Shift Handoff in Nursing Practice, concept analysis

Eman S. Ali 1, Sanaa M. Safan 2, Sohair M. Allam 3, Hayam A. Elshrief 4

1 Assist lecturer of Nursing Administration, 2,3 Professor of Nursing Administration, 4 Assistant Professor of Nursing Administration.

Faculty of Nursing, Menoufia University, Egypt.

Abstract: Handoffs involve the transfer of essential information when the responsibility for care shifts from one healthcare provider to another. When done effectively, there should be a seamless transition of critical information that results in continuity of patient care. Conceptual clarity about Handoffs gives empirical direction for future research and a theoretical underpinning for the myriad studies about nurses.

Purpose: The present study was conducted for the purpose of clarifying and defining the concept of handoffs, importance, component and barriers of handoff.

Methods: In this study, the steps of concept analysis were as follows: Select a concept, determine the aims of the concept analysis, identify various definitions of the concept, determine the concept of handoffs and identify importance, component, and barriers of handoff. All studies between the years 2019 and 2023 were reviewed for the purposes of this concept analysis, PubMed, Google search engines, Ovid, and Pro Quest, were scanned and searched using the keywords.

Conclusion: Effective handoff not only improves patient satisfaction and safety but also ensures the nurses' satisfaction. The nurses' satisfaction improved significantly following the implementation of an organized handoff process. Nurses felt that they gained good knowledge about the patients and their condition and also there was a chance to question and clarify the doubts. It also paved an opportunity for teaching at the point of care and partnered assessment. Although there was reluctance in the initial period of implementation of organized bedside handoff, later with the leadership support and regular training nurses were found to be highly satisfied with the bedside handoff process. It empowered nurses and ascertained their accountability in patient care and safety.

Keywords: Concept analysis, Nursing practice, Shift handoff, Nursing practice.

Introduction

Handoff contribution to healthcare quality is being increasingly recognized as evidence grows linking communication defects to patient
safety lapses. The concept of a handoff is complex and includes communication between the change of shift, communication between care providers about patient care, handoff, records, and information tools to assist in communication between care providers about patient care. (George & O'Reilly, 2023).

Handoff is defined as verbal reports with the objective of relating what occurred and what care was given to a patient during the previous shift so that the next shift’s members know the fundamental aspects of the patient’s present condition, in an effort to agreement of continuity of care. Handoff is used to describe the event that occurs when the care of the patient is in transition between healthcare providers. Patient’s care handoffs are described as the exchange of patient’s information between healthcare professionals, accompanying either a transfer of control or responsibility (Kim & Seomun, 2020).

Also, nursing foundations books refer to it as a vital report for the continuity of care in which a group of nurses who are leaving can report the updated patient information to the entire entering group. The report should be complete and concise, with no regard for the method employed, focusing on the patient (following a specific order) and not a moment for social conversation. A handoff is a transfer and acceptance of patient care responsibility achieved through effective communication. It is a real time process of passing patient specific information from one caregiver to another or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient's care (Appelbaum et al., 2021).

Purpose

The present study was conducted for the purpose of clarifying the concept of handoff, its importance, component, and barriers of handoff.

Methods

The purpose of concept analysis is to clarify and define the basic elements of a concept. The process allows researchers to distinguish between similarities and differences between concepts. The concept analysis method helps to clarify concepts used in nursing practice that have a broad scope. In this study, the steps of concept analysis were as follows: Select a concept, determine the aims of the analysis, identify various definitions of the concept, and determine the concept of handoff, its importance, component and barriers of handoff.

Data Collection

For purposes of this concept analysis, PubMed, Google search engines, Ovid, and ProQuest, were scanned. These databases were searched for the keywords "work environment ", handoff, handover, nursing handoff communication and mnemonic handoffs ". All studies between the years 2019 and 2023 were reviewed. Inclusion criteria were: written in English, and described or studied handoff in any setting with any population.
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Concept of handoff:
- There are many definitions of handoff. Handoff often as a contemporaneous, interactive process of passing patient specific information from one caregiver to another for the purpose of ensuring the continuity and safety of patient care. Moreover, it is not only a transfer of information but professional responsibility, accountability and authority for some or all aspects of care for a patient or groups of patients, to another person or professional group on a temporary or permanent basis and it is a natural part of patient care and as such a potential moment of risk that compromise patient safety (Nzele & Sekinat, 2023).
- One of the most common communication handoffs is the transfer of patients between nursing units due to level of care needs. It is estimated that nursing units turn over 40% to 70% of their patients on a daily basis. This increased number of hand-off reports creates opportunities for potential problems based on message errors or information omissions during the hand-off communication process (Jennings et al., 2022).
- Nurses are changing shifts every eight to twelve hours and patients are being cared for by many different nurses at all times. This creates a discontinuity of care and opportunities for error related to clinical information not being transferred effectively. Handoffs are linked to adverse events especially in the emergency department (ED) and intensive care unit (ICU) due to the complex multi-system issues that these patients possess (Tobiano et al., 2020).

Importance of nursing handoff:
- The interaction is promoting the nurse-patient relationship. As a result, the staff works as a team and improves the professional image of the nurse. By working together, the patients are witnesses to a secure and professional transfer of responsibilities. Patients can ask questions or contribute information to the discussion. Allowing the professional and the patient to have the opportunity to share information promotes participation and improves satisfaction (Wireklint et al, 2019).
- Handoff is building relationships among the staff members, demonstrating a care centered on the patient and not on the means to an end. In this way, patients and families can communicate a personal testimony of the nurse’s and health institution’s professionalism; provide a personal opportunity for another nurse with less experience to follow a model. Also influences the collection and clarification of erroneous information that was shared during the shift report, finally educate patients and families with new information (Su, 2020).
- The shift change signifies a time for communication to promote care, safety, and best practices with the aim of eliminating or mitigating risks to the patient. Moreover, personal significance and socialization can be an objective or personal goal for welcoming patients and their families.
during the handover because the shift report may have an emotional significance. The shift change becomes a time to connect with the patient, his/her family, and the rest of the staff to resolve difficulties that have occurred in the course of the shift with the entire team and, simultaneously, to socialize, sharing what was resolved and what is pending. The important thing is that it does not become a routine that hides the times for the development of the process (Pere, 2021).

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- Patients who are better informed are less anxious, more adherent to their care, more autonomous in their treatment and goals, and feel satisfied. Additionally, healthcare costs are reduced by the self-management performed by patients and the more efficient use of resources. The benefits of carrying out the handover with the patient include not only taking the patient into consideration with a more holistic and prioritized care but also greater professional satisfaction, which encourages teamwork across all shifts, promoting personal responsibility and universal commitment (Tao, 2020).

**Component of nursing handoff:**

- The first component of nursing handoff is a) Responsibility when handing off, it is your responsibility to know that he person who must accept responsibility is aware of assuming responsibility, the second component of nursing handoff is b) Accountability the person isn't accountable until both parties are aware of the transfer of responsibility, Uncertainty when uncertainty exists, the responsibility of the person is to clarify all vagueness of responsibility before the transfer is completed, communicate verbally: persons cannot assume that obtaining responsibility will read or understand written or nonverbal communications (Georgieva et al., 2021).

- Additionally, the third component of nursing handoff is c) acknowledged: until it is acknowledged that the handoff is understood and accepted, you cannot give up your responsibility. Also, the forth component of nursing handoff is d) Opportunity: Handoff is a good time to appraise and have a new pair of eyes assess the situation for both safety and quality. Moreover, the last component of nursing handoff is e)
Communicate interactively and promoting questions between the giver and receiver of information: Communicate up to date information regarding care, treatment, services, condition, and recent or anticipated changes; Limit interruptions to avoid losing or skewing the information shared, Allow sufficient time to complete the handoff, Require a verification process repeat-backs or read-backs as appropriate; Ensure the receiver of information has the opportunity to review relevant historical data, including previous care treatment protocols (Mahmoud et al, 2020).

**Barriers of nursing handoff:**

- Handoff barriers are important that those who participate in handoff understand that several factors in the hospital setting can complicate handoff communication. For instance, the increase in specialty referrals has expanded the number of providers caring for patients, resulting in higher frequency of handover and greater probability of communication error. Also, frequent transitions requiring a change in the level of care and personnel could lead to loss of information as responsibility is passed from one health care professional to another. In addition, regulations such as work-hour limit could create a culture of “shift-work mentality that can compromise the quality of patient handoff, continuity, and accountability. Finally, individual differences in mental models could lead to disagreement on methods and types of information that a provider would consider essential when giving and receiving shift report (Schaye, 2020).

- Nurses’ perception of satisfaction with the hand-off communication can influence the content, quality, efficiency, and effectiveness of transferring relevant and pertinent patient information. Several factors were identified by nurses as negatively influencing nurse-to-nurse hand-off communication. The absence of consistency and structure in nurse-to-nurse communication is associated with errors in the handoff (Becker, 2021).

- Environmental distractions such as unit background noise, phone calls, and interruptions disrupted the flow of information during the hand-off. The time required and allotted for the hand-off was perceived as negatively influencing the process. The hand-off was time consuming, and insufficient time was permitted for the hand-off, which increased the risk of miscommunicating patient information. The hand-off often contained irrelevant and too much patient information or lacked essential patient information. The absence of mentoring and education training for hand-off communication has added to the inconsistencies and miscommunications associated with the hand-off (Benton, 2020).

- The traditional methods of handoff tend to be long, incoherent, and incorrect regarding the patient’s information; the content sometimes deviates to irrelevant declarations or a priori judgments that carry negative prejudices from the professionals toward the patients. In this way, one
can convert the report into a vehicle for disrespect, lack of communication, unconscious negativity, and projections that can weaken interpersonal relationships and ethical values (Ahmetovic, 2022).

- Additionally, there are other barriers that can influence the shift change and handover are distractions, including parallel conversations, the movement of carts and supplies, clothes and food, cleaning machines, the high volume of radios and televisions, telephone calls, interruptions by medical and support staff, and conversations in the corridor and nursing center situations that are more common during shift changes in the morning and the afternoon, given that they are hours of greater circulation (Santos, 2021).

Conclusion

Breakdown in the transfer of information or in communication has been identified as one of the most important contributing factors in serious adverse events. This achieved at health care system through handoff that includes information transferred between healthcare providers should include all relevant data be accurate, unambiguous and occur in a timely manner. This information enables action to be taken to provide continuity of patient care. Additionally at each handoff point there is a potential for important or critical information to be lost, misinterpreted or not communicated effectively at all this can result in unintended consequences, patients harm or sub optimal care. This concept analysis provides a clearer direction for future research in nurses' handoff.

Implications for Practice Make paragraphs

1) Hospital management should improve hand off by initiating a workshop within each facility, setting the priority, and identifying the timeline for nursing intern and new graduated students.

2) Design the information technology systems in the long term, an excellent opportunity exists to support hand off and transitions in care, including electronic medical records, continuity of care records, and various integrated summary-of-care documents.

3) Assigning the nursing supervisors to continuously monitor the nursing interns during their work and provide them with continuous support.

References

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