Understanding Perceptions of Nursing Handover among Korean Nurses

임상간호사의 인수인계 인식에 관한 연구

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Abstract

Objective: Nursing handover from one shift to the next is a major task critical to the quality, safety, and continuity of patient care in any hospital.

Methods: This study examined nurses’ perceptions of nursing handovers using a survey method. Participants were 753 nurses who worked more than six months in general wards from hospitals with 300 beds or more.

Results: Findings were scored from one to seven for each item. The items with higher scores, meaning nurses agreed more, were: “Information provided is up to date” (5.45 ± 1.06); “Have the opportunity to ask questions about things I do not understand” (5.34 ± 1.06); “Have the opportunity to debrief with other colleagues when I have had a difficult shift” (5.14 ± 1.12); “Able to clarify information that has been provided” (5.14 ± 1.01); “Patient information is provided sufficiently” (5.12 ± 1.05); and “Patient information is provided in a timely fashion” (5.11 ± 0.97). The item with the lowest score was “Patients are involved in the handover process” (2.31 ± 1.49).

Conclusion: Nurses recognized that information provided during handovers was insufficient, often irrelevant to nursing care, and interrupted by external factors. Professional associations and hospitals must cooperate with each other in order to create a better handover process.

Key Words: nursing handover, nurses’ perception, patient care, patient safety

I. Introduction

Nursing handover is a major nursing task that has long been performed in any hospital. The current nurse provides the next nurse on duty with patient-care information at the beginning of a new work shift(1-3). The nursing handover is critical to the quality, safety, and continuity of patient care, as well as to the orientation of new nurses(4-6). Furthermore, the handover may affect nurses’ job satisfaction and turnover rates(7). Improving nurses’ handovers can significantly impact patient care and enhance patient safety.

The Joint Commission on Accreditation of Healthcare(8) recognized the importance of the nursing handover and set

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a national goal to implement a standardized approach to handover communications, including an opportunity to ask and respond to questions for safer patient care in January 2006. Many hospitals have improved their handover process to meet the standards recommended by the Joint Commission (9, 10). However, several issues arose regarding traditional methods of nursing handovers. Sexton et al(11) noted that information delivered in the handover process is mostly repetitive, and nurses are generally indifferent about reorganizing and updating patient information. Nurses deliver whatever they wish in the way of information to the next set of nurses because hospitals lack concise and clear handover guidelines. Indeed, nurses may be so accustomed to the handover process that they provide information they think important without consideration for the next nurse(4, 11). Inefficiency in the handover process can generate overtime work, cause a lag in identifying critical situations, and lead to late responses to patients and their families(10, 12). Involvement of repeated and formulaic content during the handover or inexperience with handovers may cause difficulties in identifying the current situation of long-term patients, as well as preventable sentinel events(9-10, 12).

To make effective changes in nursing handover practices, it is important to know how nursing handovers are performed in the current hospital setting and how nurses perceive current problems in their handover practices. Hence, this study aims to provide basic evidence to help develop better and stronger standards for handover practices and improve the quality of current practices in the Korean clinical setting.

II. Methods

This study used a cross-sectional descriptive survey method to examine nurses’ overall views and perceptions of nursing handovers. The population of this study was registered nurses working in general wards in hospitals with more than 300 beds located in South Korea. Long-term care hospitals, psychiatric hospitals, and veterans’ hospitals were excluded. Participants were nurses with more than six months of work experience who provided written informed consent after being introduced to the study purpose. With convenient sampling, 760 nurses responded to the survey, a 63.0% response rate. We collected data from July 2, 2012 to August 10, 2012. Excluding missing data, 753 final participants were included for data analysis.

The questionnaire used in this study was developed by three experts who work in universities and have clinical experience of more than five years based on literature review, and it was revised based on a review by five nurse managers. Twelve unit managers and registered nurses participated in a pilot survey to identify potential problems in the questionnaire and adjust the time needed for survey completion.

The questionnaire consisted of 34 items, including general characteristics of nurses (ten items), hospital characteristics (one item), handover characteristics (six items), and nurses’ perceptions of handovers (18 items). General characteristics of nurses included gender, age, marital status, education level, employment status, job position, clinical experience, current department/division experience, and current department. The hospital characteristic examined was the number of beds. Items on the current characteristics of handovers were the location, method, and time required for handovers.

The instrument to measure the perceptions of nurses regarding handovers was developed by O’Connell et al(6), and it was adapted through a translation and back-translation process after receiving permission from the original developers. The original tool consisted of 20 items; however, the adapted version developed in this study was composed of 18 items because we eliminated two items that were unrealistic in the Korean context. Items were rated on a 7-point scale; a higher score meant nurses agreed more with the item. Based on the standard established by the developers, responses including “I strongly disagree” and “I disagree” were categorized into a disagreement group; “I somewhat disagree” and “neutral” were grouped into a neutral group, and “I somewhat agree,”