

Survey

Patients prefer bedside handover and wish to be active partners in it

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Implications for practice and research

- It is important to have patients as active partners in the team during bedside handovers and have their voices heard.
- Future qualitative studies are warranted to explore the reasons for individual preferences and identify the barriers and facilitators of implementing bedside handover.

Context

Clinical handover is a valuable source of patient health information for nurses and patients. Numerous studies have found that bedside handover could significantly enhance the delivery of relevant information and decrease miscommunication between patients and nurses.¹ Besides, bedside handover could increase patient participation and safety.² However, the implementation of bedside handover is challenging in clinical settings.² Nurses' and patients' perceptions and preferences are among the most important influencing factors. This study by Oxelmark and colleagues³ described and compared the preference of nurses and patients regarding bedside handover and other handover attributes.

Methods

The authors used a discrete choice experiment survey design to investigate preferences for the bedside handover. The study was performed in two public hospitals, both affiliated to the same university in Sweden. Patients were included if they were 18 years of age or older, had chronic medical conditions and had stayed at the wards for at least 3 days. Included nurses were full-time bedside nurses or team leaders at the designated wards. The survey questionnaire was developed based on previously published studies.^{4,5} In this study, each questionnaire contained six choice sets for patients and nine for nurses. The choice set consisted of three alternatives: scenario A bedside handover, scenario B bedside handover and handover away from the bedside. Six attributes described the different bedside handover alternatives, for example, level of patient involvement, number of nurses at the handover, and confidentiality and privacy.

Findings

In 5 months, 218 patients and 101 nurses completed the survey, with 75% response rate for patients and 87% for nurses. These responses led to a preference model, including 1308-patient and 909-nurse choice observations. The model illustrated that patients strongly preferred bedside handover, but nurses preferred handover away from the bedside. Both nurses and patients considered it essential to have patients actively involved in clinical handover so that they could hear what was said and speak up at any time. The different alternatives for communicating sensitive information were not perceived to be essential for nurses and patients.

Commentary

This study was the first study in Europe to understand nurses' and patients' preferences for bedside handover. This study was designed based on previous studies in Australia.^{4,5} However, the main findings of this study were different from those in Australian studies. Nurses in the Australian studies preferred bedside handover and had greater concern about how to hand over sensitive information about patients. These findings may suggest that preference for bedside handover is specific to local context and culture.

Although nurses and patients had different perceptions of bedside handover in this Swedish study, they did have the same preference for one attribute of bedside handover: high level of patient involvement. Both groups believed that patients need to be active partners in bedside handover through listening, asking and being heard. This finding accorded with the Australian studies. These findings suggested that the core value of bedside handover is patient-centred care, which enables communication from patients' perspectives concerning their prerequisites, needs and willingness in order to fulfil goals within care.

In conclusion, this Swedish study provides new knowledge that patients and nurses had different preferences for bedside handover; however, both preferred a high level of patient involvement and had fewer concerns about the communication method of sensitive information.

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Competing interests None declared.

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References

- 1 Mardis T, Mardis M, Davis J, *et al.* Bedside shift-to-shift handoffs: a systematic review of the literature. *J Nurs Care Qual* 2016;31:54–60.
- 2 Tobiano G, Bucknall T, Sladdin I, *et al.* Patient participation in nursing bedside handover: a systematic mixed-methods review. *Int J Nurs Stud* 2018;77:243–58.
- 3 Oxelmark L, Whitty JA, Ulin K, *et al.* Patients prefer clinical handover at the bedside; nurses do not: evidence from a discrete choice experiment. *Int J Nurs Stud* 2019. doi:10.1016/j.ijnurstu.2019.103444. [Epub ahead of print: 27 Sep 2019].
- 4 Spinks J, Chaboyer W, Bucknall T, *et al.* Patient and nurse preferences for nurse handover—using preferences to inform policy: a discrete choice experiment protocol. *BMJ Open* 2015;5:e008941.
- 5 Whitty JA, Spinks J, Bucknall T, *et al.* Patient and nurse preferences for implementation of bedside handover: do they agree? findings from a discrete choice experiment. *Health Expect* 2017;20:742–50.