

BEDSIDE NURSING HANDOVER: PATIENT'S PERSPECTIVE

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ABSTRACT

Keywords:

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Bedside handover is one of nursing care activities which enhance nurse-patient interaction at side of patient's bed during shift change activity. Patient may ask everything they want to know about their health condition, complain and request for nursing care. However, the bedside handover sometimes cannot meet the patient's need when a group of nurse hand in the nursing care plan to the following shift nurses. This study aimed to describe bedside handover activities based on patient's perspective in inpatient ward at one military hospital at Jember. This research used a quantitative approach with a descriptive survey design. There were 100 respondents recruited in this study using purposive sampling technique with criteria the patients had received nursing care at least two days in the inpatient ward. Data were collected using bedside report item survey questionnaire to measure bedside handover based on patient perception. The results showed the median of bedside handover was 33 (min-max = 10-40), indicated that the bedside handover from patient's point of view was in good category. Basically, the nurses have implemented the bedside handover; however there are problems occurred during its' implementation such as, high burden of nurse's work, limited time, lack of understanding and awareness regarding bedside handover. Patients have right to receive holistic nursing care, and it is the responsibility of nurses to provide excellent service including the action of bedside handover. Nursing manager should evaluate and supervise the bedside handover for all nurses routinely.

ABSTRAK

Kata Kunci:

*bedside handover
perawat
pasien
ruang rawat inap*

*Bedside handover merupakan salah satu tindakan keperawatan yang melibatkan pasien secara aktif selama interaksi antara perawat dengan pasien yang dilakukan disebelah tempat tidur pasien pada setiap pergantian *shift*. Pasien diperbolehkan untuk bertanya apa saja yang mereka ingin tahu tentang kondisi kesehatannya, komplain serta meminta perawatan kepada perawat. Namun pada kenyataannya, kegiatan *bedside handover* seringkali tidak berjalan dengan efektif ketika perawat menyerahkan tugas perawatan pasien kepada perawat yang akan bertugas selanjutnya. Penelitian ini bertujuan untuk mengidentifikasi pelaksanaan *bedside handover* di ruang rawat inap Rumah Sakit militer di Jember berdasarkan perspektif pasien. Penelitian ini menggunakan pendekatan kuantitatif dengan desain survei deskriptif. Responden penelitian sejumlah 100 pasien yang diperoleh dengan menggunakan teknik *purposive sampling* dan memenuhi kriteria penelitian yaitu sedang dirawat di ruang rawat inap minimal dua hari. Data dikumpulkan menggunakan kuesioner *bedside report survei* item untuk mengukur pelaksanaan *bed-**

side handover berdasarkan persepsi pasien. Hasil penelitian menunjukkan bahwa skor nilai tengah pelaksanaan *bedside handover* adalah 33,00 (min-max 10-40), yang berarti bahwa pelaksanaan *bedside handover* dari sudut pandang pasien termasuk dalam kategori baik. Pada dasarnya perawat telah menerapkan *bedside handover*, namun demikian masih ada kendala yang terjadi selama pelaksanaannya seperti beban kerja perawat yang tinggi, waktu yang terbatas, kurangnya pemahaman dan kesadaran perawat mengenai *bedside handover*. Pasien mempunyai hak untuk mendapatkan perawatan yang komprehensif, dan hal ini menjadi tanggung jawab perawat untuk memberikan pelayanan prima termasuk dalam melaksanakan *bedside handover*. Manajer Keperawatan harus selalu melakukan evaluasi serta supervisi pelaksanaan *bedside handover* oleh perawat secara terus menerus.

INTRODUCTION

Nursing service is a form of professional service that is an integral part of health services based on nursing knowledge and tips and is aimed at individuals, families, groups, or the community, both healthy and sick (Menkes RI, 2014). One form of nursing service that can be provided to patients is the implementation of a Handover.

Handovers that are often done in hospitals are divided into two parts, namely: (a) traditional handover, only carried out at the nurse's desk without confirming the patient's condition directly so that there is no direct communication between the nurse and the patient, (b) bedside handover is a process when a group of nurses report patient's condition to their colleagues beside the patient's bed, and the nurse's role is as a provider of nursing care where nurses provide patient nursing care in the implementation of bedside handovers that aim to improve patient-centered care (PCC). Patients and families are involved in the report shift bedside handover so that they can find out the next treatment plan and can provide opportunities to ask questions so they can provide input into the nursing care process. The implementation of bedside handovers not only helps patients to obtain important information but also has a positive impact on their ability to adhere to treatment plans (Young, 2008; Lu et al., 2014).

Nurses often face some obstacles when implementing bedside handover. Nurses often face some obstacles when implementing bedside handover. Some problems that occur in the implementation of bedside handovers are: (a) bedside handover process spent too much time and resources; (b) there are still low of awareness, knowledge and skills in dealing with patients among nurses; (c) the use of medical terms during bedside handover by nurses that can increase anxiety or confusion of patients; (d) the use of impulsive words can disrupt patient confidence and patient concerns about privacy during bedside

handover (Coulter, 2007; Chaboyer et al., 2010).

A study described that based on the perception of patients as many as sixty-five patients (63.1%) reported that patients always experience bedside handover when receiving health treatment, twenty-six patients (25.2%) received bedside handovers in small portion, six patients (5.8 %) reported that they rarely received bedside handover, four patients (3.9%) answered that they had never received bedside handover, and two patients did not respond to the survey item questions that were distributed (Ford et al., 2014). Based on the study, it can be assumed that most of the patient is already involved in bedside handover procedure.

According to Elvina's research (2018), it was found that bedside handovers at the University Hospital of North Sumatra Medan had been implemented. However, the implementation was less optimal because of some factors such as: (1) less of patients' involvement during bedside handover process; (2) the information is not focus to patient's health condition; (3) miss perception from the patient; (4) take a long time. Patient involvement in care is one of the National Patient Safety Goals which was set by the Joint Commission and mentioned in the Institute of Medicine executive summary Abridgeto Quality. The summary Institute of Medicine constituted that bedside handover is a place that serves to assist patient-focused care and can have an impact on increasing patient satisfaction with care. The summary Institute of Medicine constituted that bedside handover is a place that serves to assist patient-focused care and can have an impact on increasing patient satisfaction with care (Athwal, 2009; IOM, 2011; Radtke, 2013).

One of the effects of bedside handover on patients is patient satisfaction, according to Radtke (2013) research results that after 3 months of carried out bedside handovers in accordance with the standards, there is a change in patient satisfaction that is, patient satisfaction increased from 76% to 87.6%. However, there are still few studies that iden-

tify how the implementation of bedside handover is based on the patient's perspective.

METHODS

This research is a quantitative study using a descriptive research design survey. Study population was patient receiving health treatment in inpatient wards at military hospital in Jember. The study involved 100 patients as research respondents who were recruited with purposive sampling technique. Characteristic of respondents in the study was patients who had received at least two days' treatment in inpatient wards. The study was conducted in July - August 2019.

Data identified included demographic of the respondents as well as the implementation of bedside handover according to the patient's perspective. Data were collected using respondent characteristics questionnaire and Survey Item Bedside Report questionnaire to measure bedside handover based on patient perception. This questionnaire consists of 10 statements with 3 indicators namely indicators of perception of understanding, satisfaction and security that have been translated into Indonesian. The Indonesian version of Survey Item Bedside Report questionnaire was tested for its validity and reliability. The Indonesian version of Survey Item Bedside Report questionnaire was tested for its validity and reliability. The content validity index test score was 0.87, with Cronbach alfa score was 0.903. Data obtained in this study were analyzed using univariate analysis and presented in the form of frequencies, percentages, medians and minimum maximum values.

This study was approved by the ethics test of the Health Research Ethics Commission (KEPK) at the Faculty of Nursing, University of Jember with certificate number 3075 / UN25.1.14 / SP / 2019

RESULTS

Characteristics of Respondents

Characteristics of personal data of patients hospitalized in military hospitals in Jember including age, sex, last education, and ethnicity is shown in the following table.

Table 1 shows the median age of the inpatient respondent is 53 year old with the youngest respondent's age is 18 year old and the oldest respondent is 76 year old. Most respondents are female as many as 55 people (55%). The most recent respondent education is high school 33 people (33%), and 54 people came from the Javanese tribe (54%).

Bedside Handover

The questionnaire used by the researcher is the Bedside Report Item Survey to measure bedside handover based on patient perception. This questionnaire consisted of 10 statement items with 3 indicators namely indicators of perception understanding, satisfaction and security. The result of bedside handover is shown in the following table:

Table 2 shows bedside handovers based on the perspective of patients in the inpatient ward for each indicators.

Based on the results of the univariate analysis can be explained in the following table about the description of the implementation of bedside handovers according to the perspective of the patient:

Table 3 Shows that median score of bedside handover from patient perception is 33.00, a minimum value of 10 and a maximum value of 40. This study shows that bedside handover from patient perception is included in the good category, where the result of the median approaches a maximum score of 40.

DISCUSSION

Characteristics of Respondents

The research showed that from 100 respondents obtained median score of age was 53.00 year old (min-max = 18-76). Based on previous studies conducted by McMurray., Et al (2011) found the age of patients who were treated in inpatient wards of hospital that is between 52-74 y.o. According to Ministry of Health Republic of Indonesia (2009), the age between 46-55 year old was classified as the elderly category. According to research by Wulandari, et al (2016) the elderly age is an age that is susceptible to disease, at this age where productivity and immunity were decreased, a person will use more health services, so that it will affect the perception of patients where patients expect to get well soon after using health services.

Most of the patients hospitalized were female (55%), compared to 45 (45%) males. Research conducted by Nofiyanto, et al (2015) showed that inpatients were mostly female (52.2%) and male patients (47.8%). Gender roles (between men and women) refer to how a person behaves, where women are more sensitive than men so that in perceiving a situation women are usually more sensitive, meaning that if a situation is not in accordance with what is expected and women will be faster provides negative perceptions compared to men (Manurung., et al 2013).

Table 1. Demographic Data of Respondents

Variable		Frequency	Percentage (%)
Age (years)			
Median	53		
Min - Max	18-76		
Sex			
a.	Male	45	45
b.	Female	55	55
Education			
a.	No formal education	11	11
b.	Elementary school	28	28
c.	Junior	19	19
d.	High School	33	33
e.	College	9	9
Ethnicity			
a.	Madurese	41	41
b.	Javanese	54	54
c.	Other	5	5

The majority of patients' last education was high school, 33 people (33%). Suryawati research results, et al (2006) as many as (18.6%) of the last education of patients treated in hospital inpatient rooms is high school. A person's education level will also affect the way of thinking, perspective and even perception of a problem. Education is important in perceiving something and perception is a cognitive response that is influenced by the level of patient knowledge (Manurung, et al. 2013).

The last characteristic of respondents is the tribe. As many as 54 people (54%) the majority of patients are from the Javanese tribe. The analysis showed that the majority of hospital patients were from the Javanese tribe (Hidayati, et al 2014). According Endraswara (2013) Javanese tribe has the character is "narimo ing pandum" (resigned to all God's decisions), respecting older people. Javanese tribes are more subtle, polite, and difficult to be honest. The majority of patients treated in hospitals came from the Javanese tribe. Patients with Javanese are more receptive and more obedient to the services provided by nurses.

Overview of Bedside Handovers in Inpatient Ward

Perception of Understanding

The first statement about whether nurses make bedside handovers on shifts, the results of this study indicate that the frequency of nurses often do bedside handover on shifts of 41 people (41%). Researchers assume that the implementation of bedside handover is already running, but the implemen-

tation is still not optimal because there are still nurses in several wards who have never or do not always perform bedside handover when changing shifts due to the high nursing workload. The results of this study are in line with Elvina's research (2018) which reported that the implementation of bedside handovers at the University Hospital of North Sumatra Medan had been carried out but the implementation was less than optimal because during the bedside handover the patient's involvement took place almost unnoticed, causing obstacles such as lack of focus information, as well as mistakes in receiving messages that have an effect on misperception.

The second statement related to the implementation of bedside handover on shifts, whether nurses provide the opportunity for respondents to ask opinions, complaints, or questions that respondents have that is always 67 people (67%). The researcher assumes that the implementation of bedside handovers related to nurses provides the opportunity for patients to submit opinions, complaints and questions that are already running, but the implementation is not optimal because there are still nurses who have never or do not always provide opportunities to ask questions or provide input when implementing bedside handovers. Lu., Et al (2014) revealed that patient input can help minimize errors in information transfer. According to the research of Bressan, et al (2019) patients are given the opportunity to ask questions, provide data about their care, and to verify the information passed by nurses during bedside handovers.

The third statement explained 66 respondents

Table 2 Distribution of Frequency of Bedside Handover from the Perspective of Patients

	Statement	Frequency	Percentage (%)
Perceptions of understanding			
1.	Is the duty nurse made the turn at your bedside in shifts		
	a. Always	28	28
	b. Often	41	41
	c. Rarely	22	22
	d. Never	9	9
2.	When the nurse changes the guard beside your bed, does the nurse give you the opportunity to ask your opinions, complaints, or questions that you have		
	a. Always	67	67
	b. Often	20	20
	c. Rarely	4	4
	d. Never	9	9
3.	I understand the information given by nurses at the time of change of guard at the bedside		
	a. Always	66	66
	b. Often	20	20
	c. Rarely	3	3
	d. Never	11	11
4.	I get information that helps me understand the current self-care the shift by the bedside is carried out		
	a. Strongly agree	23	23
	b. Agree	66	66
	c. Disagree	1	1
	d. Strongly disagree	10	10
Perception of satisfaction			
5.	Changing the guard beside the bed is very useful for me		
	a. Strongly agree	20	20
	b. Agree	70	70
	c. Disagree	1	1
	d. Strongly disagree	9	9
6.	When nurses make shifts beside my bed, the nurse submit care plans to meet my needs going forward		
	a. Strongly	35	35
	b. Agree	53	53
	c. Disagree	2	2
	d. Strongly Disagree	10	10
7.	Changing the guard beside the bed is a good way to involve me in making decisions about my treatment		
	a. Strongly agree	32	32
	b. Agree	59	59
	c. Disagree	0	0

Table 3 Bedside Handovers in Military Hospitals in Jember

Variables	Median	Min-Max
<i>Bedside Handovers</i>	33.00	10-40

who "always" understand the information provided by nurses when doing bedside handover. Similar results to the study of Ford., Et al (2016) found that patients understood about the information provided by nurses. Researcher believed that nurses should always provide information related to patient care, even sometimes nurses missed this part due to some factors.

The fourth statement when the respondent gets information that helps the patient understand self-care when the bedside handover. There were 66 respondents agreed to this statement. This study is in line with previous studies by Ford., Et al (2016) which showed that patients received information related to their care during bedside handover. The results of another study conducted by McMurray., Et al (2011) stated that patients have the view that bedside handover is an opportunity for them to get information about their health and self-care conditions. Some patients in this study answered by choosing strongly disagree option for this statement. It showed us that patients may have lack of understanding for information which was delivered by nurses. Nurses need to provide detail information about patient's condition to patient's relatives who are responsible for patient's treatment.

Perception of Satisfaction

The first statement regarding the implementation of a bedside handover is beneficial for patients, and there were 70 people (70%) agreed to this statement. Researchers assume that patients agree with the implementation of bedside handovers that are beneficial to patients, but there are some patients who strongly disagree, this can be caused by nurses not implementing bedside handovers, so the patient's impact is that patients cannot know the bedside handover and its benefits. The results of this study are in accordance with the research of Lu., Et al (2014) which showed that the implementation of bedside handovers can provide benefits for patients. Patients could listen for important information related to the patient's condition, so as to improve patient recovery. According to Sand's research, et al (2014) the implementation of bedside handovers is beneficial to increase patient satisfaction and improve communication between patients and nurses.

The second statement at the time the nurse did the bedside handover the nurse informed a treatment plan to meet the patient's need for the following treatment that is 53 people (53%) agreed. This study is in line with research conducted by Ford., Et al (2014) reported that patients who often receive bedside handover also showed that they are always informed by nurses about their treatment plans. Some patients answered the statement by choosing strongly disagree, which mean that they might feel anxiety and afraid when they find out the medical treatment that they will receive during staying in the ward.

There were 59 respondents agreed that bedside handover is a good way to involve patients in making decisions about their care. Researchers assume that patients believe that the involvement of patients in bedside handover can improve better outcomes, can increase patient satisfaction and patients can make decisions regarding their care. Previous research by Whitty., Et al (2017) said that involving patients in implementing bedside handover can improve patient safety. Another study from Maxson, et al (2012) stated that the involvement of patients in bedside handovers is very important, without the involvement of patients can make patients less informed about their care.

The fourth statement is patients was satisfied with the way the nurses gave information about the care of patients who were followed up by the next nurse. As many as 61 patients (61%) agreed to this statement. The results of another study conducted by McMurray., Et al (2011) revealed that patients were satisfied when their treatment information was forwarded to the next nurse. The results of the study by Irwin, et al (2013) stated patients illustrate that with the care of patients who are followed up by the next nurse, can make patients know the nurse who will provide care, so patients can ensure that they receive the best care by the next nurse.

The last statement which measured patient's perception of their satisfaction is about nurses who respect patient privacy during the implementation of bedside handovers. More than 50% of respondents agreed about this statement. A study which was done by Lu., Et al (2014) showed that most patients are comfortable with bedside handover because nurses respect patient's privacy. However, some patients

have been shown to be related to sensitive matters such as sexually transmitted diseases, religion and mental illness which should not be discussed during bedside handover. They consider that disclosing information about this problem might cause discrimination for the individuals involved.

Safety Perception

Statement of changing bedside handover helped patients feel safe, as many as 48 people (48%) agree. The results of another study from Maxson, et al (2012) stated that patients who received bedside handover felt safer and could increase patient safety. This study is related to research which was conducted by Bradley., Et al (2012) reported incidents such as burns, falls, and medication errors decreased after applying bedside handover. Even some patients strongly disagree about this statement, nurses need to keep on running the bedside handover process.

CONCLUSION

Based on the results of the study, it can be concluded that the patients who were accepted treatment in Inpatient wards of the Jember Military Hospital had implemented changes shift with a bedside handover. Patients indicated that bedside handover helped them to understand more about their treatment and make them feel safe and comfortable. They also have chance to have direct interaction with nurses. For some nursing shift changes, patients might not feel that they were involved in the bedside handover process. This is because some patients still do not understand well the implementation of bedside handover.

Nurses need to keep the bedside handover process in their daily work. The nurse-patient relationship can be built through this opportunity, and bedside handover can improve communication between patients, family and nurses. Nursing manager should maintain their nurses to keep on involving patients in the treatment process to achieve the health outcome.

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