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Original Article

Nurses' Opinions of Patient Involvement in Relation to Patient-centered Care During Bedside Handovers

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SUMMARY

Purpose: Advocates for societal change and consumerism have been instrumental in popularizing patient involvement in various aspects of health care. Patient involvement in bedside handovers during shift changes should facilitate patient-centered care. This study's purpose was to explore Malaysian nurses' opinions about patient involvement during bedside handovers, and whether patient involvement during bedside handovers reflected patient-centered care.

Methods: A qualitative study with four focus-group discussions was conducted with 20 registered nurses from general wards in a Malaysian public hospital. Semi-structured interviews were used to elicit participants' opinions. NVivo 10 software was used for data management and content analysis was used to analyze the data.

Results: Several participants used inconsistent methods to involve patients in bedside handovers and others did not involve the patients at all. The participants' interpretations of the concept of patient-centered care were ambiguous; they claimed that patient involvement during bedside handovers was impractical and, therefore, not reflective of patient-centered care. Some nurses' subjective views of patient involvement as impractical during bedside handovers were manifested in their deliberate exclusion of patients from the handover process.

Conclusions: Changes in patient involvement and nursing practices congruent with patient-centered care require that nurse educators in hospital settings reform nursing education to focus on fostering of communication skills needed to function in nurse-patient partnerships. Guidelines for patient involvement consistent with patient-centered values should be developed using ward nurses' subjective views and introduced to all registered nurses in practice.

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Introduction

The patient handover at the bedside is a ritualistic practice of nurses to transfer responsibility for the patient's treatment and care by communicating needed information to the nurses who will care for the patient during the next shift. One of the root causes of breakdown in communication during bedside handovers is the lack of patient involvement, which can compromise patient safety [1]. Therefore, the World Health Organization envisions improved handover effectiveness through health care professionals' use of interactive and effective electronic technologies and procedures, and by allowing patient's sufficient time for questions. The Situation, Background, Assessment, and Recommendation (SBAR)

procedure was the first method recommended to enhance communication between staff during handovers [1]. However, studies have reported that the health care team's implementation of the standardized SBAR format [2] is rigid and impractical; the transfer of information to the next shift often is not prioritized, which causes boredom among the staff members [3]. In 2006, Malaysia implemented the use of the electronic health record (EHR) system in tandem with the World Health Organization's vision of improved handover communication. As part of the EHR system, nurses conduct bedside handovers using the SBAR method, which involves patients during the handover process and upholds the concept of patient-centered care (PCC).

Given the challenging trends in consumerism and the public's awareness of the fallibility of health professionals, the current emphasis on PCC has popularized the use of bedside handovers [5,6], which have been identified as a strategy to enhance PCC [6]. PCC has been promoted as an effective method of "providing care that is respectful of and responsive to individual patient

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preferences, needs, and values and ensuring that patient values guide all clinical decisions” (p. 3) [4] when building up the core needs of health care. On closer examination, however, PCC can only be achieved through patient involvement, which refers to how, within a collaborative nurse–patient relationship, nurses invite patients to actively participate in the clinical decision-making process such that their ideas and feelings are elicited and communicated within the context of the clinical decision-making; in this way, the patient has a chance to exert control over the clinical decisions that affect them [4,5]. The concept of patient involvement is often used interchangeably with the terms “patient participation,” “patient collaboration,” and “partnership.” Overall, patient involvement is an inevitable component of the bedside handover, which entails the development of a partnership with the patient.

However, there are several factors from the perspectives of both patients and nurses that influence the success of patient involvement during bedside handover. Patient factors such as patient age, education, knowledge, and severity of the medical problem, coupled with nurse factors such as a lack of assertiveness and confidence, previous experience, cultural background, and lack of role clarity hamper effective communication between nurses and patients that are needed to make PCC a success [5]. Therefore, patient involvement in bedside handover is not always congruent with the concept of PCC.

Nurses provide PCC by sharing information and knowledge that is tailored to patients' needs and negotiating with patients to help them make decisions about their care [5,6]. In terms of health care outcomes, patient involvement during bedside handovers has been reported to reduce hospital readmissions during the 30-day period after discharge, prevent redundancies and gaps in care processes, and promote continuity of care [6,7]. Three major parties communicate with one another during bedside handovers to ensure that accurate and up-to-date information about the patient's health status is conveyed in a timely manner. They include the patient, the ongoing and outgoing nursing staff, and the health care team [8]. Other benefits of PCC during bedside handovers are that patients are better informed about their health and nurses have a better understanding of the patient as a person, which improves the quality of health care delivery [9–11]. Although there is little research-based evidence on best practices for bedside handovers [12], studies have shown that they promote PCC by reducing fragmentation of care and that they encourage the participation of patients, caretakers, and family members in the process [11].

However, patient involvement during handovers is resource-intensive and it might even be impossible to involve patients if staff members lack skills in collaborating with patients [13] or if patients with low health literacy undermine nurse–patient interactions [5,11]. The use of medical jargon increases patients' anxiety, causing them to become frustrated to the point of discontinuing their participation in multiple handovers [5,8]. Another issue concerns privacy breaches, when other patients occupy the same room [8,9]. More importantly, the paternalistic approach of some health care personnel is a barrier to the development of partnerships with patients; this undermines the values of PCC [14]. To sustain the changes necessary for the adoption of PCC during the handover process, institutional commitment to transform staff members' traditional paternalistic values must be in place [15].

Nurses' attitudes and opinions also affect the level of patient involvement during bedside handovers. Nurses who are comfortable with patient involvement prefer to use bedside handovers in their practice rather than the traditional format of shift reports. However, most nurses agree that the decision to conduct handovers at the bedside should be at the nurse's discretion [9]. Likewise,

nurses perceive patients' involvement as being time consuming and report that it is difficult for them to focus at the bedside [16]. Some nurses have been reported to demonstrate their reluctance to engage with patients during bedside handovers by standing in the doorway of the patient's room [8].

Conflicting evidence of the effects of patient involvement during handovers on the facilitation of PCC has challenged the practicality of patient involvement. A systematic review of the literature reported a lack of randomized control studies, and therefore, inconclusive evidence to support any particular style of handover, but it did suggest four guiding principles for redesigning an effective handover process: face-to-face communication, structured documentation, patient involvement, and the use of information technology [12]. Malaysian hospitals have applied those four principles to their implementation of bedside handovers. Bedside handover evidently provides an opportunity for patient involvement and promotes PCC [8,10]. However, there has been a lack of research on nurses' opinions of patient involvement during bedside handovers in these hospital settings since the implementation of the EHR system in 2006. Nevertheless, contextual factors, such as the organization, workers, workplace, cultures, norms, and attitudes have been reported to influence handover efficiency in the hospital setting [17]. Therefore, the purpose of this qualitative study was to explore Malaysian nurses' opinions about patient involvement in relation to PCC during bedside handovers.

The knowledge gleaned from this study should not only shed light on the feasibility of incorporating patient involvement into the handover process, but also help in the modification of existing handover methods to fit with the principles of PCC.

Research question

What are nurses' opinions of patient involvement in relation to PCC during bedside handovers?

Methods

Design

This qualitative study was based on the theoretical perspective of interpretivism. The focus-group discussion (FGD) method of data collection was used because the study's purpose required dialogic interaction among participants with communal knowledge and practices, and because of the FGDs' synergistic potential that could be generated from the group dynamics [18]. Thus, FGDs could not only provide powerful interpretive insights, but also capture participants' expressions through group dynamics [19]. In this study, focus groups were formed to elicit multiple opinions about the issue of practicality of patient involvement during bedside handovers through the nurses' group interactions.

Study setting

This research was conducted in a public hospital in Malaysia, which implemented use of the EHR system in 2007. The hospital is situated in an urban location surrounded by suburban and urban residential areas. This 600-bed facility is a teaching hospital, which provides secondary and tertiary care. The general wards' nursing management for the morning and afternoon shifts consists of approximately five registered nurses (RNs) per ward.

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