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Exploration of the experiences, opinions and attitudes of nurses on inter-shift handover procedures

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OBJECTIVE **To explore the experiences, opinions, and attitudes of nurses regarding the nursing inter-shift handover process.** METHOD **A qualitative/observational study was carried out at the University General Hospital of Crete, Greece from November 2015 to February 2016. Convenience sampling was used to choose 22 nurses (3 males/19 females, mean age 39.3±8.2 years) who worked shifts in the nursing departments, based on the hospital shift schedule. Data were collected using a semi-structured questionnaire with six open-ended questions, administered by recorded interview. Content and cluster analysis were performed of the responses.** RESULTS **The responses revealed a variety of experiences, requirements, deficiencies and convictions regarding the process that is, or should be, implemented for nursing handover at shift change. The main characteristics were related to the clinical condition and management of patients, lack of a common, systematic nursing handover method, lack of confidence of the nurses in their scientific knowledge and skills, need for systematization of, and critical approach to, information, and significant parameters for provision of optimum health care, need to design care plans based on best practice and need for training.** CONCLUSIONS **According to the experiences and opinions of the nursing staff, effective nursing handover can only be achieved with clearly defined clinical processes, using nursing diagnoses, and through the implementation of best nursing practice. A necessary precondition for achieving effective nursing handover is training on the methods of clinical information transfer, and its importance for ensuring patient safety.**

Διερεύνηση των απόψεων, των πεποιθήσεων και των εμπειριών του νοσηλευτικού προσωπικού για τη διαδικασία των νοσηλευτικών ενημερώσεων

Περίληψη στο τέλος του άρθρου

Key words

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The nursing handover implemented at most nursing departments worldwide is intended to ensure the provision of high quality organised health care. Handover usually takes place at the change of a nursing shift; when one nurse completes his(her) shift, he(she) informs the next nurse about the planning and implementation of the nursing interventions carried out on the shift, transferring not only the information but also the responsibility for the continuation of patient care.[1] A typical nursing handover is based on well-organized and structured transfer of information on the clinical condition of the patients and other issues. Several different methods of implementing this process are used, depending on the information, the planned interventions, the environment in which the handover takes place and the communication it is meant to achieve.[2]

The nursing handover process involves constant change, evidenced by the fact that every method has benefits and drawbacks.[3] Handover may take place at the nurses' station or at the bedside; it may be verbal, taped, written or via computer.[4] All these methods are subject to constant improvement, with the ultimate aim of creating evidence-based guidelines and plans for achieving good communication among nurses and, by extension, more effective nursing handover. Nursing handover increasingly involves

technology, either to seek information, to plan nursing interventions, or even as a means of communication, and it can increase patient safety.[5] Unstructured handovers have a strong negative impact on the safety and quality management of patient issues. They may lead to delay in diagnosis and treatment, wasting time on unimportant activities, which may cause longer hospital stays and incur higher health care costs, and are associated with less effective training of nurses to ensure safe, high quality health care.[6]

Nursing handover includes information on the physical, psychosocial and mental condition, and clinical data of the patients, and views, experiences and skills, in order to help solve problems regarding their care and the needs of their families. The handover must be wide-ranging for a holistic approach to the objectives of long-term care of patients, but also specific enough to cover their short-term needs.[7]

Nursing handover at shift change is thus a process of communication for promoting the care, safety and application of best practice, with the aim of eliminating or reducing risks to the patient.[7] It should incorporate characteristics regarding the patients themselves and their families, to ensure their participation during the handover process.[8]

The purpose of the present study was to explore the experiences, views, and attitudes of nurses regarding the nursing handover process. It is expected to help nursing staff gain a deeper understanding of the importance and contribution of nursing handover to health service safety and quality and to motivate nurses to improve the way nursing handovers are carried out.

MATERIAL AND METHOD

Design, setting and sample

An observational qualitative study was carried out with 22 nurses at the University General Hospital of Heraklion, in Crete, Greece, from November 2015 to February 2016. A stratified random sample design was applied to select 11 of the 27 clinics, covering the full range of hospital care departments (internal medicine, surgical, pediatrics). The sample of clinics participating in the study was selected as follows. The hospital is divided into four sections, one of which is the laboratory and diagnostic departments section, which are ruled out by definition because they do not provide nursing care, leaving three sections: Internal medicine with 11 clinics, surgery with 9 and pediatrics with 5 clinics, which, excluding the special departments (intensive care units [ICUs], surgery and psychiatric clinic) leaves 22 clinics. Half of the clinics were selected randomly, giving 11 clinics: The first 5 from internal medicine, the first 3 from surgery and the remaining 3 from pediatrics, due to the fact that the other two pediatric clinics are special pediatric clinics, as set out in the hospital organizational chart. The clinics under study each employ 6 nurses with a bachelor's degree. The average number of patients is 45 per clinic. The original sample consisted of 22 registered nurses with a bachelor's degree (3 males/19 females, mean age 39.3±8.2 years) who worked morning and evening shifts in the nursing departments and were included in the study based on the hospital shift schedule.

Research instrument

A semi-structured questionnaire developed by the researchers was used to collect the data, administered by personal interview, with an audio recording. Specifically, the researchers made a listing of all the objectives and information that were required for the purposes of the study, and based on this list the questions in the questionnaire were designed to be to the point, to make sense and to generate the right answers. The ordering of the questions was of equal importance, as it brought logic and flow to the interview. Six open-ended questions were developed, using the above listing and international bibliography, combined with the clinical experience of the researchers. The questionnaire was administered, face-to-face, to the outgoing and the incoming nurse on each shift, allowing exploration of their experiences and views of nursing handover.[9,10]

The six open-ended questions were:

- "What does the nursing handover contain?"
- "How is it applied in your department?"
- "What criteria do you use in order to consider a piece of information significant?"
- "From where do you draw the information used?"
- "In your opinion where does the nursing handover help?"
- "During the course of your study and career have you ever received any kind of training?".

The researchers allowed the interviewees to choose where the interview would take place and the interviews were recorded. The whole process took an estimated 25 minutes for each interview.

Ethical considerations

This study was designed and executed in compliance with all the relevant national regulations, institutional policies, and in accordance with the tenets of the Helsinki Declaration. It was approved by the institutional review board, the Research and Bioethics committee of the University Hospital of Heraklion (Crete, Greece); reference number 2129 (23rd March, 2010). The participants enrolled in the study were informed of the study objectives, expected outcomes and associated benefits and risks and provided their informed consent.

Data analysis

Content analysis was used for systematic coding of the qualitative characteristics identified by the questionnaire and recording transcription.[11] Cluster analysis was performed to identify relative and homogeneous clusters or neighborhood groups as key phrases

for each question. Common views, convictions, admissions and deficiencies were observed in the responses.[12] The data derived from the 22 interviews were categorized by two independent researchers to ensure credibility. Each category was identified using the basic recording unit of keyword/concept in participants' answers. The data were finalized following full agreement between the two researchers on terms, and the intercoder agreement was k=0.91. Finally, the coders discussed their differences and reached to a consensus.[11]

Study limitations

The main limitation of this study was the absence of a questionnaire already in use, for comparison with other care systems. The study was conducted at a university hospital, and cannot be considered representative of other types of hospitals in Greece. The choice of the participating nurses was made by convenience sampling. In spite of these limitations, for the first time in Greece an attempt has been made to investigate the experience of nurses regarding the inter shift handover process, and to elicit their opinions and attitudes, despite the severe economic crisis with its expenditure cuts, and reduction in specialized staff.

RESULTS

Of the 22 registered nurses who participated in the study, 86.4% were female (n=19); their mean age was 39.3±8.2 years and 77.3% were clinical nurses. Their mean duration of service was 18.7±6.9 (5–30) years, and 45.5% had been working over 20 years (tab. 1).

Table 1. Descriptive characteristics of the 22 nurses participating in the study on nursing handover at shift change.

		n	%
Gender	Males	3	13.6
	Females	19	86.4
Age (years)	<30	4	18.2
	31–40	8	36.4
	41+	10	45.5
	Mean±SD (min-max)	39.3±8.2 (27–53)	
Profession	Clinical nurse	17	77.3
	Staff or head nurse	5	22.7
Departments	Pediatric General (3 clinics)	6	27.3
	Surgical (3 clinics)	6	27.3
	Internal Medicine (5 clinics)	10	45.4
Occupation status (years)	Mean±SD (min-max)	18.7±6.9 (5–30)	
	20+ years	10	45.5

SD: Standard deviation

Based on hierarchical cluster analysis, figures 1 to 6 illustrate the various combinations of responses to each of the six questions, rendered as key phrases. The content analysis of the interviewees' responses revealed many experiences, and requirements, deficiencies, and convictions regarding the process that are or should be implemented during their nursing handover at shift change. Key phrases were: *Fixation on patients' clinical condition and management; lack of systematic and common nursing handover implementation method*; *lack of faith in their scientific knowledge and skills*; *need for systematization of and critical approach to information; significant parameters for provision of optimum health care*; *need to design care plans based on best practice,* and finally, *need for training*.

Fixation on patients' clinical condition and management

Analysis of the interviews showed that the main focus of patient management is the clinical condition of the patients. The information transferred is limited to their biological measurements, vital signs and current condition, based not on personal nursing assessment but on the assessment of the previous shift and the doctors' instructions.

Er… (pause), whatever's been done to the sick person, the one-off treatments usually, because it's a bit difficult to give systematic treatment to 40 er… (pause) patients (registered nurse, Department of Internal Medicine).

Er, well, er, it involves, er, the patient's hemodynamic condition, a short, er (pause) a short medical history of the, er, patient, the most important things that all the nursing staff should know, er, the information they need on what has happened over the previous 8 hours and… (pause) lastly, the things that still need to be done for the patient's nursing care. er, the doctors' instructions to the nursing staff on their patients' treatment (registered nurse, Department of General Surgery).

In detail for each case, er… (pause) the nursing actions we've done during our shift. er, orders, all the nursing orders on the patient's condition, I mean actually the next person is informed, you hand over to the next person about how you find… how they'll find the patient. They'll find them like this and why they'll find them like this (registered nurse, Department of Orthopedics).

What the nurse handing over did during their shift, er… so many… er, interventionally… interventions, er, with medication, er… for us here there's the chemotherapy, er… taking blood, it includes, er… what remains to be done by the next shift (registered nurse, Pediatric Oncology Department).

Their state of health, the medicines they're taking, er, if

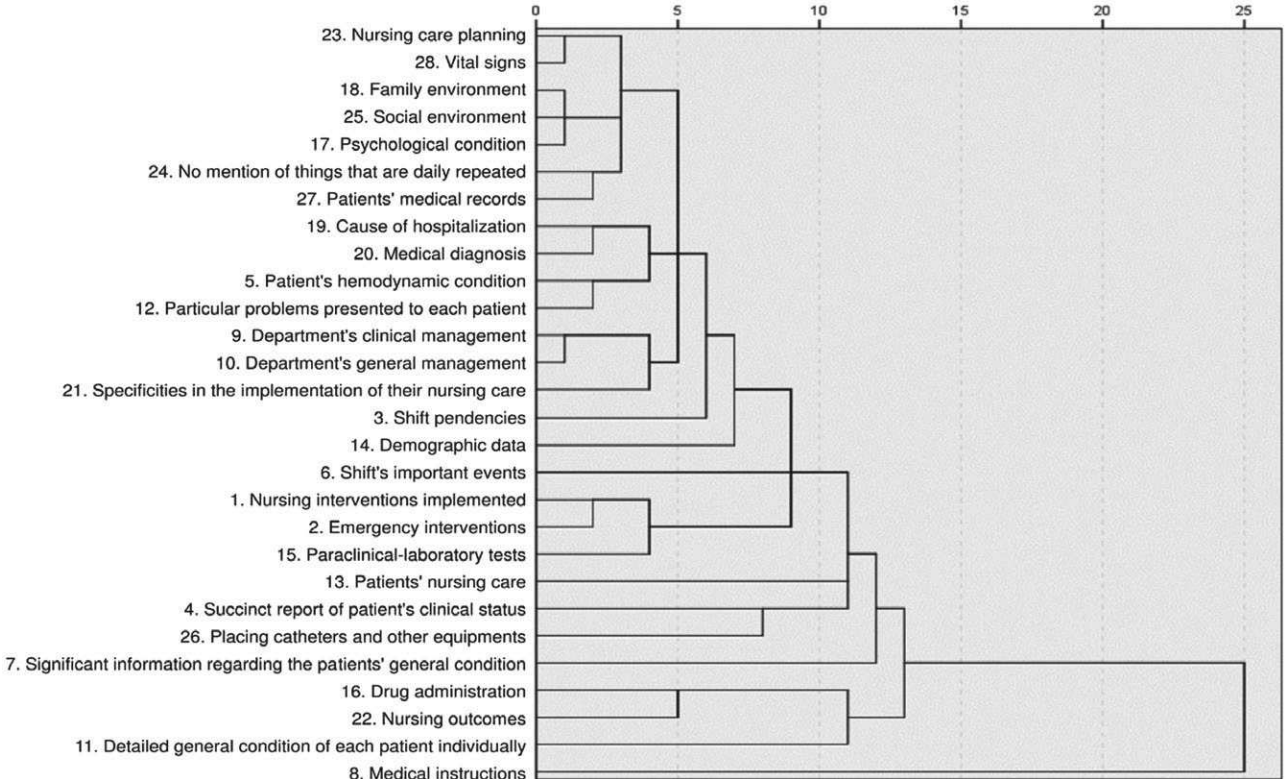

Figure 1. Cluster analysis dendrogram of the 28 key phrases in the question "*What does the nursing handover contain?*".

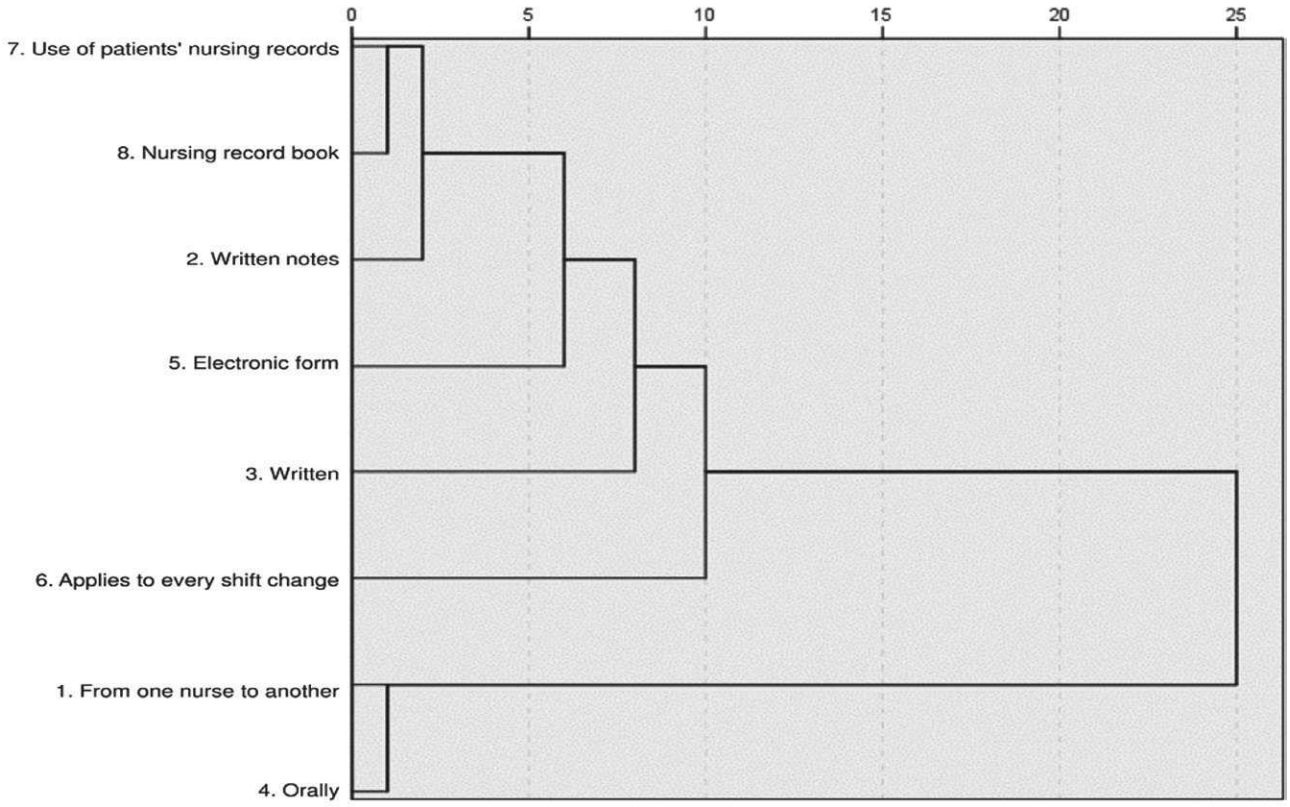

Figure 2. Cluster analysis dendrogram of the 8 key phrases in the question "*How is nursing handover applied in your department?*".

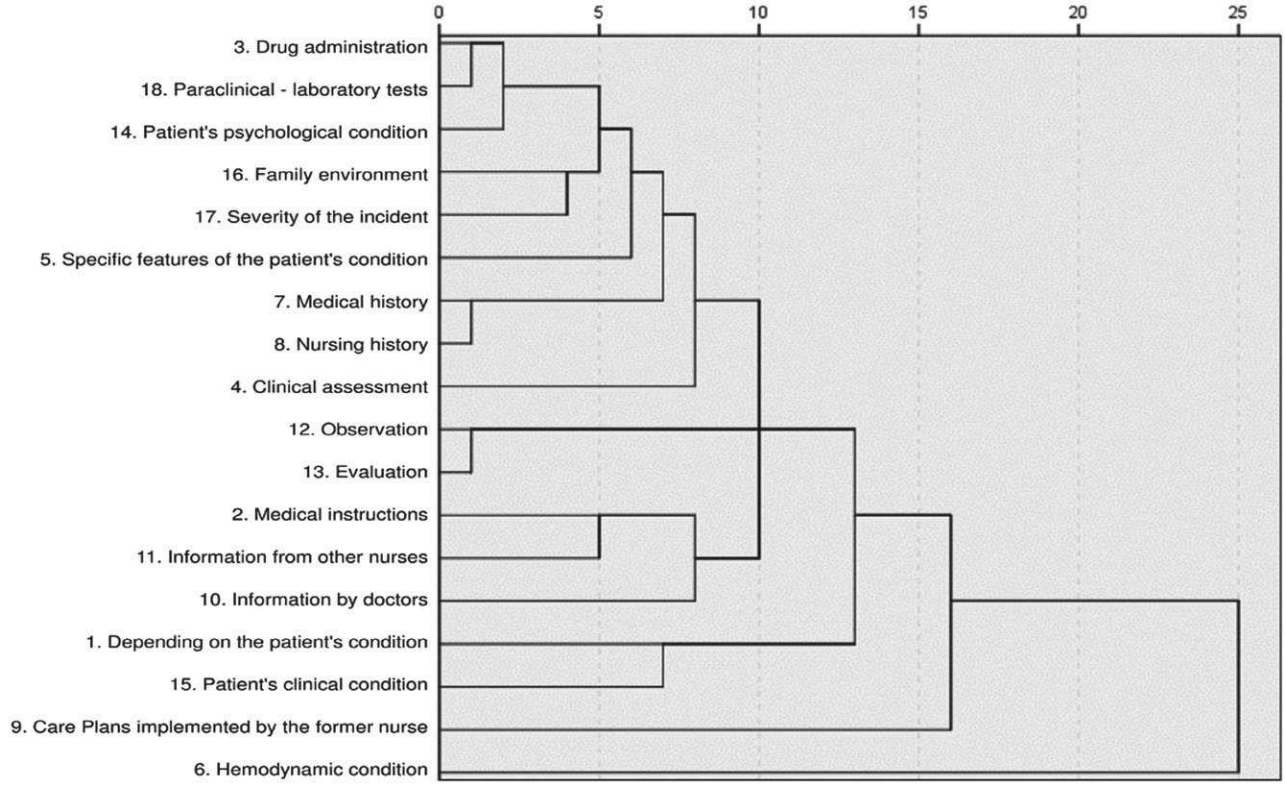

Figure 3. Cluster analysis dendrogram of the 18 key phrases in question "*What criteria do you use in order to consider a piece of information significant?*".

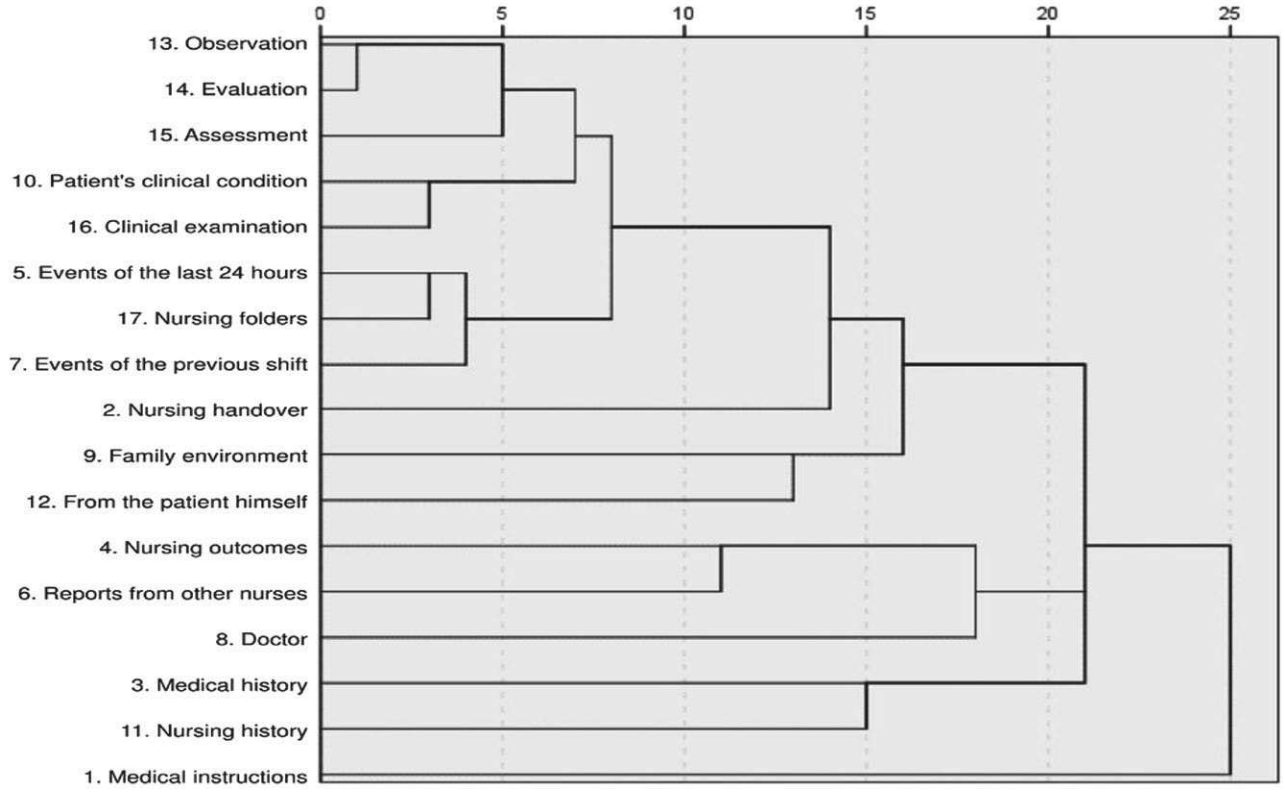

Figure 4. Cluster analysis dendrogram of the 15 key phrases in the question "*From where do you draw the information used?*".

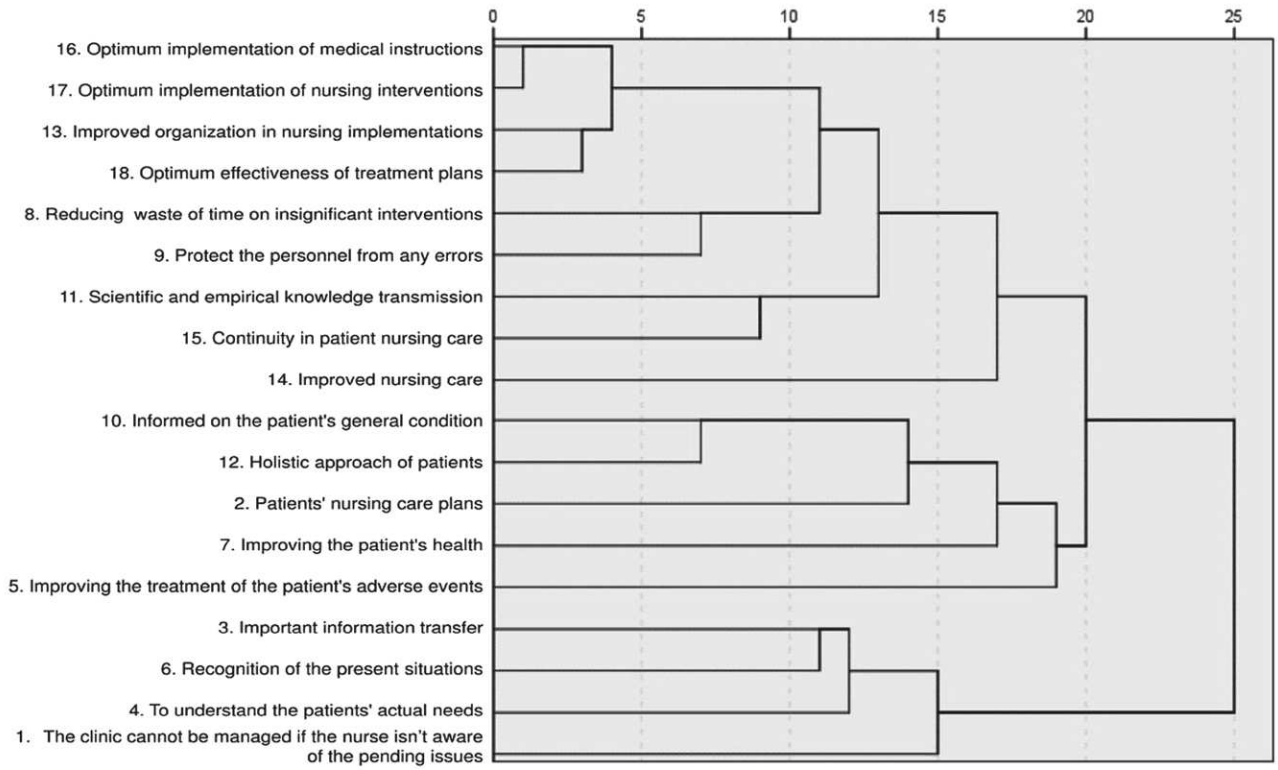

Figure 5. Cluster analysis dendrogram of the 18 key phrases in the question "*In your opinion where does the nursing handover help?*".

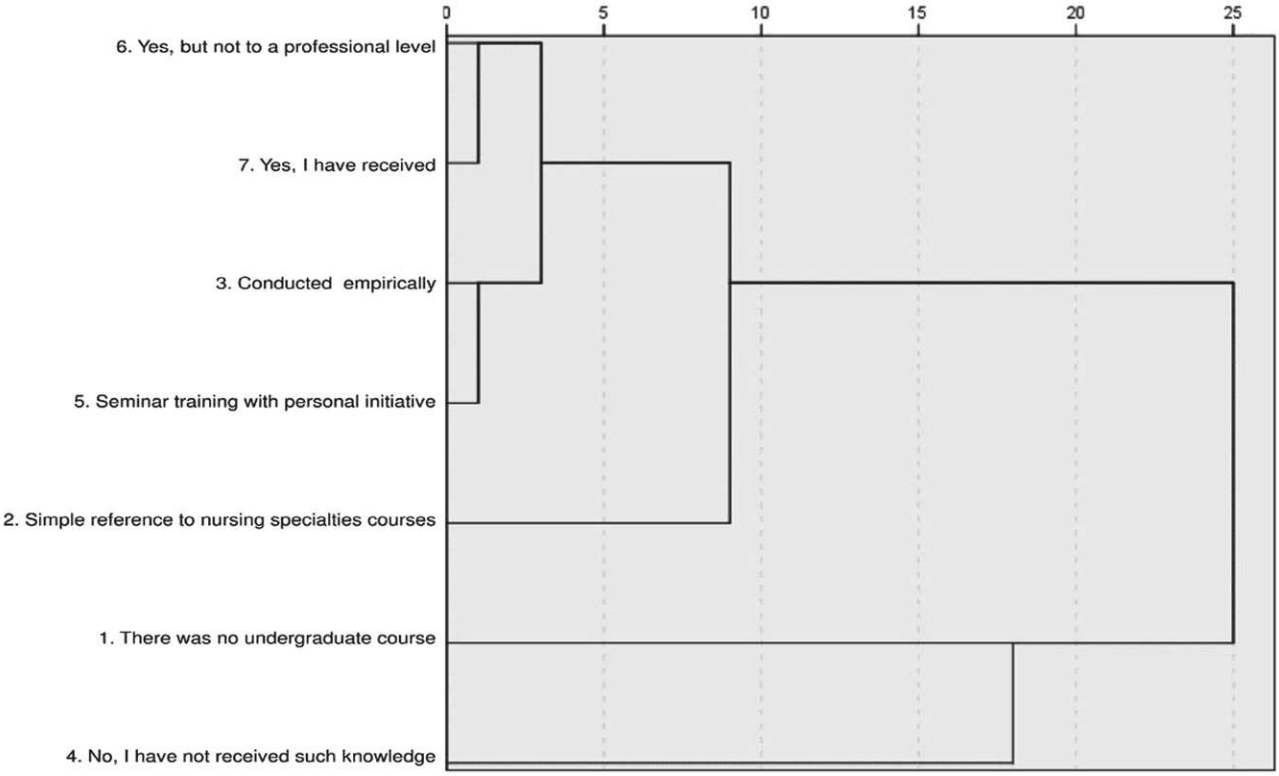

Figure 6. Cluster analysis dendrogram of the 18 key phrases in the question "*During the course of your study and career have you ever received any kind of training?*".

they have a temperature, if, I mean, let's say… their vital signs, that is, temperature, blood pressure, their medication, generally anything to do with the patient while they're in hospital (registered nurse, Department of Pediatrics).

Lack of systematic and common nursing handover implementation method

It was observed that there was no common nursing handover implementation system. This hinders communication between nurses and increases the chance of losing valuable patient information, making it almost impossible to ensure continuity of patient care.

Handing over, in writing, from one nurse to the other (registered nurse, Department of Internal Medicine).

In this department it's implemented at every shift change, the duty nurse hands over to the next nurse verbally, and digitally in the form of handover from one shift to the next (registered nurse, Department of General Surgery).

How the system is implemented in our department, er, it's not digital, it's oral and written (registered nurse, Department of Oncology).

Er… we look at the files… we look at the files and we see what we want to hand over to the next person, we also write it down in a handover notebook (registered nurse, Department of Pediatric Oncology).

Lack of faith in their scientific knowledge and skills

The main characteristic of the present study, appearing in almost all nurses' interviews, was lack of faith in their own scientific knowledge and skills. This means that they functioned mainly as an executive instrument on the basis of doctors' instructions, with all that this entails for the implementation of best patient nursing care.

The medical instructions are a criterion that er, I mean we always consider medical instructions important and it's a criterion that… that will give us information, or, I don't know, at the doctors' rounds er… when the doctors make their rounds on the wards er… they discuss the cases and we learn a lot of information about those cases, about each separate case (registered nurse, Department of Pediatric Oncology).

If the instructions are serious, "emergency" instructions. The medical instructions first of all (registered nurse, Department of Internal Medicine).

It's the delivery of some instructions by the doctor to me (registered nurse, Department of General Surgery).

Any observation by the doctor (registered nurse, Department of Cardiology).

It's definitely the information from the attending physician (registered nurse, Department of Pediatric Surgery).

Need for systematization of and critical approach to information

Regarding patient management, the evaluation of information quality and the necessity of transferring it as "valuable" do not arise from the nurses' scientific knowledge and experience but from the doctors' instructions. In a few cases, personal observation is used as a criterion to evaluate the quality of the information, but this does not appear to contain scientific characteristics.

We draw it er… from the medical instructions, from the patient himself and… that's it (registered nurse, Department of Oncology).

Er… from the er… medical instructions, from personal observation and also from observations made by the children themselves, the patients or their parents (registered nurse, Department of Pediatric Oncology).

The information on each patient? … For me they come from two sources, right? From my nursing colleagues and from the medical staff, right? (registered nurse, Department of Orthopedics).

As I understand it? I understand it from two sources, first the medical history we get from the patient himself and second, er… or anyway we can put them on the same level, or we can say that the doctor does the first briefing and from the information we receive from the family, too, or from the patient himself (registered nurse, Department of Endocrinology/Neurology).

Significant parameters for provision of optimum health care

Nurses are well aware of the importance and necessity of well-structured nursing handover, with all the quality characteristics it should have, in order to ensure the best nursing care necessary for each patient.

Er… we know his condition so whatever happens, er… we respond immediately er… and that has a better effect on the treatment we don't need to… yes… be concerned (registered nurse, Pulmonary Department).

In the better provision of nursing care, er… in carrying out medical instructions correctly, er… in not missing anything, er… and not….er… not leaving our colleagues exposed to things we might not hand over to them (registered nurse, Department of Pediatric Oncology).

It helps us to understand the particular needs of each patient, er… to gain very important information on his general condition, his general state of health and to treat his

particular issue more easily (registered nurse, Department of General Surgery).

Need to design care plans based on best practice

It emerges that nurses do not organise patient care on the basis of the nursing diagnosis, nor do they design nursing care plans according to best practice. Consequently, there is an evident need for further training in the use of best practice, designing nursing care plans and incorporating them into daily practice.

In giving priority to … to emergency er… medical instructions, er… and to protect the staff from… (registered nurse, Department of Endocrinology/Neurology).

So that our colleague taking over a shift knows what condition a patient is in, what may have arisen during the previous shift (registered nurse, Department of Surgical Oncology).

That it's impossible for someone to take over a shift unless the previous nurse hands over, they won't know what to take over or anything I've left for the next shift to do (registered nurse, Department of Internal Medicine).

It helps in that the person taking over the shift has to know what they're taking, what they're assuming responsibility for, in effect they are being managed… not managed… it's not them being managed, it's the patients of the nursing department (registered nurse, Department of Orthopedics).

Er… for all the patient's outcome I think and for er… their health, er… (pause) (registered nurse, Department of Cardiology).

Need for training

The need for training with regard to the scientific planning and implementation of the nursing handover, based on documentation and best practice, arises from two reported deficiencies: (a) Inadequate student training at undergraduate level, and (b) almost non-existent further training in the workplace.

I have not received any particular guidelines as regards training, er… it's all through experience over the years, er… and by personal efforts, er… my personal training on various courses, some jobs I wanted to plan myself (registered nurse, Department of General Surgery).

No, no training, each person enters the department and learns in the department how to manage the… the handover (registered nurse, Department of Orthopedics).

We've learned all this process by experience (registered nurse, Department of Endocrinology/Neurology).

Yes I have, er… and I think it was… insufficient, but we've found ways of making it better, more correct, in line with today's needs and the things affecting each child (registered nurse, Department of Pediatrics).

DISCUSSION

The objective of the present study was to explore the experiences, views and beliefs of registered nurses regarding the nursing handover process.

The content analysis revealed many different experiences and requirements, deficiencies, and convictions of the nurses regarding their nursing handover at shift change.

The main characteristics were: *Fixation on patients' clinical condition and management*, *lack of systematic and common nursing handover implementation method*, *lack of faith in their own scientific knowledge and skills*, *need for systematization of and critical approach to information, significant parameters for provision of optimum health care*, *need to design care plans based on best practice* and, finally, *need for training*.

Most handovers tend to approach patients as biological entities, focusing entirely on responding to their various biological and clinical problems and needs, and thereby overlooking other aspects of nursing care, such as educating patients and approaching patients and their families in a holistic way (physically, psychosocially and mentally).[13] A qualitative study showed that the main information which should be transferred is the patient's clinical condition, with particular emphasis on their vital signs, lab tests, medication, etc.[14]

Nursing handovers cover many different needs. An important challenge during handovers is recognizing the most suitable method and implementing the right strategy to safeguard important information and prevent its loss in transfer.[15] The appropriate nursing handover process needs to be developed, which should be effective and understood by all.[3] One study on nursing handovers showed that 84.6% of the information transferred could be simple written entries in a nursing file. It was observed that some handovers caused confusion among those involved and that this must be corrected, while the researchers asked whether the information included in the handovers reflected the patients' actual state of health.[16] In another study examining various nursing handover methods, it was observed that the method of combining written and verbal transfer of information had the highest rate of success, around 96%. Using only written transfer of information had a success rate of 31% and the exclusively

verbal method approximately 12%. All achieved correct and effective transfer of information without loss of basic data on the patient's condition.[17]

Nurses are not simply a group of health professionals; they are also a social group presenting specific characteristics that affect their status in the health care system. The main characteristic, which shapes the whole context, is that the nurses are not adequately recognised compared with the doctors, the people with whom they work most closely. This is chiefly due to the working environment, which is characterized by an imbalance of power in favour of the doctors. The main cause of this appears to be the nursing training process, which is focused on assisting the work of the doctors, usually without highlighting or providing the possibility for nurses to gain special skills that would make nurses more autonomous in exercising their professional duties.[18] Another possible reason is that the nursing profession is dominated by women, presenting emotional rather than purely professional characteristics in its application.[18] Finally, the nursing staff hierarchy and the medical "establishment" in the negative sense have led nurses to develop reflexive techniques of reduced participation in daily clinical activities, limiting their role to the merely "executive".[19] This phenomenon is observed also in the nursing handovers.

Nursing handover at shift change is a multifaceted process.[20] An information-poor handover has a negative effect on health outcomes of patients. The primary objective is for handovers to contain important, quality information on the nursing care of each patient,[21] promoting continuity of care, achievement of treatment objectives and improvement of the patient's health. Handovers should also contain training and sociocultural elements, and planning and organization of the care provided, and should boost togetherness and solidarity among colleagues.[22]

It is unacceptable for nursing handovers to miss critical data and information on the patient care provided. The reduction by nurses of the volume of information transferred via handovers results in the gradual loss of important information during the handover process, forgotten or not considered valuable. Lack of access of nurses to vital data, and omission of information can have tragic consequences for patient care.[23] Such gaps in handovers result in discontinuous and unsafe provision of health care, poor communication, omissions, distractions from the target,[24] omitted or illegible content, absence of structured information transfer procedures, incomplete nursing and medical files, lack of opportunity to review treatment, and difficulty of access to information,[24] which are the major problems in handovers between health care professionals. Handovers also present significant challenges, such as sociocultural differences among those involved, while the absence of structured information transfer procedures increases the difficulty of disseminating information. The nursing handover process should involve the deliverer giving the recipient their full attention, taking into account their level of education, skills and comprehension.[25] The information transferred must be accurate if the handover is to ensure the provision of quality health care.[26] An important precondition for ensuring that the information is accurate, apart from basing it on conceptual functions, is the precise definition of the term "essential information" through closed information seeking and codification techniques, and the development of a critical approach, mainly by comparing the validity, representativeness and effectiveness of the information. Verbal communication among the participants is necessary for the important and essential information to emerge easily, whether in digital or written format or orally transferred.[26] Interprofessional communication provides opportunities for health care professionals to collaborate on care management, whether this is limited to the clinical planning of treatment or holistic. This results in the development of certain knowledge functions intended to create common points of contact, both among nurses and between nurses and other health care professionals, so that the information is disseminated directly and in a specific way.[27]

The contribution of nursing handover to the patient case process has been the incentive for the development of protocols and standardization in various health care services. Many institutions have protocols and written guidelines setting out the activities that ensure the continuity of patient care provided by the nursing and medical staff via nursing handovers.[28,29]

Effective nursing handover can only be achieved through clearly defined clinical procedures, with the use of nursing diagnoses and, by extension, by the application of best nursing practice.[30] A vital precondition for the achievement of effective nursing handover is staff training on the importance of the transfer of clinical information, in order to ensure patient safety.[27]

In conclusion, effective nursing handover is of vital importance in achieving high-quality health care. This study elicited and analysed nursing staff responses to interview questions with the aim of identifying their experiences, requirements, deficiencies and beliefs regarding the nursing handover process implemented in their departments. The results of the study underlined the importance of up-to-

date, well organized, standardized nursing handovers as an essential element of the health care system. Nursing staff were reminded that the primary objective of the handover process is to ensure patient safety and provision of high quality health care. The study encouraged nurses to re-examine every aspect of nursing handover, making them aware of specific issues and motivating them to improve handover implementation where necessary. We expect this approach to contribute to the understanding of nurses of the importance of nursing handover and to stimulate future studies and improvement in this aspect of health service safety and quality.

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ΠΕΡΙΛΗΨΗ

Διερεύνηση των απόψεων, των πεποιθήσεων και των εμπειριών του νοσηλευτικού προσωπικού για τη διαδικασία των νοσηλευτικών ενημερώσεων

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ΣΚΟΠΟΣ Η αναζήτηση των απόψεων, των πεποιθήσεων και των εμπειριών των νοσηλευτών σχετικά με τη διαδικασία της νοσηλευτικής ενημέρωσης. **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Ποιοτική μελέτη παρατήρησης εκπονήθηκε στο Πανεπιστημιακό Γενικό Νοσοκομείο Ηρακλείου Κρήτης από τον Νοέμβριο του 2015 έως και τον Φεβρουάριο του 2016. Με δειγματοληψία ευκολίας επιλέχθηκαν 22 νοσηλευτές(τριες) (3 άνδρες/19 γυναίκες, μέση ηλικία 39,3±8,2 έτη) που είχαν κυλιόμενο ωράριο εργασίας (βάρδια) στα νοσηλευτικά τμήματα του νοσοκομείου, ακολουθώντας το σύστημα εφημεριών του και πραγματοποιήθηκαν ισάριθμες συνεντεύξεις. Για τη συλλογή των δεδομένων χρησιμοποιήθηκε ημιδομημένο ερωτηματολόγιο με 6 ερωτήσεις ανοικτού τύπου, όπου εκτός της ανάλυσης περιεχομένου, ακολουθήθηκε η μέθοδος της ανάλυσης ομάδων για την ανάδειξη κατηγοριών ή κύριων γειτονικών ομάδων. **ΑΠΟΤΕΛΕΣΜΑΤΑ** Μέσα από τις αποκρίσεις των συνεντευξιαζόμενων νοσηλευτών αναδύθηκαν αρκετές ανάγκες, ελλείψεις, εμπειρίες, καθώς και πεποιθήσεις για τη διαδικασία που εφαρμόζεται ή θα έπρεπε να ακολουθείται στις νοσηλευτικές ενημερώσεις κατά τη διάρκεια αλλαγής του ωραρίου εργασίας τους. Κυριότερες από αυτές είναι η εμμονή στην κλινική κατάσταση και διαχείριση των ασθενών, η έλλειψη συστηματικής και κοινής μεθόδου εφαρμογής της νοσηλευτικής ενημέρωσης, η έλλειψη εμπιστοσύνης στις επιστημονικές γνώσεις και δεξιότητές τους, η ανάγκη συστηματοποίησης και κριτικής προσέγγισης των πληροφοριών, η σημαντική παράμετρος προσφοράς βέλτιστης φροντίδας υγείας, η ανάγκη σχεδιασμού πλάνων φροντίδας που να βασίζονται στη βέλτιστη πρακτική και, τέλος, η ανάγκη εκπαίδευσης. **ΣΥΜΠΕΡΑΣΜΑΤΑ** Η αποτίμηση των απόψεων, των πεποιθήσεων και των εμπειριών των νοσηλευτών έδειξε ότι η αποτελεσματική νοσηλευτική ενημέρωση μπορεί να επιτευχθεί μόνο μέσω σαφώς καθορισμένων κλινικών διαδικασιών, με τη χρήση των νοσηλευτικών διαγνώσεων, και κατ' επέκταση με την εφαρμογή της βέλτιστης νοσηλευτικής πρακτικής. Προϋπόθεση, όμως, για την επίτευξη της νοσηλευτικής ενημέρωσης είναι η εκπαίδευση του προσωπικού σχετικά με τη σπουδαιότητα της μεταφοράς των κλινικών πληροφοριών, προκειμένου να διασφαλίζεται η ασφάλεια των ασθενών.

Λέξεις ευρετηρίου: Διασφάλιση ποιότητας υγείας, Ενημέρωση ασθενών, Νοσηλευτική ενημέρωση, Πληροφορία υγείας, Συνεχιζόμενη φροντίδα ασθενών

References

1. PERRY S. Translations in care: Studying safety in emergency department sign overs. *Focus Patient Saf* 2004, 7:1–3
2. GRIMSHAW J, HATCH D, WILLARD M, ABRAHAM S. A qualitative study of the change-of-shift report at the patients' bedside. *Health Care Manag (Frederick)* 2016, 35:294–304
3. BLONDON KS, EHRLER F, LE GODAIS SL, WOJTASIKIEWICZ JY, COUDERC C. Approaches to improving nursing handoffs in surgical wards. *Open J Nurs* 2017, 7:1034–1043

4. JOHNSON M, COWIN LS. Nurses discuss bedside handover and using written handover sheets. *J Nurs Manag* 2013, 21:121–129
5. STROPLE B, OTTANI P. Can technology improve intershift report? What the research reveals. *J Prof Nurs* 2006, 22:197–204
6. LAWRENCE RH, TOMOLO AM, GARLISI AP, ARON DC. Conceptualizing handover strategies at change of shift in the emergency department: A grounded theory study. *BMC Health Serv Res* 2008, 8:256
7. SPANKE MT, THOMAS T. Nursing assistant walking report at change of shift. *J Nurs Care Qual* 2010, 25:261–265
8. GRIFFIN T. Bringing change-of-shift report to the bedside: A patient- and family-centered approach. *J Perinat & Neonatal Nurs* 2010, 24:348–353
9. CARROLL JS, WILLIAMS M, GALLIVAN TM. The ins and outs of change of shift handoffs between nurses: A communication challenge. *BMJ Qual Saf* 2012, 21:586–593
10. KVALE S, BRINKMANN S. *InterViews: Learning the craft of qualitative research interviewing.* 2nd ed. Sage Publications, Los Angeles, 2009:23–24, 81–88, 134–136, 161–166
11. TARIQ S, WOODMAN J. Using mixed methods in health research. *JRSM Short Rep* 2013, 4:2042533313479197
12. LINARDAKIS M, PAPADAKI A, SMPOKOS E, MICHELI K, VOZIKAKI M, PHILALITHIS A. Relationship of behavioral risk factors for chronic diseases and preventive health services utilization among adults, aged 50+, from eleven European countries. *J Public Health* 2015, 23:257–265
13. RUSHTON CH. Ethics of nursing shift report. *AACN Adv Crit Care* 2010, 21:380–384
14. WELSH CA, FLANAGAN ME, EBRIGHT P. Barriers and facilitators to nursing handoffs: Recommendations for redesign. *Nurs Outlook* 2010, 58:148–154
15. BIRMINGHAM P, BUFFUM MD, BLEGEN MA, LYNDON A. Handoffs and patient safety: Grasping the story and painting a full picture. *West J Nurs Res* 2015, 37:1458–1478
16. SEXTON A, CHAN C, ELLIOTT M, STUART J, JAYASURIYA R, CROOKES P. Nursing handovers: Do we really need them? *J Nurs Manag* 2004, 12:37–42
17. POTHIER D, MONTEIRO P, MOOKTIAR M, SHAW A. Pilot study to show the loss of important data in nursing handover. *Br J Nurs* 2005, 14:1090–1093
18. BUUS N, HOECK B, HAMILTON BE. Nurses' shift reports: A systematic literature search and critical review of qualitative field studies. *J Clin Nurs* 2017, 26:2891–2906
19. SEPASI RR, ABBASZADEH A, BORHANI F, RAFIEI H. Nurses' perceptions of the concept of power in nursing: A qualitative research. *J Clin Diagn Res* 2016, 10:LC10–LC15
20. STAGGERS N, BLAZ JW. Research on nursing handoffs for medical and surgical settings: An integrative review. *J Adv Nurs* 2013, 69:247–262
21. ASLANIDIS T, KONTOS A, CHYTAS I, GIANNAKOU-PEFTOULIDOU M. ICU handover procedure: The Greek perspective. *Int J Res Med Sci* 2014, 2:321–327
22. GORE A, LEASURE AR, CARITHERS C, MILLER B. Integrating hand-off communication into undergraduate nursing clinical courses. *J Nurs Educ Prac* 2015, 5:70–76
23. HOLLY C, POLETICK EB. A systematic review on the transfer of information during nurse transitions in care. *J Clin Nurs* 2014, 23:2387–2395
24. DRACH-ZAHAVY A, HADID N. Nursing handovers as resilient points of care: Linking handover strategies to treatment errors in the patient care in the following shift. *J Adv Nurs* 2015, 71:1135–1145
25. MATNEY SA, MADDOX LJ, STAGGERS N. Nurses as knowledge workers: Is there evidence of knowledge in patient handoffs? *West J Nurs Res* 2014, 36:171–190
26. ATHANASAKIS E. Synthesizing knowledge about nursing shift handovers: Overview and reflections from evidence-based literature. *Int J Caring Sci* 2013, 6:300–313
27. MARDIS M, DAVIS J, BENNINGFIELD B, ELLIOTT C, YOUNGSTROM M, NELSON B ET AL. Shift-to-shift handoff effects on patient safety and outcomes. *Am J Med Qual* 2017, 32:34–42
28. JUKKALA AM, JAMES D, AUTREY P, AZUERO A, MILTNER R. Developing a standardized tool to improve nurse communication during shift report. *J Nurs Care Qual* 2012, 27:240–246
29. KLEE K, LATTA L, DAVIS-KIRSCH S, PECCHIA M. Using continuous process improvement methodology to standardize nursing handoff communication. *J Pediatr Nurs* 2012, 27:168–173
30. GROVES PS, BUNCH JL, CRAM E, FARAG A, MANGES K, PERKHOUNKOVA Y ET AL. Priming patient safety through nursing handoff communication: A simulation pilot study. *West J Nurs Res* 2017, 39:1394–1411

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