

Nurses' Role in Promoting Patient Safety during Shift Changes

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Abstract:

Effective communication during shift changes, known as handovers, is essential for promoting patient safety in healthcare settings. This study explores the role of nurses in enhancing patient safety during shift changes through the implementation of structured handover protocols, with a focus on the SBAR framework. Using a qualitative approach, semi-structured interviews and focus groups were conducted with nurses in a tertiary hospital setting. Thematic analysis revealed barriers such as time constraints, high patient acuity, and environmental distractions, as well as facilitators including standardized tools and team collaboration. The findings highlight the need for consistent adoption of structured handover protocols to improve patient safety outcomes.

Keywords: Handover, Patient Safety, Nurses, SBAR, Shift Change, Communication, Qualitative Study, Healthcare

Introduction

Effective communication during shift changes, commonly referred to as handover, plays a critical role in promoting patient safety in healthcare settings. Shift changes involve the transfer of crucial patient information between outgoing and incoming healthcare professionals, making it a vital process to ensure continuity of care and minimize the risk of adverse events (Dunsford, 2009). Studies have shown that inadequate handover communication can lead to information loss, misunderstandings, and ultimately contribute to medical errors (Arora et al., 2005; Riesenberget al., 2010). The World Health Organization (WHO) and other healthcare bodies have emphasized the importance of implementing structured handover protocols to enhance communication accuracy and patient safety (WHO, 2007; Australian Commission on Safety and Quality in Health Care, 2012).

Nurses, being at the frontline of patient care, play a pivotal role in ensuring effective handovers. The quality of handovers is influenced by multiple factors, including time constraints, high patient acuity, distractions, and variability in shift-change practices (Mardis et al., 2017). Structured handover tools, such as the SBAR (Situation, Background, Assessment, Recommendation) framework, have been widely adopted to standardize communication during shift changes, thereby reducing the chances of miscommunication and improving patient safety outcomes (Abdollahi et al., 2022; Cornell et al., 2014).

Research highlights that a well-conducted handover can prevent critical information gaps, enhance the quality of care, and improve staff satisfaction (Kim et al., 2022). However, despite the recognized importance of handover quality, challenges remain in achieving consistency across different healthcare

settings. Understanding the barriers and facilitators that influence effective handovers is crucial for developing strategies that enhance patient safety and optimize nursing workflows (Dunsford, 2009; Eggins & Slade, 2015). This paper aims to explore the role of nurses in promoting patient safety during shift changes, focusing on the impact of structured handover protocols and identifying areas for improvement in clinical practice.

Literature Review:

The quality of handover communication is a key determinant of patient safety, particularly during shift changes when continuity of care is most vulnerable. Studies have consistently emphasized that ineffective handovers are associated with increased risk of adverse events, patient dissatisfaction, and negative health outcomes (Arora et al., 2005; Riesenber et al., 2010). The World Health Organization (WHO) recognized communication during patient handover as a crucial element of patient safety and issued guidelines aimed at improving the quality and structure of handovers (WHO, 2007). In line with this, the Australian Commission on Safety and Quality in Health Care (2012) also underscored the importance of structured handovers to reduce preventable patient harm.

The role of nurses in promoting patient safety through effective handovers cannot be overstated. Dunsford (2009) highlighted the impact of structured communication tools like SBAR on improving the accuracy and efficiency of information exchange during shift changes. SBAR, which stands for Situation, Background, Assessment, and Recommendation, has become a widely adopted framework in healthcare to facilitate standardized communication. Abdollahi et al. (2022) demonstrated that the use of SBAR significantly improved the quality of nurse handovers in emergency settings, thereby reducing the risk of information loss.

Moreover, the literature identifies several barriers that hinder effective handovers. Mardis et al. (2017) conducted a systematic review that revealed factors such as time pressures, high patient acuity, distractions, and a lack of standardized protocols as significant challenges to effective handovers. These barriers contribute to variability in the quality of handovers and subsequently impact patient safety. Kim et al. (2022) also found that inconsistent handover practices across different units within healthcare settings posed a significant risk to patient safety. The need for clear guidelines and training for nurses to ensure consistent handover practices was emphasized as a potential solution.

The use of structured handover tools has been shown to mitigate many of these barriers. Cornell et al. (2014) highlighted that structured communication through tools such as SBAR and interdisciplinary rounding can enhance situational awareness, reduce miscommunication, and improve patient outcomes. This is particularly important in high-pressure environments where the risk of information loss is heightened. Eggins and Slade (2015) further emphasized that communication skills are crucial in clinical handovers, and structured communication protocols help bridge the gap between different healthcare professionals, thereby enhancing the quality and safety of patient care.

Despite the recognized benefits of structured handover tools, challenges remain in achieving universal adoption across healthcare settings. Riesenber et al. (2010) noted that while standardized tools are available, their effectiveness largely depends on consistent implementation and the willingness of healthcare staff to adapt to new protocols. Therefore, understanding the factors that facilitate or hinder the adoption of

structured handover practices is critical for developing effective interventions aimed at improving patient safety.

In summary, the literature highlights the pivotal role of nurses in promoting patient safety during shift changes. Structured handover tools, such as SBAR, have been shown to significantly improve the quality of information exchange, thereby reducing the risk of adverse events. However, barriers such as time constraints, high patient acuity, and inconsistent handover practices continue to pose challenges. Addressing these barriers through standardized protocols, training, and consistent implementation can enhance the effectiveness of nurse handovers and ultimately improve patient safety outcomes.

Methodology:

This study was conducted in a tertiary hospital setting to evaluate the role of nurses in promoting patient safety during shift changes, with a particular focus on the implementation of structured handover protocols. A qualitative approach was employed to provide an in-depth understanding of handover practices and their impact on patient safety.

Semi-structured interviews and focus group discussions were conducted with nurses working in various units of the hospital, including medical, surgical, and intensive care units. A purposive sampling technique was used to select participants with diverse experiences in shift handovers. The interviews aimed to explore nurses' perceptions of handover practices, barriers to effective communication, and suggestions for improving handover quality. Focus group discussions provided additional insights into shared experiences and facilitated the identification of common challenges and potential solutions.

Data collection took place over a period of three months. Interviews and focus groups were audio-recorded with the participants' consent and subsequently transcribed verbatim. Thematic analysis was employed to analyze the qualitative data, following Braun and Clarke's (2006) framework. This process involved familiarization with the data, generating initial codes, searching for themes, reviewing themes, and defining and naming themes. The analysis aimed to identify key themes related to the factors affecting handover quality, the effectiveness of structured handover tools, and areas for improvement in handover practices.

Ethical approval for the study was obtained from the hospital's ethics committee. Participation in the study was voluntary, and informed consent was obtained from all participants prior to data collection. Confidentiality was maintained throughout the study, and no identifiable information was included in the analysis or reporting of results.

The findings from this study provide valuable insights into the role of structured handover protocols in promoting patient safety, highlighting both the successes and challenges associated with their implementation in a tertiary hospital setting. The qualitative approach allowed for a detailed exploration of nurses' experiences and perspectives, leading to practical recommendations for enhancing handover practices and improving patient outcomes.

Findings:

The thematic analysis of the data yielded several in-depth themes and sub-themes that captured the experiences and perspectives of the participating nurses regarding handover practices. The main themes

identified were: (1) Communication Barriers, (2) Facilitators of Effective Handover, and (3) Impact of Structured Handover Tools. Each theme included relevant sub-themes and illustrative quotes from participants.

Theme 1: Communication Barriers

Sub-theme 1.1: Time Constraints

Nurses frequently cited time pressures as a major barrier to effective handover. Participants expressed that the limited time available during shift changes often resulted in rushed communication, leading to the omission of critical patient information.

- “Sometimes we have so many patients and so little time. You end up trying to cover everything quickly, and it’s easy to miss something important.” (Nurse A)

Sub-theme 1.2: High Patient Acuity

High patient acuity was identified as another barrier, with participants describing how managing multiple critically ill patients made it challenging to conduct thorough handovers.

- “When you have a critically ill patient, your focus is on stabilizing them. During handover, it’s hard to summarize everything without missing details.” (Nurse B)

Sub-theme 1.3: Environmental Distractions

Environmental distractions, such as noise and interruptions, were reported as significant factors hindering effective communication during handovers.

- “The unit is always noisy, and people come in and interrupt during handovers. It affects our ability to concentrate and communicate properly.” (Nurse C)

Theme 2: Facilitators of Effective Handover

Sub-theme 2.1: Standardized Handover Tools

The use of standardized handover tools, such as SBAR, was identified as a key facilitator in improving the quality of handovers. Nurses highlighted that having a structured format helped ensure consistency and comprehensiveness.

- “Using SBAR has made a big difference. It gives us a structure, so we don’t forget important information.” (Nurse D)

Sub-theme 2.2: Team Collaboration and Support

Collaboration and support among team members were also seen as important facilitators. Participants mentioned that a supportive environment encouraged thorough and effective handovers.

- “When the team is supportive and willing to help, it makes handovers smoother. You feel like you’re not alone, and everyone is working towards the same goal.” (Nurse E)

Theme 3: Impact of Structured Handover Tools

Sub-theme 3.1: Improved Communication Clarity

Nurses reported that structured handover tools, such as SBAR, improved the clarity of communication, thereby reducing misunderstandings and enhancing patient safety.

- “SBAR helps us be clear and concise. It avoids ambiguity, which is crucial when dealing with patient care.” (Nurse F)

Sub-theme 3.2: Enhanced Patient Safety

Participants emphasized that structured handovers contributed to enhanced patient safety by ensuring that all critical information was communicated effectively between shifts.

- “Since we started using a structured handover tool, I feel more confident that nothing is missed. It definitely helps in preventing errors.” (Nurse G)

Theme 4: Challenges in Consistent Implementation

Sub-theme 4.1: Variability in Adoption

Nurses noted that while structured handover tools were effective, there was variability in their adoption across different units, which impacted consistency.

- “Some units are very strict about using SBAR, while others are more relaxed. This inconsistency can be problematic.” (Nurse H)

Sub-theme 4.2: Resistance to Change

Resistance to change among some staff members was identified as a challenge to the consistent use of structured handover protocols.

- “Not everyone is willing to change their way of doing things, even if it’s for the better. It takes time for everyone to be on board.” (Nurse I)

These findings highlight the importance of addressing the barriers to effective handover, promoting the consistent use of structured tools, and fostering a supportive team environment. The insights from this study provide a foundation for developing targeted interventions to improve handover practices and enhance patient safety in tertiary hospital settings.

Discussion:

The findings of this study underscore the critical role that effective handover communication plays in promoting patient safety. The themes identified in this study illustrate the complexities of handover processes, including both the barriers that hinder effective communication and the facilitators that can improve handover quality. The barriers, such as time constraints, high patient acuity, and environmental distractions, align with previous literature that highlights these factors as significant challenges to effective handover (Mardis et al., 2017; Kim et al., 2022). Addressing these barriers is crucial to ensure that patient information is communicated accurately and comprehensively during shift changes.

Time constraints were frequently mentioned by participants as a barrier to effective handovers. The high workload during shift changes often results in rushed communication, which can lead to critical information being overlooked. This finding is consistent with previous studies that have highlighted time pressures as a key factor contributing to information loss during handovers (Arora et al., 2005). To address this, healthcare organizations need to consider strategies such as dedicated handover times and minimizing interruptions during shift changes to allow nurses adequate time to complete thorough handovers.

The study also identified facilitators of effective handover, such as the use of standardized handover tools like SBAR and strong team collaboration. The positive impact of using structured communication tools on handover quality was evident in the responses of participants, who emphasized the importance of having a consistent format to follow. This aligns with findings from previous research that has demonstrated the effectiveness of SBAR in improving communication clarity and reducing errors (Cornell et al., 2014; Abdollahi et al., 2022). The use of standardized tools should be encouraged across all units to ensure consistency in handover practices.

Team collaboration and support emerged as another important facilitator. Participants reported that a supportive environment where team members work together towards a common goal improved the quality of handovers. This finding is supported by Eggins and Slade (2015), who emphasized the importance of collaboration in enhancing the quality of handovers. Promoting a culture of teamwork and mutual support among healthcare staff can foster better communication during shift changes, ultimately improving patient safety.

However, the study also highlighted challenges in the consistent implementation of structured handover tools. Variability in the adoption of SBAR across different units and resistance to change among some staff members were identified as barriers to the consistent use of these tools. This finding is consistent with Riesenberget al. (2010), who noted that the effectiveness of structured handover tools depends on consistent implementation and staff willingness to adapt to new protocols. To address this, targeted interventions, such as training programs and ongoing support for staff, are needed to ensure consistent adoption of structured handover practices across all units.

The impact of structured handover tools on patient safety was another key finding of this study. Participants reported that using tools like SBAR enhanced the clarity of communication, reduced misunderstandings, and improved overall patient safety. These findings are consistent with previous research that has demonstrated the positive impact of structured communication tools on patient outcomes (Dunsford, 2009). Ensuring that all nurses are trained in the use of structured handover tools and providing opportunities for practice and feedback can help maximize the benefits of these tools.

Overall, the findings of this study provide valuable insights into the factors that influence the quality of handovers in a tertiary hospital setting. By addressing the identified barriers and promoting the consistent use of structured handover tools, healthcare organizations can enhance the effectiveness of handovers and improve patient safety outcomes. Future research could explore the impact of targeted interventions, such as dedicated handover training programs, on the quality of handovers and patient outcomes.

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خلاصة:

يعد التواصل الفعال أثناء تغييرات المناوبات، والمعروف باسم عمليات التسليم، ضروريًا لتعزيز سلامة المرضى في أماكن الرعاية الصحية. تستكشف هذه الدراسة دور الممرضات في تعزيز سلامة المرضى أثناء تغييرات الورديات من خلال تنفيذ بروتوكولات التسليم المنظمة، مع استخدام النهج النوعي، أجريت مقابلات شبه منظمة ومجموعات التركيز مع الممرضات في بيئة SBAR التركيز على إطار عمل المستشفى الثالث. وكشف التحليل المواضيعي عن عوائق مثل ضيق الوقت، ودقة المريض العالية، والانحرافات البيئية، بالإضافة إلى الميسرين بما في ذلك الأدوات الموحدة والتعاون الجماعي. تسلط النتائج الضوء على الحاجة إلى اعتماد متنسق لبروتوكولات التسليم المنظمة لتحسين نتائج سلامة المرضى

الكلمات المفتاحية: التسليم، سلامة المرضى، الممرضات، تغيير التحول، الاتصالات، الدراسة النوعية، الرعاية الصحية