaction. Handover types and communication methods support handover implementation. During handovers, the SBAR method has been demonstrated to be an effective communication method for ensuring patient and nurse satisfaction. This is consistent with research Stewart & Hand (2017) indicating that the implementation of the SBAR method in patient transfers between intensive care units effectively increases patient transfer process satisfaction, thereby reducing the need for additional intervention. SBAR also offers service provider satisfaction in acute care (Coolen et al., 2020). In addition, research Wahyuni et al., (2020) indicates that patients experience satisfaction and recovery not only because of medications and other health services, but also because of the health workers' friendliness and structured communication. It has also been demonstrated that bedside handoffs are effective in providing patient and nurse satisfaction with their implementation. This is consistent with research (Wang et al., 2022) indicating a positive correlation between the quality of nursing handoffs and nurse satisfaction. Implementing bedside handovers with transparent communication can boost patient and provider staff satisfaction. Positive evaluation results indicate that bedside handoff can increase patient satisfaction (Kullberg et al., 2019).

CONCLUSION

The findings demonstrated that the implementation of handovers can provide patients and nurses with satisfaction. In its implementation, there are handovers between shifts, between rooms, between units (nurses and doctors), and between nurses and nursing students. The communication methods used in the implementation of handovers are communication beside the patient's bed (bedside handover) and the SBAR (situation handover) communication method (Background, Assessment, and Recommendation), which are techniques for improving communication skills by providing a framework for c. The longer the duration of the study, the greater the likelihood of developing and enhancing communication between the team of service providers and the patient. Therefore, in clinics, health centers, and hospitals, health care professionals must prepare both verbal and written communication frameworks for handoffs. In addition, the implementation of handovers can increase nurse and patient knowledge, improve communication, and decrease the percentage of lost information, medical complaints, and malpractice incidents.

SUGGESTION

Even though the implementation of handovers has been shown to increase patient and nurse satisfaction, several articles fail to describe the communication standards used in each room during the implementation of handovers. In addition, several articles did not report the significance of patient and nurse satisfaction, and several articles did not provide justifications for the chosen communication method.

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