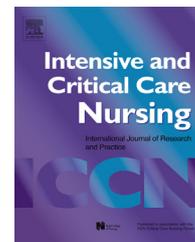




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ORIGINAL ARTICLE

Cardio-thoracic surgical patients' experience on bedside nursing handovers: Findings from a qualitative study



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KEYWORDS

Bedside handovers;
Cardio-thoracic unit;
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Patients experience;
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Summary The purpose of this study was to describe the experiences of postoperative cardio-thoracic surgical patients experiencing nursing bedside handover. A descriptive qualitative approach was undertaken. A purposeful sampling technique was adopted, including 14 patients who went through cardio-thoracic surgery and witnessed at least two bedside handovers. The study was performed in a Cardio-thoracic ICU localised in a Joint Commission International accredited Academic Hospital in north-eastern Italy from August to November 2014. The experience of patients participating at the bedside handover is based on four main themes: (1) 'discovering a new nursing identity', (2) 'being apparently engaged in a bedside handover', (3) 'experiencing the paradox of confidentiality' and (4) 'having the situation under control'. With the handover performed at the bedside in a postoperative setting, two interconnected potential effects may be achieved with regard to patients, nurses and the nursing profession. Nurses have a great opportunity to express their closeness to patients and to promote awareness of the important growth that nursing has achieved over the years as a profession and discipline. Therefore, patients may better perceive nursing competence and feel safer during the postoperative care pathway. They can appreciate nurses' humanity in caring and trust their competence and professionalism.

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Implications for Clinical Practice

- Cardio-surgical patients appreciate bedside handovers, allowing them to be more informed about their postoperative pathway, to feel safer and to be aware of nurses' expertise in taking care of them.
- Participating in the bedside handovers allows cardio-thoracic surgical patients to check on transferred data and to have the situation under control, which may, in turn, decrease stress.
- Confidentiality is not an issue for patients, but clinical nurses might continue using discretion when reporting sensitive data.
- Bedside handovers should be rethought as a process, based on a framework that allows patients in critical condition to be involved progressively, through different stages from informative to shared decision-making when their condition and their willingness to actively participate in the process, is expressed.

Introduction

Change of shift reporting is peculiar to the health-care professions. It differs from the common concept of shift work because it does not simply entail staff turnover; it implies a careful transmission of information concerning a patient's condition and care plan, through which the transfer of responsibility to the oncoming nurse occurs (Bulfone et al., 2012; Benaglio et al., 2006). Aiming to improve the effectiveness of the handover, providing a nurse-to-nurse shift report at the patient's bedside is recommended (Chaboyer et al., 2009). Bedside handover leads to a patient-centred approach, allows the patient direct access to health information and decision-making, promotes the nurse–patient relationship, enables nurses to assess the patient's condition and the environment while receiving the information, and to prioritise nursing care and related workloads more effectively (Anderson and Mangino, 2006).

Recently, increased attention has been documented with regard to the perceptions of patients experiencing nursing bedside handovers at the hospital level (Jeffs et al., 2014; Kerr et al., 2013a), in surgical and medical units (Anderson and Mangino, 2006; Ford et al., 2014), in paediatric settings (Friesen et al., 2013), stroke units (Laws and Amato, 2010) and in emergency departments (Farhan et al., 2012; Shendell-Falik et al., 2007). However, up to date no data has been reported with regard to the perceptions of postoperative cardio-thoracic surgical patients who have specific clinical and psychological needs, such as increased clinical instability and the occurrence of depressive and anxiety symptoms (Szczepanska-Gieracha et al., 2012) that may increase their vulnerability. Therefore, the purpose of this study was to describe the experiences of postoperative cardio-thoracic surgical patients experiencing nursing bedside handover.

Background

The challenge for nursing staff is to provide an effective shift-to-shift report, promoting the patient's care process and safety (Laws and Amato, 2010). An effective handover should ensure a systematic approach and efficient communication concerning the patient's problem(s), treatment(s) and plan of care (Klim et al., 2013). Handover method and setting may vary according to the unit model of care

delivery; it is traditionally carried out as a one-way conversation among nurses away from the patient's room, thus preventing patients' involvement. Inadequacies of the traditional handover have been widely documented: its content is often inappropriate with a lack of patient-centred information (Sexton et al., 2004) and structure (Klim et al., 2013); it may be repetitive and time-consuming, due to interruptions (Laws and Amato, 2010). As it implies interpreting data without the presence of the patient, it is vulnerable to miscommunication and loss of relevant information, resulting in decreased patient safety (Lu et al., 2014; Riesenbergs et al., 2010).

In acute settings, major weaknesses in traditional handovers have been recognised, including subjectivity, missed information and lack of patients' involvement (Kerr et al., 2011). In medical/surgical units, information shared during a traditional handover is often inaccurate and the setting in which it is performed may be cluttered, often making nurses perceive an overall sense of 'something missing' (Radtke, 2013). In addition, some questions cannot be answered once the nurse from the previous shift has gone. All of the above-mentioned issues can affect patient safety (Anderson and Mangino, 2006).

Aiming to improve patient safety, the bedside nursing report has recently been considered the gold standard, given that it may (a) enhance patient participation, (b) strengthen the nurse–patient relationship as well as nurse–caregiver interaction and (c) increase the cohesiveness of the team (Kerr et al., 2013; Radtke, 2013).

With bedside handover, patients feel they are not considered as bed numbers or a medical diagnosis (Lu et al., 2014; Tobiano et al., 2012; Wakefield et al., 2012). Instead, they perceive to be informed about the care plan on a daily basis (Maxson et al., 2012) and to have the opportunity to verify the accuracy of the information shared by nurses (Bradley and Mott, 2013; Chaboyer et al., 2009). A patient may check and clarify information related to his/her status, identifying and correcting any potential and actual error (Jeffs et al., 2013). When family members are also involved, bedside handover makes them feel safer and more compliant in following treatment advices (Anderson and Mangino, 2006); family members also feel more included and confident, achieving a clear perspective on their relative's clinical condition (Tobiano et al., 2012).

Bedside handover also increases cooperation between healthcare professionals (Anderson and Mangino, 2006).

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