

Nurses' perspectives of the different types of handover

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Better Health for Our Community

Data Collection Tool

- Nurses Clinical Handover Staff Survey
 - **Section A:** Demographics
 - **Section B:** Structure of handover
 - Parallel items for first and second handover
 - **Section C:** Nurses' perceptions of afternoon handover
 - 7-point response scale with neutral mid-point
 - **Open ended questions**
- Distributed to 25 wards at Monash Med Centre



Sample Demographics (n = 176)

- 21 wards at Monash Medical Centre responded
- Different levels of nurses
- 47% each full-time & part-time nurses
- 88.6% female
- Years nursing experience
 - M = 11.65, SD = 10.26 / Range: 0 - 40 years
- Years at Southern Health
 - M = 5.81, SD = 5.81 / Range: 0 - 29 years



Handover Structure

Characteristic	One Handover (n = 85)	Two Handovers (n = 91)	
	Handover 1	Handover 1	Handover 2
Length in mins:	M = 29.42 , SD = 11.56	M = 22.00 , SD = 9.56	M = 11.11 , SD = 6.98
Location:			
. Handover room	67.1%	86.8%	3.3%
. Bedside	23.5%	7.7%	24.2%
. Nurses Station	4.7%	0%	50.5%
Method:			
. Verbal	64.7%	31.9%	71.4%
. Verbal & written	30.6%	59.3%	27.5%
By Whom:			
. Nurse in-charge	55.3%	87.9%	6.6%
. Patient's nurse	41.2%	8.8%	85.7%



Perceptions of Afternoon Handover

Positive Responses

- Provided with sufficient information: 90% agree
- Information is easy to follow: 87% agree
- Able to clarify information: 94% agree
- Information is provided in a timely fashion: 98% agree
- Information is up to date: 89% agree
- Opportunity to discuss confidential or private patient information: 86% agree
- Opportunity to ask questions about things I do not understand: 86.9% agree
- Educated about different aspects of nursing care: 77.3% agree



Perceptions of Afternoon Handover

Less Positive Responses

- *Could obtain the information from pt charts: 48.3% agree*
- *Often given information not relevant to pt care: 40% agree*
- *Handover takes too much time: 34.7% agree*
- *Information received is subjective: 56% agree*
- *Important information not always given: 30.1% agree*
- *Opportunity to discuss difficult clinical situations: 59% agree*
- *Opportunity to debrief when I have a difficult shift: 64.2% agree*
- *Opportunity to discuss workload issues: 59% agree*



Key Differences: Demographic

I find handover takes too much time

- Nursing Position: $p < .05$
 - Graduate RNs (n = 14): 14% agreed
 - ANUMs (n = 19): 63% agreed
- Years at Southern Health: $p < .05$
 - < 1 yr at SH (n = 17): 12% agreed, compared with
 - 6-10 yrs at SH (n = 33): 39% agreed, and
 - 11-20 yrs at SH (n = 24): 54% agreed



Key Differences: Work Hours

I am often given information during handover that is not relevant to patient care ($p < .05$)

- Full-time (n = 80): 53% agreed
- Part-time (n = 83): 31% agreed

Patient information is provided in a timely fashion ($p < .05$)

- Full-time (n = 80): 85% agreed
- Part-time (n = 82): 68% agreed

I am educated about different aspects of nursing care ($p < .05$)

- Full-time (n = 80): 73% agreed
- Part-time (n = 81): 86% agreed



Key Differences: 1 vs 2 Handovers

I have the opportunity to debrief with colleagues when I have a difficult shift ($p < .05$)

- 1 handover (n = 83): 73% agreed
- 2 handovers (n = 89): 58% agreed

I have the opportunity to discuss workload issues ($p < .05$)

- 1 handover (n = 83): 68% agreed
- 2 handovers (n = 89): 53% agreed



Key Differences: Verbal vs Verbal / Written Combination

I could obtain the information from the patient charts
($p < .05$)

- Verbal handover (n = 84): 56% agreed
- Combination handover (n = 79): 39% agreed

The information that I receive is subjective ($p < .01$)

- Verbal handover (n = 82): 67% agreed
- Combination handover (n = 79): 48% agreed



Key Differences: Verbal vs Verbal / Written Combination

I have the opportunity to discuss workload issues
($p < .05$)

- Verbal handover (n = 84): 66% agreed
- Combination handover (n = 78): 55% agreed

I am educated about different aspects of nursing
care ($p < .01$)

- Verbal handover (n = 84): 85% agreed
- Combination handover (n = 78): 72% agreed



Key Differences: Handover Location

First Handover:

I have the opportunity to debrief with colleagues when I have a difficult shift ($p < .05$)

- Handover room ($n = 56$): 79% agreed
- Bedside ($n = 20$): 60% agreed

Second Handover:

The information that I receive is subjective ($p < .05$)

- Bedside ($n = 21$): 68% agreed
- Nurses station ($n = 43$): 44% agreed



Strengths

- Type of information
 - About all patients on the ward
 - About individual patients
- Quality of information
 - Relevant
 - Thorough
 - Current
- Communication
 - Questions
 - Discussion/debriefing
- Patient Contact



Limitations

- Type of information
 - Irrelevant
 - Missing
- Too long
- Busy ward
- Interruptions from patients, staff, phone, visitors
- Confidentiality/privacy
- Inappropriate location (small/noisy/hot)
- Handover is variable
- Inexperience
- Insufficient preparation



Suggestions for Improvement

- More relevant information
- Handover at the bedside
- Handover from staff looking after patient
- Minimise interruptions
- Minimise relatives/visitors over hearing handover

