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# The secrets to successful nurse bedside shift report implementation and sustainability

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**Implementing** bedside shift report has been a largely discussed topic in the nursing literature. Unfortunately, sustaining this practice in real-world settings has been a challenge. This literature review considers articles on nurse bedside shift report implementation and strategies that may lead to successful practice sustainability.

## **Methods**

The evidence hierarchy developed by Polit and Beck was applied for the purposes of this literature review, which included English-language journal articles published between 2006 and 2016 that had quantitative or qualitative results in relation to patient satisfaction (patient experience with care), nursing satisfaction, and/or incidental overtime.<sup>1</sup> Systematic literature reviews were also included. The search engines used were PubMed, CINAHL, and MEDLINE, and the words and phrases used were bedside nurse report, bedside handoff, and bedside handover.

A total of 25 articles were found that met the inclusion criteria. Four of them were systematic literature reviews, five of them contained qualitative and quantitative data, seven of them had only qualitative results, and nine of them contained only quantitative results.

## Successful nurse bedside shift report

### **Nurse bedside shift report**


Nurse bedside shift report, or handoff, has been defined in the literature as a process of exchanging vital patient information, responsibility, and accountability between the off-going and oncoming nurses in an effort to ensure safe continuity of care and the delivery of best clinical practices.<sup>2-6</sup> There are different types of nursing reports described in the literature, but the four main types are: a written report, a tape-recorded report, a verbal face-to-face report con-

relevant to the patient's current condition are all issues that have been pointed out in the research literature.<sup>3</sup> The verbal report conducted in a private setting gives the off-going and the oncoming nurses the opportunity to interact face-to-face, but doesn't involve patients and their family members.<sup>3</sup> Furthermore, it's more time-consuming than other types of reporting.<sup>9</sup>

The only nursing report method that involves patients, their family members, and both the off-going and the oncoming

### **Patient experience with bedside shift report**

Systematic literature review studies point out that implementing nurse bedside shift report can improve the patient experience with care as related to nurse communication.<sup>8,9,11</sup> For example, Mardis and colleagues conducted a systematic literature review of 41 articles related to the use of bedside shift report and concluded that 49% of the reviewed literature identified an increase in patient experience with care as a self-reported



***The literature consistently shows that nurse bedside shift report improves the overall patient experience with care.***

ducted in a private setting, and face-to-face bedside handoff.<sup>3,4,7,8</sup>

The written nursing report doesn't allow the off-going and oncoming nurses to interact face-to-face, but it's a written record of the patient's medical background, situation, treatment, and care plan that's usually conducted behind closed doors.<sup>3</sup> The tape-recorded nursing report also doesn't allow interaction between the off-going and oncoming nurses. It's considered to be a time-efficient method, but drawbacks such as a nurse's inability to clarify patient information, an unclear or low-volume audiotape recording, and outdated or misheard facts

nurses is face-to-face bedside handoff.<sup>3</sup> This type of nursing report is conducted at the patient's bedside and has different variations. In broad terms, nurse bedside shift report can be classified into two categories: "blended" and face-to-face bedside handoffs.<sup>8,10</sup> The "blended" bedside shift report can be defined as a nursing handoff composed of two parts: Half of the report is written or conducted in a face-to-face approach in a private setting and the other half of the report is conducted face-to-face at the patient's bedside. The face-to-face nurse bedside shift report is solely conducted at the patient's bedside.<sup>8</sup>

outcome, whereas only 2% of the reviewed studies identified patient complaints with this practice.<sup>11</sup> Sherman and associates also found patient advantages in relation to nurse bedside shift report, such as patients being more informed about and engaged in their care, improved nurse-patient relationship, and improvement in overall patient satisfaction.<sup>8</sup>

The majority of the studies on nurse bedside shift report that discuss patient experience with care have limitations. For example, they have a low sample size or have used indirect measures for evaluating the patient experience with nurse

bedside shift report.<sup>2,3,6,12-21</sup> Only three studies were found to have a sample size greater than 100 patients that directly measured the patient experience with nurse bedside shift report by distributing surveys to patients and determining that the overall patient perception with the process was positive.<sup>10,22,23</sup>

Patients did report some disadvantages with the nurse bedside shift report process. These included difficulties understanding the report and medical jargon, tiredness as a result

nurse satisfaction.<sup>6,8,9,11</sup> Some of the most commonly reported nurse advantages include improved report efficiency, teamwork, nursing accountability, and report accuracy; enhanced individual patient care and documentation practices; satisfaction with patients being involved; visualizing patients and the ability to prioritize care; and improved discharge or transition of care.<sup>2,3,5,7,8,10,12,13,17,23,24</sup>

Gregory and colleagues conducted a systematic literature review of 33 articles

may feel uncomfortable talking in front of patients and intimidated if patients ask questions for which they don't have answers.<sup>7,24</sup> They may also be afraid to unintentionally disclose medical information unknown to the patient and may have concerns about violating patients' privacy.<sup>9,21</sup> But the main nursing disadvantage in relation to bedside shift report that's been reported in the literature is longer change-of-shift report time as a result of patients interrupting nurses during the process.<sup>8</sup>



## ***Evidence strongly supports that bedside shift report increases nurse satisfaction.***

of information being repeated multiple times, lack of privacy, anxiety over incorrect information or too much information, and inconsistency with how the nurse bedside shift report was conducted.<sup>8,22,23</sup>

In summary, patient advantages outweigh disadvantages in relation to nurse bedside shift report and all measurement tools used in the literature consistently show that nurse bedside shift report improves the overall patient experience with care.

### **Nursing satisfaction with bedside shift report**

Evidence strongly supports that bedside shift report increases

and identified 17 articles that presented information about nurse-to-nurse dyadic relationships in relation to nurse bedside shift report.<sup>24</sup> According to the study, nurses had positive experiences with the practice because they were able to share stories, provide emotional support to each other, communicate more effectively, and experience mentoring and coaching opportunities.<sup>24</sup>

Studies also reported a number of reasons why some nurses don't prefer bedside shift report, including that they may have little awareness of and skills with engaging in a patient-centered approach to care, and that they

### **Financial impact of bedside shift report**

Nonplanned incidental overtime creates a financial burden for hospitals. As such, the time it takes to carry out nurse hand-off is an important factor to consider. Several studies have identified that incidental overtime decreases, or decreases insignificantly, after the implementation of nurse bedside shift report.<sup>6,10,11,17,21,23,24</sup>

Cairns and colleagues calculated that after the implementation of a nurse bedside shift report pilot project, the nursing overshift time decreased by 10 minutes per day and resulted in a decrease in the annual salary

expense ranging from \$95,680 for overtime paid at the regular hourly rate to \$143,520 for overtime paid at the time-and-a-half rate.<sup>17</sup> Anderson and Mangino also reported a decrease in incidental overtime by 100 hours during the first month of bedside shift report implementation.<sup>21</sup> Mardis and colleagues found that 5 out of 41 studies regarding bedside shift report indicated a decrease in overtime hours or related cost.<sup>11</sup>

The Agency for Healthcare Research and Quality also supports the practice of measuring incidental overtime as a good strategy for evaluating the economic impact of nurse bedside shift report.<sup>25</sup>

### **Sustainability of bedside shift report**

Nurse bedside shift report is a practice that becomes an established habit, but it's often a challenge to change the old reporting process and sustain the new practice.<sup>15,18,20,26</sup> According to the literature, major threats to successful implementation and sustainability of nurse bedside shift report include inconsistency with the new intervention, lack of leadership or employee buy-in, lack of continuous process management practices, and negative nursing feedback and emotions.<sup>2,12,15,18,22,23,27</sup> In addition, implementing nurse bedside shift report through an authoritarian leadership approach without the input of frontline nursing staff leads to unsuccessful sustainability.<sup>18</sup>

The concepts that have been used in the literature for achieving acceptance and sustainability

of nurse bedside shift report follow Everett Rogers' five-step approach to adoption of innovations: knowledge, persuasion, decision, implementation, and confirmation.<sup>28</sup>

The knowledge phase is defined as the time when bedside handoff is introduced to the nursing unit(s) and organization, and the following interventions take place: leadership support and commitment, relationship building, staff meetings, and nursing education.<sup>4,15,17,18-20,27</sup> Providing education can take the form of a journal club, formal training in bedside shift report practice through written and video materials, educational sessions that offer case scenarios based on nursing feedback, staff communication skill development training, and mandatory continuing education and annual performance competencies.<sup>2,9,11,16-18,20,27</sup>

The persuasion phase is characterized as the time it takes for nurses to establish a favorable attitude toward the new practice.<sup>9,18,20</sup> Discussing advantages and disadvantages of bedside handoff with frontline staff is crucial to the adoption of the new report process during this step.<sup>28</sup> The persuasion phase may consist of the following nursing leadership and management interventions: assess nurses' emotions, attitudes, and perceptions; defuse a negative work environment; and establish effective and open communication between leadership and nurses.<sup>2,18,15,20,27</sup>

The decision phase is defined as the time it takes for engaging nurses in activities that lead to the adoption of bedside

shift report and includes the following nursing leadership and management interventions: establish an implementation group composed of formal leaders and nursing unit champions, engage staff in the development and planning phase of the process, use a theoretical framework and set up measurable and realistic goals, use a standardized report practice and an operating protocol for implementation, and encourage innovative ideas such as a kickoff day celebration for supporting the new reporting practice.<sup>7,15,17,18,19,20,27</sup>

The implementation phase includes conducting staff meetings, obtaining ongoing nursing feedback, identifying barriers and facilitators to the new practice, modifying bedside handoff based on process evaluation techniques, encouraging adherence to the new reporting practice through positive reinforcement, and continuously monitoring the compliance rate and measuring outcomes.<sup>2,9,15-18,20,27</sup>

The last step in the adoption of nurse bedside shift report is the confirmation phase, which includes: ongoing leadership assessment of nurses' attitudes and perceptions toward bedside report, encouraging nurses and listening to their feedback to modify the process to fit the stakeholders' needs, and continuous reinforcement of practice and monitoring by nurse leaders.<sup>9,15,17,18,27</sup>

### **A successful adoption**

The adoption of nurse bedside shift report is a time-consuming process that requires careful examination of the current unit

or organizational culture, environment, and individuals. Following the five-step approach to adoption of innovations and using frontline nursing staff who have the characteristics of innovators and early adopters to disseminate the new practice can help with successful implementation and sustainability. Nursing leaders who want to achieve successful dissemination and sustainability of bedside shift report must have a good understanding of process management and relationship building, mentoring skills, and a well-planned and well-executed implementation process. **NM**

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**Acknowledgements:** The author would like to thank her professors, Edna Cadmus, PhD, RN, NEA-BC, FAAN, and Mary Johansen, PhD, RN, NE-BC, for their contribution to this article and Kathy Svendsen, Peggy Gredyk, RN, Rita Zena, MSA, RN, CPHQ, and Diana Tocko, MSN, RN-BC, NE-BC, for their guidance and support.

The author has disclosed no financial relationships related to this article.

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DOI-10.1097/01.NUMA.0000533770.12758.44