Development of a Shift Handover and Communication Resource for Novice Medicine Nurses

by © Leah Davis

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Abstract

Background: Nursing handover report is a time-honored practice that consists of oncoming nursing staff receiving report that highlights the patient's status before commencing nursing care. The main goal of nursing handover report is to convey accurate, reliable, and current details regarding the patient care, needs, treatments, assessments, goal planning, and evaluation. Ineffective communication among healthcare providers is a major cause of adverse events within the healthcare setting. Novice nurses feel stressed and unprepared to engage in nursing handover report and often receive little to no training in completing nursing report. **Purpose:** To develop an educational resource to assist novice medicine nurses in completing nursing handover report. **Methods:** An integrative literature review of 17 literature sources, consultation with key stakeholders and an environmental scan of available resources were utilized to develop the educational resource. **Results:** Findings highlighted the need for an educational resource for novice nurses to complete nursing handover report effectively. The literature emphasized factors impacting novice nurses' ability to effectively complete nursing handover report, as well as the current recommendations for nursing handover report and current strategies for completion of report. Findings from the consultation with key informants and environmental scan portrayed experiences in completing nursing handover report and the current recommendations for nursing handover report. An educational poster was developed to guide novice medicine nurses in the completion of nursing handover report. **Conclusion:** The development of the educational resource supports novice medicine nurses in the completion of nursing handover report, thus, improving communication skills and patient care.

Keywords: *Nursing handover, nursing report, novice nurses, effective communication*

i

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Table of Contents

Development of a Shift Handover and Communication Resource for Novice Medicine Nurses

Nursing handover consists of communicating patient information, responsibilities, and duties to allow the plan and prioritization of patient care, as well as effective workload management (Alharbi et al., 2024). Nursing handover report is a dynamic and complex process that promotes patient safety and the continuity of nursing care, and requires impactful communication skills, as well as the ability to comprehensively understand patient information (Alharbi et al., 2024). During a nursing shift, the nursing report is completed to ensure all nurses on the shift are well-informed of the patients and, therefore, able to safely cover breaks and assist other patients if necessary. Ineffective handover communication is often a result of unstructured handovers containing inconsistent, irrelevant, or repetitive information (Chien et al., 2022). Structured handover tools can assist in standardizing information provided in the handover report to enhance the handover process, improve communication skills, increase safety, enhance the reliability of information transferred and foster critical thinking (Chien et al., 2022; Timmerman et al., 2021). Unstructured and non-standardized information transferred among nurses can impact the reliability and accuracy of handover reports, resulting in patient safety issues (Bressan et al., 2020).

It is evident within the literature that novice nurses often receive little to no training in the completion of nursing handover report (Chung et al., 2021; Holt et al., 2020; Lee et al., 2019). Novice nurses feel stressed and unprepared to engage in nursing report (Holt et al., 2020). Many nurses felt they had a lack of education in completing handover report, with Lee et al. (2019) finding 5.3% of nurses believed they did not have adequate training to provide a sufficient handover report and Chung et al. (2021) finding many nurses felt inadequately prepared and

unsure what to include in handover report. Nursing handover reports requires structured improvement for novice nurses to provide safe and effective patient care. Providing clear handover guidelines and education initiatives can assist in creating effective handover reports (Scovell, 2010). A clear format, detailing specifics that should be included in handover report can assist in mitigating problems for the oncoming shift (Scovell, 2010). Currently, NL Health Services does not have a standardized handover tool, therefore, implementing an education resource can assist novice medicine nurses in effectively communicating with other nursing staff. Therefore, the overall goal for this practicum project is to provide novice medicine nurses with an educational resource to assist in completing nursing handover report. Supporting novice medicine nurses in understanding how to complete an effective handover report can assist in improving patient safety and healthcare outcomes.

Objectives

The overall goal for this practicum project is to develop an educational resource to assist novice medicine nurses in completing nursing handover report.

The key objectives are:

1. To describe factors affecting novice medicine nurses' ability to effectively complete nursing handover report (integrative literature review).

2. To identify relevant information to be included in the education resource (integrative literature review, consultations, environmental report).

3. To describe the impact of nursing handover report on the delivery of effective patient care (integrative literature review, consultations).

4. To demonstrate the application of advanced nursing practice competencies (integrative literature review, consultations, environmental report).

Overview of Methods

Various methods were used to develop this educational resource for novice medicine nurses completing nursing handover report. An integrative literature review, consultation with key stakeholders, and an environmental scan were used to gather appropriate data on this topic. These methods provided a thorough understanding of nursing handover report, the barriers novice medicine nurses experience when completing nursing handover report, the current guidelines available, as well as the current recommendations for the inclusion of nursing handover report. An integrative literature review provided a further understanding of nursing handover report, the impact of nursing handover report on novice nurses and patient care, as well as how to implement effective handover communication, and the current recommendations for inclusion. Consultations were utilized to gather additional information from novice nurses, senior nurses and experts on their experiences completing nursing handover report, as well as their inclusion recommendations. Environmental scans were completed to assess resources provided by NL Health Services and other healthcare institutions on nursing handover report. These methods provided information to develop the educational resource for novice medicine nurses completing nursing handover report.

Summary of the Literature Review

An integrative literature review was completed to gain a further understanding of the nursing handover report phenomenon, its impact on novice nurses and patient care, how to implement effective handover communication, as well as the current recommendations and strategies that exist for completing nursing handover report. The overall goal of the integrative literature review was to establish support for the development of an educational resource to increase understanding of completing handover report for novice medicine nurses. The two

5

specific objectives for the literature review were (1) to describe factors affecting novice medicine nurses' ability to effectively complete nursing handover report and the impact on providing effective patient care and (2) to explore current recommendations and inclusion guidelines for nursing handover report. See Appendix A for the integrative literature review.

The integrative literature review was conducted in two parts, reflecting the two objectives of interest. Inclusion criteria included studies that were written in English, nursing-related, peer-reviewed, qualitative designs, quantitative designs, mixed methods, and systematic reviews. Utilizing a comprehensive computer-assisted search using the keywords "nursing report", "handover report", "novice nurses", "effective communication", "handover guidelines", "nurse education", and "patient care outcomes" in CINAHL, PubMed, Scopus, and Web of Science from 2000 to 2024. Purposive sampling was used for article selection. Inclusion criteria for the review included studies that were written in English, nursing-related, peer-reviewed, qualitative designs, quantitative designs, mixed methods, and systematic reviews. Thirty-five abstracts (n = 35) were reviewed during initial screening to ensure the research studies met the inclusion criteria. All 35 articles were considered for full-text screening and assessed against the inclusion criteria. Once relevance was determined, 17 (n = 17) research studies were deemed applicable to this integrative review. These articles included five qualitative studies (n = 5), eight quantitative studies (n = 8), one mixed method (n = 1), and three systematic reviews (n = 3). The research articles were published between 2009 to 2024. To evaluate the quality and strength of quantitative studies and systematic reviews, the Public Health Agency of Canada (PHAC) (2014) critical appraisal tool was used. The PHAC (2014) toolkit provides standards to evaluate research studies based on the study population, internal validity, confounders and statistical testing to determine the quality of the quantitative study. To evaluate the rigor of qualitative studies, The

Joanne Briggs Institute (JBI) (2017) critical appraisal checklist was utilized. The JBI (2017) checklist provides criteria to evaluate the conduct, analysis and potential biases of the qualitative study. To evaluate mixed-method studies, the mixed-method appraisal tool (MMAT) was utilized (Hong et al., 2018). The MMAT (2018) provides a score for evaluating mixed method studies based on the quality of quantitative and qualitative research. Literature summary tables were utilized to summarize the key findings in the research articles, found in Appendix B.

Literature Review Key Findings

It is important to understand the barriers novice nurses experience when completing handover report, the factors that contribute to a successful handover report, as well as the impact nursing handover report has on patient care. Additionally, exploring the current recommendations and inclusion guidelines for handover report allows for the understanding of a successful nursing handover report. Nurses portrayed in the literature a variety of factors that impact their ability to effectively participate in nursing handover report, such as various emotions, including increased stress, emotional insecurity, frustration, shame, inadequate education or feelings of incompetence, and these emotions contribute to a negative quality of life (Chung et al., 2021; Lee et al., 2019). It was stressed in the literature the numerous factors impacting novice nurses' capability to successfully give handover report, impacting patient care and safety. Time constraints, the role of colleagues, and patient presence can influence the ability to complete handover report (Malfait et al., 2019). Handover report was also noted to influence the ability to provide safe patient care, the continuity of care and the ability to complete nursing care tasks, as well as the ability to gain adequate patient knowledge, thus impacting assessment skills. It was evident all nurses were aware of the significance of the handover report, yet still expressed ignorance in completing report (Chung et al., 2021). Promoting effective

communication skills and teamwork among nurses contributes to a successful nursing handover report (Ernst et al., 2018; Manias et al., 2016; Mulfiyanti & Satriana, 2022). Collaboration between nurses, specifically novice and senior nurses can enable effective handover reports (Ballantyne, 2017; Manias et al., 2016; Pun, 2021). Effective handover reports can contribute to patient safety initiatives, increasing awareness of care tasks required, and the ability to complete adequate assessments (Chien et al., 2022; Kerr et al., 2013; Mulfiyanti & Satriana, 2022; Timmerman et al., 2021).

The integrative literature review highlighted the current recommendations for nursing handover report. The literature stressed the various education styles for successful nursing handover reports, such as lectures, videos, role-play, prompt cards, checklists and report templates (Choi et al., 2024; Clark et al., 2009; Mulfiyanti & Satriana, 2022; Pun et al., 2019). Using handover tools and mnemonic guides is valuable for communicating clearly and ensuring all vital information is included (Choi et al., 2024; Jukkala et al., 2012; Kasinathan et al., 2012; Tan et al., 2020; Timmerman et al., 2021). Specific tools, such as the SBAR framework is noted to be effective in providing a concise handover that includes the situation, background information, assessments, and action recommendations (Ballantyne, 2017; Clark et al., 2009; Mulfiyanti & Satriana, 2022; World Health Organization, 2007). The use of these handover tools can assist in guiding the need for a communication resource for novice nurses completing handover report. Such resources can assist in mitigating the barriers to novice nurses completing handover reports and decrease negative patient care outcomes related to staff communication.

There was a lack of research and practice gaps noted through the completion of this literature review. There was a lack of high-quality research examining the effectiveness of educational infographics for handover tools, as well as a lack of leadership opportunities for

senior nurses to act as role models for novice nurses. Findings from this literature review supports the development of a communication resource to positively impact novice nurses' abilities to perform handover report.

Summary of Consultations

Consultations with key stakeholders were utilized to understand novice and senior medicine nurses' experiences with nursing handover report, as well as gain valuable information on what is deemed important to include in nursing handover report. Consultations were completed with five key cohorts. These cohorts included novice medicine nurses (n = 5), senior medicine nurses (n = 5), patient care coordinator (n = 1), nurse educator (n = 1), professional practice consultants (n = 0) and nurses from other settings (n = 4). The setting for consultations was the inpatient medicine unit, as well as nurses from other settings that work in medicine-surgical units. Novice nurses were defined as nurses who have been working for less than two years, and senior nurses were defined as nurses who have been working for more than two years. An email was sent to invite cohorts to participate in the consultation and data was collected via a questionnaire. Descriptive statistics was used to analyze and describe the demographic information. Content analysis was used to discover similarities in questionnaire responses and highlight the themes identified by the participants during consultations, as well as describe the attitudes and responses. See Appendix C for the consultation report, recruitment email, questionnaires, health research ethics authority screening tool, and questionnaire results for the consultations.

Consultation Key Results

Consultations were completed to understand medicine nurses' opinions on nursing handover report, as well as gather what medicine nurses deem as valuable inclusion data for

9

nursing handover report. A total of 16 key stakeholders returned the surveys (94% response rate). It was evident majority of nurses felt comfortable completing handover report. Some novice nurses felt "mostly" comfortable (n=1) and believed they felt slow or unsure of what to include in handover report. All senior nurses (n=5) and nurses from other settings (n=4) identified they feel comfortable completing nursing handover report. The perception of handover report is vital, with 82.9% of nurses believing the perception itself positively impacts the facilitation of handover report ($p < 0.001$) (Malfait et al., 2019). Ensuring nurses feel comfortable communicating and collaboration between nurses contributes to improving patient safety and the quality of nursing care (Mulfiyanti & Satriana, 2022).

Important information to include in handover report varied among nurses. Most nurses felt basic information was important, such as name (n=5), diagnosis (n=7), and code status (n=9). Additionally, current treatment plans (n=9) were highlighted as important to include in nursing handover report. After the inclusion of basic information, there were varying results on vital information to include in the nursing handover report. Safety and surveillance were highlighted by one senior nurse, one nurse from other settings and the clinical educator as vital to include in nursing handover report. Novice nurses expressed challenges determining the relevance of the information for nursing handover report. In comparison, senior nurses stressed the importance of keeping the information in nursing handover report current and relevant, with treatment and care greater than one week prior as unimportant to include.

Many nurses identified there were no current resources available for completing nursing handover report (n=13). All nurses (n=16) identified a communication resource for nurses would be valuable in completing nursing handover report. It was evident many nurses believed a resource would be valuable for novice nurses (n=10). Both the patient care coordinator and

clinical educator believed a simple checklist or quick guide would be beneficial for nurses completing nursing handover report. Clark et al. (2009) noted in the cohort study the impact of a nursing handover tool on nurse communication. After the intervention was provided through report templates and prompt cards, 68% of nurses believed the handover skills had improved and the nurse champions believed the handover prompt cards and report templates were a great resource tool for novice nurses and students (Clark et al., 2009). It is evident the benefit a nursing communication tool can provide for novice nurses completing nursing handover report. The consultations supported the existence of relevant nursing literature that reinforced the need for a standardized handover tool. Findings from these consultations supported the development of a communication resource to positively impact novice nurses' abilities to perform handover report.

Summary of Environmental Scan

An environmental scan was completed to understand the current available data within NL Health Services and other healthcare authorities on nursing handover report. Websites that were scanned included: NL Health Services Intranet, the College of Registered Nurses of Newfoundland, other health authorities' websites in Canada (ex: Canadian Medical Protective Association (CMPA), College of Nurses of Ontario (CNO), Island Health, Nova Scotia Health Authority, Nurses Association New Brunswick (NANB), Health PEI) and Canadian Nurses Association. As the goal of this environmental scan was to gain any available resources on nursing handover report for novice medicine nurses, websites were searched using key terms of "handover report", "transfer of accountability" and "resource" to seek any readily available resources for registered nurses. Information was searched for under communication or resource categories on the websites, as well as using the search bar for a general search. Websites were

11

deemed relevant if they provided information on nursing handover report, the expectations of the transfer of responsibility were highlighted, or if policies or handover report resources were provided. Any information found on these websites was documented and compared against other resources. Content analysis was utilized to discover similarities in environmental scan results. Content analysis highlighted themes identified in handover report information found on the websites and what information health authorities are providing novice nurses with. See Appendix D for the environmental report.

Environmental Scan Key Results

There are limited resources available within the health authorities for simple checklists or mnemonics that are encouraged to be used for nursing handover report. NL Health Services (previously known as Eastern Health) provides a variety of learning materials for nurses completing nursing handover report. While there are no current checklists or communication guides available, NL Health Services provides a variety of learning resources to define nursing handover report and the expectations the health authority has. Varying authorities encourage the use of different handover tools. Many authorities encourage the use of SBAR, such as Health PEI, Carbonear General Hospital, and CMPA. Carbonear General Hospital also encourages the SWITCH operating room handoff guide for operative services and CMPA also encourages I-PASS. Island Health encourages the use of IDRAW. The College of Registered Nurses of Newfoundland and Canadian Nurses Association does not provide any resources for nursing handover report. This environmental scan demonstrated the need for developing a quick, accessible informative resource for understanding nursing handover report and a tool novice medicine nurses can use for the completion of nursing handover report. Reviewing resources from other health authorities provided further knowledge on the expectations for nursing

handover report and different important areas that require focus, such as confirming patient information during handover report, the use of mandatory checklists, and communicating patient goals while in the hospital. This environmental scan supported the lack of resources for registered nurses completing nursing handover report, specifically, simple checklists or mnemonics to aid in report completion, thus, reinforcing the need for an educational resource.

Summary of the Resource Developed

The education poster created is a bright, easy-to-read poster for novice nurses to effortlessly reference when completing nursing handover report. The mnemonic depicts what should be discussed in nursing handover report, ensuring only the relevant details are discussed. The use of mnemonics was noted to be valuable in guiding handover report among nurses (Choi et al., 2024; Tan et al., 2020; Timmerman et al., 2021). Handover mnemonics are used to provide accurate communication of patient information in a timely and clear manner (Tan et al., 2020). Mnemonics are noted to be a valuable tool that enhances memory and knowledge retention (Tan et al., 2020). The mnemonic prompts medicine nurses to include the administration data, bed mobility, care plan requirements, diet and elimination specific to the patient in handover report. This ensures other staff are well informed on their patients and can safely care for the patient. Additionally, the poster states nursing report involves the shared responsibility and transfer of accountability between nurses, which demonstrates the importance of nursing handover report. During the consultation, both the patient care coordinator and clinical educator believed a simple checklist or quick guide would be beneficial for nurses completing nursing handover report, therefore, utilizing a guide reference, such as a poster seemed suitable for the educational resource. See Appendix E for the poster.

Section A of the poster includes the administration data on the patient. Relevant information for this section includes the patient's diagnosis, code status, pertinent medical history and pronouns. This information is the general information relevant to the patient. NL Health Services supports the expression of gender identity and sexual orientation; therefore, the inclusion of pronouns supports the inclusivity of 2SLGBQIA+ individuals (NL Health Services, 2024). During the consultation with nurses, many nurses felt basic information was important, such as name (n=5), diagnosis (n=7), and code status (n=9). A senior nurse in the consultation report highlighted that only including pertinent medical history instead of all history is vital. Additionally, Eastern Health provides Elsevier resources for nurses and encourages sharing administration data during nursing report, such as code status and allergies (Eastern Health, n.d.).

Section B of the education poster includes the bed mobility of the patient. This involves assessing how the patient mobilizes, such as if they are independent, require a walker, and the level of assistance the patient requires. Providing this information allows for the safe mobilization of patients and the prevention of skin impairments, such as pressure ulcers. This section also ensures the patient is safely mobilizing for both the patient and staff, such as knowing if the patient is at a fall risk. Safety and surveillance were highlighted by one senior nurse, one nurse from other settings and the clinical educator as vital to include in the nursing handover report. Similarly, Timmerman et al. (2021) noted less than 50% of nurses included safety or risk information on their report sheet, such as isolation requirements or fall risk, which impacts the knowledge and ability to provide safe patient care.

Section C of the poster includes the patient care requirements that nurses need to know to provide effective nursing care to the patient. This includes the vital sign frequency, if the patient is on telemetry, or intravenous fluids, or if the patient needs additional care, such as wound care.

Elsevier encourages the content in the nursing report to include the contingency plan for the patient, laboratory tests required, and vital signs (Eastern Health, n.d.). Additionally, the NANB (2022) highlights that handover report provides the opportunity to discuss client history, treatments, problems or concerns regarding patient care, as well as prepares the oncoming healthcare provider to safely assume care responsibility and make informed decisions on patient care needs. Including this information ensures the nurses are well informed on patient care needs, allowing for safe patient care.

Section D of the education poster highlights the dietary requirements for the patient. This section allows the nurse to state if the patient has diabetes, requires thickened fluids, if the patient needs assistance with their meals, or if they are on aspiration precautions. Diet was highlighted in the consultation report as important to provide in nursing handover, being dictated by two novice nurses and three senior nurses. Providing this information can also assist in ensuring patients are monitored accurately for aspiration risk and choking risks.

Section E of the poster highlights the elimination of the patient. This section highlights if the patient uses the washroom independently, requires assistance using the bedpan or commode, or requires incontinence care. Providing this information allows for safe mobilization and prevents further complications, such as urinary tract infections or skin breakdown. Kerr et al. (2013) noted when nursing handover education was received, pressure ulcer prevention was increased from 60.5 to 68.7% ($p < 0.232$). Providing information on elimination allows for further complications of patient care.

It is evident novice nurses would benefit from a communication tool to complete an effective handover report. Providing novice nurses with a handover communication tool to complete an effective report would be valuable. An education poster has been created to provide

novice medicine nurses with adequate resources and support to complete an effective nursing handover report.

Creating this education poster provides an opportunity for novice medicine nurses to have a guide in completing nursing handover report. It was evident within the literature that miscommunication has a negative impact, as it contributes to delayed or omitted treatments and medications, delayed diagnosis, as well as missed or repeated testing (Galatzan & Carrington, 2018). The risk of miscommunication contributes to the stress and anxiety novice nurses feel while completing nursing handover report. Providing a clear template highlighting the important details that must be included in nursing handover report assists in preventing miscommunication, thus positively impacting patient care. Novice medicine nurses can use the mnemonic highlighted on the educational poster and provide only the important details while completing nursing handover report to their peers, thus, also preventing time constraints from negatively impacting nursing handover report. Effective communication will reduce errors and prevent undesirable events related to patient safety and quality of care (Mulfiyanti & Satriana, 2022).

Discussion of Advanced Nursing Practice Competencies

The Canadian Nurses Association (CNA, 2019) highlights six specific advanced nursing practice competencies that promote safe and ethical nursing care. This knowledge, judgement, skills and personal attributes are based on the advanced nursing knowledge advanced practice nurses holds, as well as the ability to link theory and research to nursing experiences (CNA, 2019). Advanced practice nurses can utilize various competencies throughout their nursing practice.

Health System Optimization

Health system optimization includes the promotion and advocacy to improve patient care and healthcare systems (CNA, 2019). Through the completion of the consultation, I was able to engage other team members in resolving issues at the health system level (CNA, 2019). I was able to collaborate with other nurses and allow them to reflect on nursing handover report, identify what they deem important and less important, and engage in change systems. I was able to contribute to system-level changes through guideline development of nursing handover report (CNA, 2019). I have sought to generate and incorporate new nursing knowledge to develop practice programs and policies that will positively shape the healthcare system (CNA, 2019). Through the completion of the literature review, I was able to incorporate evidence-based findings that will be incorporated to develop my resource. This resource will assist in guiding novice nurses, thus improving patient care and safety. I have used my knowledge to make meaningful insights to aid in positively impacting the health system.

Education

The education competency ensures advanced practice nurses are dedicated to professional growth and learning (CNA, 2019). Completing this practicum project allowed me to identify the learning needs of novice medicine nurses and develop a resource to meet these needs, as well as mitigate the learning gaps (CNA, 2019). Developing this educational resource created the opportunity for novice medicine nurse to enhance their competencies to optimize patient care. Additionally, I have contributed to advancing the Newfoundland and Labrador Health Services mandate highlighting the importance of continuous education and training for nurses to enhance the ability to effectively provide care to patients. I have also provided an educational resource for clinical instructors and educators to use as a teaching tool for nursing students and new graduate

nurses completing clinical training. Through the completion of higher education, I am growing in this education competency.

Research

To meet the advanced practice nurse competencies, nurses must be able to apply, synthesize and critique nursing research into their practice. I have critically appraised and applied research findings through the completion of the literature review and environmental scan (CNA, 2019). I incorporated relevant nursing research to guide the development of the education poster. I have applied my advanced practice nursing skills of critically analyzing peer reviewed nursing literature to discern high quality evidence to guide my practicum project. I formally appraised research through the participation of literature reviews to develop best practice guidelines (CNA, 2019). I synthesized relevant nursing literature to generate insights to inform my practicum project.

Leadership

Advanced practice nurses act as leaders to promote positive change within nursing practice and improve patient care (CNA, 2019). I identified a problem and initiated change to address such challenges at the clinical level (CNA, 2019). I identified the problem of novice nurses completing handover report and sought the value of being a change agent to address this issue through the development of the education poster. Identifying areas of practice and utilizing appropriate resources and best practice guidelines to promote a positive change portrays strong leadership characteristics.

Consultation and Collaboration

Collaborating and consulting other healthcare members positively impacts the healthcare system. I have initiated timely and appropriate consultations with other healthcare providers

(CNA, 2019). I have also consulted with novice nurses, senior nurses, nurse educators and care facilitators to gain a stronger understanding of the value of nursing handover report and the gaps in knowledge identified. Through collaboration and consultation, I was able to provide recommendations as needed through the consultations (CNA, 2019). Through collaboration with other nurses, I was able to identify the changes required and respond appropriately through the development of an educational resource. It is important to reflect on the value and growth in these competencies as I continue to grow as an advanced practice nurse.

Next Steps

Implementing this education poster in the medicine program is the next step for this project. I will hang the poster behind the nursing station on the medicine unit involved in the project, allowing the poster to be easily accessible for nurses. After hanging the poster on the unit, I will seek feedback on the poster using an anonymous questionnaire to analyze the effectiveness of the poster. I will ask for participation from both novice and senior medicine nurses, the patient care coordinator, nurse educators and management. This feedback form will allow nurses to highlight if they believe the poster was valuable for completing nursing handover report, identify areas that were beneficial or less important, as well as provide any further comments on the poster. Based on the feedback provided, I will make any necessary changes to the poster. See Appendix F for the post implementation feedback form.

Conclusion

It is evident throughout this practicum project the need for an education resource for novice medicine nurses completing nursing handover report. Through data collected by an integrative literature review, consultations with key stakeholders, and an environmental scan, it was evident novice nurses experience increased anxiety and stress completing nursing handover

19

report, thus, providing an education resource is vital. The integrative literature review highlighted the impact and importance of nursing handover report, as well as the current recommendations to include in nursing handover report. The consultation portrayed the key information highlighted by medicine nurses of what to include in nursing handover report, as well as the recommendations for the inclusion of this resource. The environmental scan highlighted what other authorities recommend for nursing handover report, and the similarities of inclusion data. In response to the information gathered, an educational poster was developed for medicine nurses completing handover report. As recommended through the literature, a mnemonic, that was short and easy to read was developed. This resource can aid in decreasing the stress and anxiety experienced by novice medicine nurses surrounding handover report, thus, improving the quality of life of novice medicine nurses and patient care.

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Appendix A

Literature Review

Effective Communication in Nursing Handover Reports

Ineffective communication among healthcare providers is a major cause of adverse events in the healthcare setting, with 80% of adverse events involving miscommunication during handover report (Chien et al., 2022). During an average patient's 4.8-day hospitalization, a minimum of 24 handover reports occurs between healthcare providers (Ernst et al., 2018). Handover report is a time-honored practice in that oncoming nursing staff must receive a report of the patient's status before commencing nursing care (Scovell, 2010). The main goal of the handover report is to convey accurate, reliable, and current details regarding the patient's care, needs, treatments, assessments, goal planning, and evaluation (Manias et al., 2016). Delivering impactful handover reports is a complex nursing skill, which integrates technical and non-technical skills and requires practice to master (Holt et al., 2020). It is evident within the literature that novice nurses often receive little to no training in handover report. Novice nurses then feel stressed and unprepared to engage in nursing report (Holt et al., 2020).

Purpose and Objectives

The purpose of this integrative literature review is to gain a further understanding of the nursing handover report phenomenon, its impact on novice nurses and patient care, as well as how to implement effective handover communication. Additionally, this integrative literature review will highlight current recommendations for nursing handover report and strategies that currently exist for nursing handover reports. This information will be used to develop an evidence-based communication resource to assist novice medicine nurses in completing nursing handover report. The two specific objectives for this literature review are (1) to describe factors affecting novice medicine nurses' ability to effectively complete nursing handover report and the impact on providing effective patient care and (2) to explore current recommendations and

27

inclusion guidelines for nursing handover report. The overall goal of this integrative literature review is to establish support for the development of an educational resource to increase understanding of completing handover report for novice medicine nurses. This integrative literature review will explore the background of handover reports and theoretical frameworks related to communication for novice nurses. It will explore the design, search methods and review methods used for this integrative review, the search results, data evaluation and analysis for this review, as well as the gaps in literature noted throughout this integrative review.

Background

To situate this literature review, a brief background into nursing handover report will be explored, as well as the importance of effective handover report and what can be classified as an ineffective handover report.

Nursing Handover Report

Effective handover communication can be defined as the process of passing patient-specific information from one healthcare provider to another to ensure the continuity and safety of patient care (Timmerman et al., 2021). Communication is an integral aspect of patient care and is believed to be one of the fundamental values of nursing when delivering high-quality, compassionate nursing care (Bramhall, 2014). Nurse-to-nurse communication accounts for 10-15% of a nurse's shift, therefore, must be taken seriously (Galatzan & Carrington, 2018). During a nursing shift, the nursing report is completed to ensure all nurses working on the shift are well-informed of the patients and, therefore, able to safely cover breaks and assist other patients if necessary. Handover report is completed to ensure nurses on the oncoming shift are aware of the patient's care and needs and is used in various opportunities within the healthcare setting, such as between the patient's management, interventions, or assessments (Ballantyne, 2017). Handover

report is vital for patient safety and continuity of nursing care. Handover reports can be used to establish medical knowledge, exemplary tidiness, or comment on dynamics regarding the patient and family (Scovell, 2010). Maintaining effective communication in the healthcare setting requires advanced interpersonal skills, as well as awareness of self and others (Bramhall, 2014).

Handover reports are used primarily to share information between healthcare professionals while assuming continuity of care (Ballantyne, 2017). There are a variety of types of handovers, such as verbal, written, office-based, or bedside reports and all types of handover reports have various advantages and disadvantages. Verbal-only reports allow for all information to be disclosed but can contribute to lost information and inadequate transfer of accountability (Ballantyne, 2017). Written handovers are often printed and distributed before a nursing shift but increase the risk of breaches in confidentiality (Ballantyne, 2017). Often there are combinations of verbal and written reports, which provide nurses with specific clinical details and promote the retention of information (Ballantyne, 2017). Office-based handovers occur away from the patient, providing confidentiality, minimizing interruptions and the opportunity to disclose sensitive information but increases the risk of omitting various information (Ballantyne, 2017). Bedside handovers involve the patient in the handover report, ensuring the patient is well-informed and involved, but holds confidentiality concerns (Ballantyne, 2017). Typically, handover reports consist of the passing of patient-related information, such as logistic details, including the name, age, diagnosis, the nursing process details, such as care involvement, interdisciplinary involvement and psychosocial care requirements (Scovell, 2010).

The handover report is noted to have three primary functions. Firstly, the handover report holds overt communication functions, where essential details are transmitted to enable care and assist in teaching (Scovell, 2010). This may include the patient's diagnosis, resuscitation status,

or care plan needs. Secondly, handover report has covert functions, which focus on the psychological, protective, and social elements (Scovell, 2010). This may include the patient's living situation, such as they live alone but are unable to return and require living placement. Finally, the handover report holds ritual functions, which include the culture and routine practices of the nursing handover report, as well as the introduction to professional nursing language (Scovell, 2010). This may include routine practices of nursing care, such as dressing changes, or safety surveillance. All aspects hold important information and serve varying functions for care needs.

Importance of Effective Handover Report

Gaining effective communication skills is imperative for information transferring in nursing handover reports. Handover reports are most effective when a systematic approach with effective communication skills is used regarding the condition, treatment, and plan of care for the patient (Ballantyne, 2017). Nurses' perceptions and satisfaction regarding handover communication can influence the content, quality, efficiency, and effectiveness of transferring relevant and pertinent information (Galatzan & Carrington, 2018). A significant indicator of the quality of the handover report is impacted by the experience of the nurse giving and receiving the report (Galatzan & Carrington, 2018). Various skills can be implemented, such as checking on what information the individual is aware of, giving small amounts of information at a time, using clear terms, avoiding unnecessary jargon, avoiding long details unless requested, pausing, and checking to understand with open questions (Bramhall, 2014). Effective communication skills are often not taught in formal undergraduate education but are learned through nursing practice (Scovell, 2010).

Effective communication is vital to ensure patient safety. Clear communication and cooperative care between nurses are fundamental to ensure all nurses are well-informed when sharing the complex care needs of patients and essential to ensure patient safety is maintained (Ballantyne, 2017). It is the nurse's responsibility to ensure information is accurate and complete when transferring information (Ballantyne, 2017). This ensures patient safety is maintained throughout the handover process. Handover communication involves an extensive amount of cognitive awareness and functioning while nurses analyze and synthesize information (Galatzan & Carrington, 2018). Providing effective communication during the handover report ensures patient safety is promoted when breaks are being covered.

Ineffective Handover Report

Ineffective handover communication is often a result of unstructured handovers containing inconsistent, irrelevant, or repetitive information (Chien et al., 2022). A variety of factors, such as distractions, interruptions, absence of consistency and structure, time requirements, irrelevant information, and lack of essential information all contribute to ineffective handover reports (Galatzan & Carrington, 2018; Vanderzwan et al., 2023). The World Health Organization (WHO) (2007) also noted that lack of education regarding handover and communication skills, language barriers, staff composition and lack of role models contribute to ineffective handover reports. Lack of clarity contributes to ineffective handover reports, as there can be a lack of understanding when the responsibility and accountability for the patient occurs (Ballantyne, 2017). Additionally, language barriers, including the use of unit-specific abbreviations can contribute to ineffective handover reports, as complexity can be exacerbated (Ballantyne, 2017). WHO (2007) noted the breakdown of communication was the leading cause of patient safety issues reported by the Joint Commission in the United States.

Distractions and interruptions have been identified as the leading cause of error that can jeopardize patient safety during handover reports (Vanderzwan et al., 2023). Vanderzwan et al. (2023) noted that 30% of nurses highlighted that handover interruptions were the most common barrier to an effective handover process. Distractions, such as equipment alarms, patient call lights and environmental noise are noted to impact the ability to provide effective handover reports (Ballantyne, 2017). Interruptions from patients, families, or other healthcare providers can impact the ability to effectively give handover reports (Ballantyne, 2017; Vanderzwan et al., 2023). These interruptions can impact the nurses' ability to concentrate on the information being presented, impact consistency, and may lead to critical information being missed (Vanderzwan et al., 2023).

Miscommunication during the transfer of care can contribute to delayed diagnosis, delayed or omitted treatments or medications, or missed or repeated testing (Galatzan & Carrington, 2018). Miscommunication during handover reports contributes to approximately 80% of errors in healthcare (Galatzan & Carrington, 2018). These errors can contribute to extended hospitalizations, increased costs, or patient harm (Galatzan & Carrington, 2018). These adverse events affecting patient outcomes are often a result of miscommunication, rather than nurses' competency or skill levels (Galatzan & Carrington, 2018). Additionally, time pressure from other responsibilities, training, culture, low health literacy, lack of financial resources, staffing shortages, lack of education, inadequate leadership, lack of technology infrastructure and lack of accepted research are all barriers identified that can impact effective handover communication (WHO, 2007).

The need to address the nursing handover report is warranted. Sufficient literature pertaining to handover report and communication focuses on implementing bedside handover

reports and the impact of ineffective handover report. There is little literature focusing on novice nurses' ability to perform handover report. Education resources can be implemented in medicine units to highlight important information required for completing an effective handover report. Identifying factors contributing to successful handover report are needed given the evidence provided of ineffective handover reports. Increasing education for novice nurses can assist in mitigating ineffective communication among nurses and increase patient safety. The knowledge generated from this integrative literature review will contribute to the development of a communication resource for novice medicine nurses to complete handover report.

Design

An integrative literature review method was utilized to gain comprehensive knowledge of this phenomenon of interest in nursing handover report (Whittemore & Knalf, 2005). An integrative review allows for the inclusion of both experimental and non-experimental research studies (Whittemore & Knalf, 2005). Integrative reviews allow the integration of defining concepts, reviewing evidence and theories, as well as analyzing methodological concerns (Whittemore & Knalf, 2005). An integrative review was appropriate for the initial stages of this practicum project as it provides a broad and diverse knowledge of the phenomenon of interest in handover nursing report. The integrative literature review was divided into two objectives to report the data findings based on the appropriate objectives.

Search Methods

In the integrative literature review, indexed and carefully chosen search terms were used for literature search in databases to capture the most pertinent articles. Utilizing a comprehensive computer-assisted search using the keywords of "nursing report", "handover report", "novice nurses", "effective communication", "handover guidelines", "nurse education", and "patient care

outcomes" in CINAHL, PubMed, Scopus, and Web of Science from 2000 to 2024. Purposive

sampling was used for article selection. Reports were excluded if the study focused on bedside

handover reports or settings other than medicine-surgical areas, for example, intensive care units.

The integrative literature review was conducted in two parts, reflecting the two objectives of

interest. Inclusion criteria for the integrative literature review included studies that were written

in English, nursing-related, peer-reviewed, qualitative designs, quantitative designs, mixed

method, and systematic reviews. Additionally, inclusion criteria included the relevant

phenomena of interest in nursing handover report and the target population of registered nurses.

Thirty-five abstracts (n = 35) were reviewed during initial screening to ensure the research

studies met the inclusion criteria. In total, sixteen (n = 16) articles were identified from

CINAHL, eighteen (n = 18) from PubMed, six (n = 6) from Scopus, and three (n = 3) from the

Web of Science database. Three (n = 3) duplicates were removed. All 35 articles were

considered for full text screening and assessed against the inclusion criteria. Once relevance was

determined, 17 (n = 17) research studies were deemed applicable to this integrative review. The

remaining studies were excluded because they targeted the wrong population, occurred in the

wrong setting, such as intensive care units, or targeted interventions not applicable to the

phenomenon of interest, such as bedside handover. To evaluate the quality and strength of

quantitative studies and systematic reviews, the Public Health Agency of Canada (PHAC) (2014)

critical appraisal tool was used. To evaluate the rigor of qualitative studies, The Joanne Briggs

Institute (JBI) (2017) critical appraisal checklist was utilized. To evaluate mixed-method studies,

the mixed-method appraisal tool (MMAT) was utilized (Hong et al., 2018).

Review Methods

For the integrative review, 17 research articles were critically analyzed. These articles included five qualitative studies (n = 5), eight quantitative studies (n = 8), one mixed method (n = 1), and three systematic reviews (n = 3). The research articles were published between 2009 to 2024. The research articles were published in Australia (n = 3), Belgium (n = 1), Hong Kong (n = 3), Indonesia (n = 1), Korea (n = 1), New South Wales (n = 1), The United States (n = 4), Singapore (n = 2), and Taiwan (n = 1). The setting of research studies primarily occurred in hospital settings on inpatient medicine wards. Most of the articles originated from BMC Nursing (n = 1), Clinical Handovers Critical Communication (n = 1), CIN (n = 1), HCMR Journal (n = 1), International Journal of Evidence-Base Healthcare (n = 1), International Journal of Public Health Excellence (n = 1), Joanna Briggs Institute (n = 1), Journal of Advanced Nursing (n = 1), Journal of Clinical Nursing (n = 3), Journal of Nurse Care Quality (n = 2), Nurse Education in Practice (n = 1), Nurse Education Today (n = 1), Western Journal of Nursing Research (n = 1), and Worldview of Evidence Based Nursing (n = 1). All research authors justified the research study by examining the studied phenomena of effective communication and handover report in nurses. The research studies covered a broad range of topics focusing on communication techniques, education interventions, and nursing leadership and all studies targeted registered nurses as their population of interest.

Data Evaluation

The PHAC (2014) toolkit provides a basis for evaluating the quality of evidence in quantitative studies and systematic reviews. The JBI (2017) toolkit incorporates the process of appraising the rigor of qualitative research studies. The MMAT (2018) provides a basis for evaluating mixed method research studies. The quality of the evidence examined in objective one

was supportive to gain a greater understanding of the factors impacting novice medicine nurses' ability to efficiently complete handover report and the impact on effective patient care. It was evident the gaps in high quality research exploring the barriers to an effective handover report for novice nurses. Many of the studies were qualitative, where novice nurses could explore their feelings through interviews and focus groups. There was a gap between moderate and strong quantitative study designs. When critically evaluated using JBI (2017) checklist, qualitative studies ranged from moderate rigor (Ernst et al., 2018; Ghosh et al., 2022; Lee et al., 2019) to high rigor (Chien et al., 2022; Chung et al., 2021). These moderate rigor studies had common concerns of no prolonged engagement or persistent observation used as studies were completed by focus groups or interviews that lasted a short interval (Ernst et al., 2018; Ghosh et al., 2022; Lee et al., 2019). It was prevalent in these focus groups and interviews the experiences of nurses giving handover report and the barriers encountered in practice. Lee et al. (2019) also only noted the use of female participants which reduces the generalizability of study results. Using the MMAT developed by Hong et al. (2018), the quality of study design was high (Malfait et al., 2019). There was a risk of social desirability bias in data collection as data was collected at work using observations of the handover report. Using the PHAC (2014) toolkit, the strength of design yielded low results, but the quality was medium (Manias et al., 2016; Mulfiyanti & Satriana, 2022; Kerr et al., 2013; Pun, 2021; Timmerman et al., 2021). Study designs were weak as no studies used a comparative group to confirm the intervention results did not occur by chance alone. Researchers controlled the participant exposure, resulting in the risk of selection bias (Kerr et al., 2013). Data was collected during one period with no intervention, resulting in the inability to believe an intervention contributed to study findings (Manias et al., 2016; Mulfiyanti & Satriana, 2022; Pun, 2021; Timmerman et al., 2021). Also, bias was a potential risk in many of

these studies as data is self-reported and related to employment. All studies validated barriers and success when completing nursing handover report, demonstrating the need for additional resources for novice medicine nurses. The studies confirmed the barriers to completing effective handover reports and the negative impacts this can have on novice nurses and patient care outcomes.

The quality of evidence assessed in objective two was effective in understanding the handover report recommendations and the value of educational tools and interventions in improving communication skills. These studies emphasized the use of educational resources, such as mnemonics, cue cards and flow charts. It was notable that the gaps in high quality research exploring education tools for registered nurses completing handover report, particularly novice nurses. There was limited data generated from strong strength of and yielded high quality results. When critically analyzing using JBI (2017) checklist, the qualitative studies had high trustworthiness (Chien et al., 2022). This ethnographic study used theoretically driven sampling with participants recruited from multiple sources and prolonged engagement for data collection. When critically analyzing the quantitative studies using the PHAC (2015) toolkit, there were weak study designs (Jukkala et al., 2012; Kasinathan et al., 2012; Tan et al., 2020; Timmerman et al., 2021) and moderate study designs (Clark et al., 2009; Pun et al., 2019). Quality of design varied from low (Clark et al., 2009; Tan et al., 2020), to medium (Choi et al., 2024; Jukkala et al., 2012; Kasinathan et al., 2012; Mulfiyanti & Satriana, 2022; Timmerman et al., 2021), to high (Pun et al., 2019). Common concerns noted in these research studies were the use of recruiting participants from single sources, the risk of social desirability bias and the lack of random sampling and randomization used in participants. Without randomization and random sampling, it is difficult to control confounders. These quantitative, qualitative, and systematic reviews

validated the need for education resources to promote effective communication among nurses completing handover report.

Data Analysis

Inductive methods were used to summarize and analyze literature results. Inductive methods take clear approaches and generate themes and integrative approaches (Younas et al., 2022). It is evident in the literature the various factors impacting novice nurses' ability to effectively give handover report, impacting patient care and safety. A significant number of nurses interviewed indicated various barriers they experience when completing handover report. Many factors that may impact the ability to effectively give handover report, such as various emotions, including increased stress, emotional insecurity, frustration, shame, inadequate education or feelings of incompetence, and these emotions contribute to a negative quality of life (Chung et al., 2021; Lee et al., 2019). Time constraints, role of colleagues, and patient presence can impact the ability to complete handover report (Malfait et al., 2019). It was evident all nurses were aware of the significance of the handover report, yet still expressed ignorance in completing report (Chung et al., 2021). Promoting effective communication skills and teamwork among nurses contributes to a successful nursing handover report (Ernst et al., 2018; Manias et al., 2016; Mulfiyanti & Satriana, 2022). Encouraging collaboration between nurses, particularly novice and senior nurses can also facilitate effective handover reports (Ballantyne, 2017; Manias et al., 2016; Pun, 2021). It was evident in the literature the barriers novice nurses experience when completing handover report, therefore, senior nurses can assist in education and mentorship opportunities to promote effective handover report. Senior nurses encompass strong leadership, knowledge and skills that can be transferred to novice nurses, thus, increasing their ability to perform handover report. Effective handover reports can contribute to increasing

patient safety, increasing awareness of care tasks required, and increasing the ability to complete

adequate assessments (Chien et al., 2022; Kerr et al., 2013; Mulfiyanti & Satriana, 2022;

Timmerman et al., 2021).

The literature demonstrates the impact of effective education and handover resources in

improving handover report and communication among nurses. The literature provided medium-

quality evidence suggesting education resources will increase knowledge and communication

skills while altering previous negative perceptions of handover report. Evidence from the

literature supports various education styles, such as lectures, videos, role-play, prompt cards,

checklists and report templates (Choi et al., 2024; Clark et al., 2009; Mulfiyanti & Satriana,

2022; Pun et al., 2019). Using handover tools and mnemonic guides is effective for

communicating clearly and ensuring all vital information is included (Choi et al., 2024; Jukkala

et al., 2012; Kasinathan et al., 2012; Tan et al., 2020; Timmerman et al., 2021). Specific tools,

such as the SBAR framework is noted to be effective in providing a concise handover that

includes the situation, background information, assessments, and action recommendations

(Ballantyne, 2017; Clark et al., 2009; Mulfiyanti & Satriana, 2022; WHO, 2007). The use of

these handover tools can assist in guiding the need for a communication resource for novice

nurses completing handover report. Utilizing evidence from the high-quality research articles, it

is apparent the need for a communication resource to assist novice nurses in handover report.

Such resources can assist in mitigating the barriers to novice nurses completing handover reports

and decrease negative patient care outcomes related to staff communication.

Objective One: Search Results

When attempting to describe factors impacting novice nurse's ability to provide patient

care, it was important to examine the barriers novice nurses experience, the factors contributing

to a successful handover report, and the impact handover report may have on patient care. The search results of these themes will be described below.

Barriers Novice Nurses Experience when Completing Report

Increased Stress and Emotions

Many novice nurses note a variety of emotions and experiences when completing handover report. A common theme noted was increased stress in completing handover report in three qualitative research studies (Chung et al., 2021; Ernest et al., 2018; Lee et al., 2019). Lee et al. (2019) examined the perceptions and experiences through focus groups of 38 medicine nurses on handover report. Lee et al. (2019) coded themes generated from focus groups and verified descriptive themes through frequency analysis by calculating the subthemes appeared in sentences. Lee et al. (2019) noted that 6.6% of nurses experienced emotional insecurity related to completing to handover report and many experienced negative emotions related to handover report. Similarly, Chung et al. (2021) explored the experiences of 20 novice nurses completing handover report through semi-structured interviews. The novice nurses in this study noted the ineffective and disorderly handover report caused feelings of frustration, stress, or shame, and had negative impacts on their quality of life and sleep patterns (Chung et al., 2021). Ernst et al. (2018) examined effective nurse-to-nurse shift handover reports on medical-surgical units through semi-structured focus groups involving 21 medical-surgical nurses and examined perceptions of the ideal handover report. Ernst et al. (2018) noted that increased stress can also occur in the oncoming nurse when a poor handover report is received. If poor teamwork transpires and a disorganized handover report occurs, increased stress and impact on patient care may occur (Ernst et al., 2018).

Time Constraints

Four studies also noted that time constraints contributed to completing handover report effectively (Chien et al., 2022; Chung et al., 2021; Ernest et al., 2018; Malfait et al., 2019). Chien et al. (2022) completed an ethnographic qualitative study examining 33 hospital staff's opinions on how to improve the quality and safety of handover report and the impact on patient safety. Through focus groups, many nurses highlighted that they felt they could not conduct handover consistent with the policy recommendations due to time constraints experienced during their shift (Chien et al., 2022). Similarly, Ernst et al. (2018) noted that when handover consumes more time than anticipated, the nurse may feel rushed, increasing stress and potentially impacting the quality of their report. The lack of time to prepare for handover report also contributed to stress due to the busyness and acuity of their shift (Chung et al., 2021). Through mixed-method research, Malfait et al. (2019) studied 106 nurses using interviews and observations to identify barriers and facilitators of handover report. Malfait et al. (2019) found 23.6% of nurses believed time was a barrier to completing handover report effectively ($p < 0.001$).

Nurse and Patient Presence

Nurse and patient presence can contribute to ineffective handover reports (Chien et al., 2022; Chung et al., 2021; Malfait et al., 2019). Feelings of anxiety were also present in over half of the nurses when giving report to senior nurses (Chung et al., 2021). Malfait et al. (2019) noted that 20.8% believed the role of colleagues was a barrier to completing handover report ($p < 0.001$). Chien et al. (2022) noted internal hierarchies between senior and junior nurses contributed to handover report challenges and felt they could not discuss concerns with senior staff. Ernst et al. (2018) noted poor teamwork during nursing handover can cause handover disruptions and extend the duration of the handover report. When expectations are shared

between nurses for an effective handover report, the report generally goes more efficiently and effectively (Ernst et al., 2018). Additionally, Malfait et al. (2019) noted that 70.8% of nurses believed patient presence and participation were viewed as a barrier (p < 0.001), which can be related to interruptions or increased anxiety in patient presence. In contrast, Manias et al. (2016) noted that 46% of staff believed patient involvement improved the effectiveness of handover report.

Feeling Incompetent

Another barrier noted was the incompetent feelings novice nurses felt completing handover report and using handover tools (Chung et al., 2021; Lee et al., 2019). All nurses reported the understanding that handover report is an essential and vital responsibility to provide continuity of care, but many felt unsafe completing handover report (Chung et al., 2021; Lee et al., 2019). Chung et al. (2021) noted that many of the participants in the study expressed difficulty identifying important data to include in handover report. Through a cross-sectional study design, Pun (2021) provided questionnaires to 206 nurses to explore factors that impact communication skills. Pun (2021) noted that understanding the format of handover report positively increases the understanding of the patient care plan, thus, increasing the quality of care (p < 0.34). Manias et al. (2016) completed a cross-sectional design exploring the perspectives of handover report among 707 healthcare providers. Manias et al. (2016) noted through questionnaires that 63% of nurses found clinical handover tools beneficial to use during handover report. Ghosh et al. (2022) completed a descriptive phenomenological study using simulations and interviews to understand the challenges 16 nurses faced during handover report. Ghosh et al. (2022) identified that nurses felt challenged completing handover report due to the

need to update all information, finding the information in a disorganized state and organizing oneself to present information in such a way preferred by the participating nurse.

Lack of Education

Five studies noted they did not feel adequately educated to complete handover report (Chung et al., 2021; Ghosh et al., 2022; Lee et al., 2019; Malfait et al., 2019; Manias et al., 2016). Many nurses (5.3%) felt they did not have adequate training to provide a sufficient handover report (Lee et al., 2019). Chung et al. (2021) noted many of the nurses felt they were not adequately educated on what to include in handover report. It was also noted the need for a greater level of structure when completing handover report and 78.3% of nurses believed structured handovers positively influence handover report ($p < 0.665$) (Ghosh et al., 2022; Malfait et al., 2019). Manias et al. (2016) completed a cross-sectional study and 69% of nurses indicated they felt that they required handover report training ($p < 0.001$). Mentoring and guidance from senior nurses can assist in improving the ability to conduct handover report (Chien et al., 2022).

Factors Contributing to Successful Handover Report

Handover Perceptions

Effective handover reports have a positive impact on nurses, as they encourage and maintain group cohesion by fostering common values and collaboration among team members (Ballantyne, 2017). The perception of handover report is vital, with 82.9% of nurses believing the perception itself positively impacts the facilitation of handover report ($p < 0.001$) (Malfait et al., 2019). Similarly, Manias et al. (2016) noted that 36% of staff believed handover report was highly effective. If staff have positive attitudes regarding handover report, behaviors are more likely to be accepted.

Effective Communication

Effective communication contributes to a successful nursing handover report (Ernst et al., 2018; Manias et al., 2016; Mulfiyanti & Satriana, 2022). Mulfiyanti and Satriana (2022) completed an integrative literature review that examined 13 articles in the last five years assessing communication, patient safety, and quality of life. The integrative review highlighted that communication and collaboration among nurses contribute to improving patient safety and the quality of nursing care. Manias et al. (2016) noted that 99% of staff recognized the importance of communication skills in providing an insightful handover report. Ernst et al. (2018) noted successful teamwork and communication between nurses can positively impact handover report. When the outgoing nurse is prepared and well organized, using the preferred method of handover report, a successful handover occurs (Ernst et al., 2018). Additionally, when there are differences in expectations, content, or depth of detail, ineffective communication occurs and negatively impacts the shared understanding of report details (Ernst et al., 2018).

Collaboration between Novice and Senior Nurses

Collaboration between senior and novice nurses can contribute to an effective handover report. When communication is effective, respectful, and responsible between staff, it positively influences patient care (Ballantyne, 2017; Manias et al., 2016; Pun, 2021). Handover report can also be seen as an effective educational opportunity between nurses as it provides the opportunity to share best practices or developmental goals (Ballantyne, 2017). Senior nurses can use handover report to provide novice nurses the opportunity to reflect on various situations and provide solutions for managing challenging situations in the future (Ballantyne, 2017). Manias et al. (2016) noted that 66% of staff believed senior staff were effective role models for junior staff giving handover report. Similarly, Pun (2021) noted that when nurses believe they can ask

questions during handover report they gain a better understanding of the patient care plan, thus providing better patient care (p < 0.53). When the care plan is understood, it positively significantly impacts the quality of the handover report given (p < 0.01) (Pun, 2021). In comparison, only 4.7% of nurses believed the role of colleagues facilitated handover report (p < 0.001) (Malfait et al., 2019). Additionally, handover is noted to decrease emotional distress for nurses. Handover communication can be therapeutic for nurses, as it provides the time to debrief their previous shift and offload any emotional burden, as well as express and share frustrations, emotions, and feelings (Ballantyne, 2017; Malfait et al., 2019). Using this opportunity to ease anxiety and collaborate between nurses can positively facilitate the handover process and improve patient care.

Impact on Effective Patient Care Delivery

Handover report can impact the ability to provide safe patient care (Chien et al., 2022; Mulfiyanti & Satriana, 2022; Timmerman et al., 2021). Effective communication will reduce errors and prevent undesirable events related to patient safety and quality of care (Mulfiyanti & Satriana, 2022). Timmerman et al. (2021) completed a cross-sectional descriptive study where 103 registered nurses could submit the handover tool used for nursing report to describe relevant content for nursing report. Timmerman et al. (2021) noted that less than 50% of nurses included safety or risk information on their report sheet, such as isolation requirements, fall risk, hospital-acquired pressure injury risk, or other risks, which impacts the knowledge and ability to provide safe patient care. Similarly, Chien et al. (2022) noted that nurses were aware of the potential safety risks inconsistent handovers held, and noted important information could get missed contributing to patient safety incidents. Chien et al. (2022) noted that after handover education occurred, there was a 48% reduction in inpatient falls, a 20% decrease in hospital-acquired

pressure injuries and a 43% reduction in medication errors. Adequate handover reporting these risks can assist in mitigating patient safety concerns, thus, improving patient outcomes.

Handover report can impact the knowledge of the patient's plan of care, thus, impacting the continuity of care and the ability to complete nursing care tasks (Kerr et al., 2013; Timmerman et al., 2021). Timmerman et al. (2021) noted that 55% of nurses included in their handover report the tasks needing to be completed for the patient and 24% included the plan of care for the patient, such as education needed or discharge planning. Kerr et al. (2013) completed an uncontrolled before-after study design that explored the use of the OSSIE clinical handover guide on 45 nurses. The OSSIE guide focuses on organizational leadership, simple solution development, stakeholder engagement, implementation, evaluation and maintenance and the OSSIE guide was implemented through education sessions, policies, and promotional posters. Kerr et al. (2013) noted that when nurses receive adequate education on nursing handover report, nursing care task completion increases, such as allergy awareness increasing from 83.3% to 95.4% (p < 0.003). Also, when nursing handover education was received, pressure ulcer prevention was increased from 60.5 to 68.7% (p < 0.232) and correct medication administration increased from 81% to 97.3% (p < 0.001) (Kerr et al., 2013).

Handover report impacts the ability to gain adequate patient knowledge, therefore, impacting assessment skills (Timmerman et al., 2021). If an individual is unaware of assessment needs, such as oxygen requirements, or pain levels, it can impact their ability to assess and care for these requirements. Timmerman et al. (2021) noted only 15% of nurses included respiratory support in their handover report, but 79% included vital signs and pain levels in their handover report. Additionally, negative consequences may occur if the report is disorganized, as it impacts the oncoming nurse's ability to understand the patient's condition (Ernst et al., 2018). If

inaccurate information is shared or information is omitted, it may impact the intended plan for the nurse's care (Ernst et al., 2018). It can also contribute to additional taskwork at the beginning of shifts, such as investigating for accurate information or resolving discrepancies, therefore, can negatively impact the patient care being provided and impact the nurses' workflow (Ernst et al., 2018). When the oncoming nurse receives this information, they can appropriately assess the patient's individual care requirements in a timely manner.

Objective Two: Search Results

When exploring current recommendations and inclusion guidelines for nursing handover report, it was vital to understand the benefits of educational resources used for handover report, as well as current handover inclusion criteria and recommendations prevalent within the literature. The results of such themes will be described below.

Educational Resources for Handover Report

Two studies noted the benefits of lecture education sessions for handover education (Chien et al., 2022; Choi et al., 2024). Lectures included defining handover report, the purpose, importance, handover methods, correlation with patient safety, factors that can impact handover report and providing examples of successful or inadequate handover report (Choi et al., 2024). Chien et al. (2022) provided communication training education modules, such as lecture-style education sessions to improve verbal reports and the value of handover in nursing practice. These lectures also provided strategies to address handover challenges, such as handling confidential information and were noted to be well received with 94% of nurses highlighting the training was 'very useful' (Chien et al., 2022).

Implementing nurse education using a variety of concepts, such as lectures, videos, role-play, prompt cards, report templates and checklists is beneficial for improving nursing handover

(Choi et al., 2024; Clark et al., 2009; Mulfiyanti & Satriana, 2022; Pun et al., 2019). Two cohort studies were analyzed to highlight the implementation of educational tools for nurses regarding handover report (Clark et al., 2009; Pun et al., 2019). Pun et al. (2019) implemented the connect, ask, respond, empathize (CARE) communication training to assess the effectiveness of nurse handover and education sessions on 49 nurses. After the three-hour education session was provided, there was a statistically significant increase in education scores from the baseline data to immediately after training ($p < 0.0001$) (Pun et al., 2019). Additionally, nurses noted the training sessions were beneficial and easy to follow ($p < 0.037$) (Pun et al., 2019). Similarly, Clark et al. (2009) examined the impact of the PACT project on communication skills between 49 nurses. The PACT project promotes thorough patient assessments, clear communication of assessments, accurate transfer of responsibility and patient safety while promoting a respectful work environment (Clark et al., 2009). The PACT project used handover prompt cards, report templates and handover workshops to increase communication and patient assessment skills (Clark et al., 2009). Clark et al. (2009) noted after the intervention was provided, 68% of nurses believed the handover skills had improved and 72% of nurses believed they could communicate more effectively. Additionally, the nurse champions in this study believed the handover prompt cards and report templates were a great resource tool for novice nurses and students (Clark et al., 2009). Similarly, Choi et al. (2024) noted in the systematic review analyzed 18 research studies published before June 2022. The systematic review emphasized the benefits of active practice and participation in education sessions (Choi et al., 2024). Active practice included demonstrations from educators on successful handover reports and then application practice using concept mapping or mnemonics (Choi et al., 2024). Using training and socialization

techniques related to effective communication can assist in improving communication, reducing errors, and improving the quality of nursing care provided (Mulfiyanti & Satriana, 2022).

Current Inclusion and Handover Recommendations

It is evident the necessary changes needed for handover improvements to provide effective, safe patient care. Providing clear handover guidelines and education initiatives can assist in creating effective handover reports (Scovell, 2010). A clear format, detailing specifics that should be included in handover report can assist in mitigating problems for the oncoming shift (Scovell, 2010).

The use of handover tools was noted to be beneficial when completing handover for nurses (Jukkala et al., 2012; Kasinathan et al., 2012; Timmerman et al., 2021). Timmerman et al. (2021) noted the handover tools were context-specific, customizable, contained emphasized information and included areas for patient identification, diagnosis or chief complaint and assessment following a body systems format. Two uncontrolled before-after designs were completed to demonstrate the effectiveness of clinical tools in improving handover report quality (Jukkala et al., 2012; Kasinathan et al., 2012). Jukkala et al. (2012) examined the effectiveness of the medical communication tool during handover report among 43 registered nurses. Jukkala et al. (2012) used a medical communication tool that utilized a human figure front view and text to guide communication specific to body systems, laboratory data, procedures and family or social concerns. Jukkala et al. (2012) noted that total communication scale scores significantly decreased after the implementation of this tool (18.75 vs 17.72; $p < 0.003$) indicating improvement in communication perceptions during handover report. Additionally, nurses believed after using this tool during the shift report, they felt adequately prepared to care for their patients (1.95 to 1.71) (Jukkala et al., 2012). Kasinathan et al. (2012) provided 15 registered

nurses with an education intervention focusing on the use of cue cards and flow charts for providing effective handover report. After the intervention was provided on the use of cue cards and flow charts, an increase in handover quality was noted (Kasinathan et al., 2012). There was a significant increase in the handover process including the agreed plan of care after the education (47% to 100%; $p < 0.003$) (Kasinathan et al., 2012). Furthermore, there was an increase in relevant history and detailed observations being shared in handover report (80% to 100%; $p < 0.068$) (Kasinathan et al., 2012).

The use of mnemonics was noted to be valuable in guiding handover report among nurses (Choi et al., 2024; Tan et al., 2020; Timmerman et al., 2021). Handover mnemonics are used to provide accurate communication of patient information in a timely and clear manner (Tan et al., 2020). Mnemonics are noted to be a valuable tool that enhances memory and knowledge retention (Tan et al., 2020). Timmerman et al. (2021) noted that 44% of nurses used handover tools with mnemonics. Tan et al (2020) completed an uncontrolled before-after study to evaluate the effectiveness of a mnemonic clinical tool among 31 registered nurses. Using an efficient handover tool that provides all essential information, Tan et al. (2020) implemented the MAPS-D handover tool. The MAPS-D handover tool provides a guide for communicating patient mobility and monitoring, admission reason, procedures and preparation, special precautions, as well as diet and discharge (Tan et al., 2020). Baseline data was collected through observations and noted only 35% of nurses were compliant in handing over key information to oncoming staff (Tan et al., 2020). After copies of the mnemonic guide were posted and pocket versions were provided to nurses, an increase in handover effectiveness was prevalent (Tan et al., 2020). After the implementation, 97% of nurses were noted to provide the complete set of information as per the MAPS-D guidelines and there was a significant increase in knowledge related to handover,

mobility, degree of patient assistance, diet, procedures, preparation, and discharge (p < 0.01) (Tan et al., 2020).

The situation, background, assessment, and recommendation (SBAR) framework is a handover tool recommended for completing effective handovers (Ballantyne, 2017; Clark et al., 2009; Mulfiyanti & Satriana, 2022; WHO, 2007). This framework involves providing a concise statement on the situation, brief and relevant background information related to the situation, observations and assessments of the situation, and recommended actions (Ballantyne, 2017). This handover technique has been noted to provide confidence in effective communication (Ballantyne, 2017). Professional nursing practice standards emphasize the use of this method, as it describes the process of overcoming patient issues and highlights a direction, implementation, and follow-up to the patient care plan (Mulfiyanti & Satriana, 2022). Clark et al. (2009) used a tool that was guided through the SBAR template and 62% of nurses agreed the SBAR tool assisted communication skills. In contrast, Pun et al. (2019) compared SBAR to the CARE communication method in the cohort study. Nurses in this study believed SBAR was time-consuming (p < 0.002) and difficult to implement (p < 0.0001), while other nurses felt the SBAR checklist enhanced communication skills with nurse colleagues (p < 0.0001) (Pun et al., 2019). It is evident the impact of implementing handover recommendations to effectively communicate between nursing staff.

Gaps in Literature

It is evident from the integrative literature review the gaps in current handover educational tools for novice nurses. Novice nurses experience increased emotions, feelings of inadequacy and lack of competency, contributing to negative sleep disturbances and quality of life. It is evident the lack of leadership opportunities for senior nurses to act as role models for

novice nurses (Manias et al., 2016). Senior nurses can promote handover communication tools for communication. Early integration of communication tools, such as the SBAR framework can instill confidence in novice nurses through gaining adequate education on effective communication techniques. There was a lack of high-quality evidence exploring the use of handover tools for effective communication among novice nurses. Participation in strong study designs, such as randomized controlled trials implementing an education intervention utilizing handover tools, such as the SBAR framework can support the need for handover sources for novice nurses. Completing high-quality research studies that consider anonymous data collection tools can assist in mitigating social desirability bias and the risk of the Hawthorne effect. Allowing nurses to freely express their values and concerns on handover report can assist in generating high quality results to impact the handover report. Furthermore, there was a lack of high-quality research examining the effectiveness of educational infographics for handover tools. Printing small educational infographics, including mnemonics can enhance memory and knowledge retention, therefore, could be valuable to study (Tan et al., 2020).

Despite the value of handover tools in effective communication, there are limited resources available for novice nurses through NL Health Services. Novice nurses are responsible for seeking education opportunities, engaging in informal mentorship opportunities, and sharing knowledge regarding beneficial handover tools. The development of an educational communication resource for novice nurses can facilitate effective communication among nurses to promote continuity of nursing care.

Conclusion

It is evident from the literature the misfortune ineffective communication among nurses can cause to patient safety. To ensure adequate continuity of patient care, effective handover

reports are required between nurses to effectively care for patients. Miscommunication, distractions, and interruptions can contribute to an ineffective handover report. Novice nurses face many barriers when completing handover report and such barriers can create many negative impacts on patient care. Utilizing handover education resources and handover tools can promote effective communication during handover report for novice nurses. Absent from the literature is readily available, high-quality data that utilizes early integration of handover tools and educational infographics for novice nurses to enhance communication techniques. It is evident from the literature that a resource addressing handover report can reduce communication errors novice nurses experience. Findings from this literature review can support the development of a communication resource to positively impact novice nurses' abilities to perform handover report.

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Appendix B

Literature Summary Tables

Abbreviations Used

Abbreviation	Meaning
CARE	Connect, ask, respond, empathize
HCP	Healthcare providers
MAPS-D	Mobility/monitoring, admission reason, procedure/preparation, special precaution, diet/discharge
MCT	Medical communication tool
MSR	Medical shift report
PACT	Patient assessment, assertive communication, continuum of care, teamwork with trust
PPF	Past, present, future of the patient journey and condition
SBAR	Situation background assessment recommendation
V&R	Valid and reliable

Study/Design	Methods	Key Results	Comments
Authors: Chien et al. (2022) Design: Ethnographic qualitative design Purpose: To improve the quality and safety of patient care by examining bedside handover and the communication challenges experienced	N: 33 hospital staff (nurses, medical, allied health, nursing students) Country/Setting: Hospital in New South Wales Data Collection • Pre intervention (Feb 2020): Interviews/focus groups, non-participant observations and recordings of handovers/ huddles, thematic analysis of interviews and focus groups • Intervention (June 2020): Implementation of recommendations from pre-intervention, training on handover/communication • Intervention included 2 hour training session on handover/communication • Post-intervention (Aug 2020): interviews, non-participant intervention, thematic analysis Data Analysis • All audio and video recorded data was transcribed & coded • Themes generated from codes by research nurses	Handover Concerns • Handover information was inconsistent • Nurses aware of potential patient safety risk – something may get missed that can cause patient safety incidents • Could not conduct handovers consistent with policy due to time constraints or interruptions • Internal hierarchies made difficult for junior nurses to speak up regarding concerns • Expressed need for mentoring or guidance on how to conduct handover Impact on Patient Outcomes • After education given, 48% reduction in inpatient falls, 20% decrease in hospital acquired pressure injuries, 43% reduction in medication errors • 94% highlighted education was 'very useful'	Rigor: High Dependability: Triangulation (data recruited from multiple sources) and member checking complete Confirmability: Inter-coder checks/codebook used, inquiry audit complete Transferability: Comprehensive field notes, search for confirming evidence Credibility: theoretically driven sampling, recording and verbatim transcription Authenticity: prolonged engagement Other Comments • Only recruited from one hospital • Unable to control founding data as no comparison group • Unable to determine if decreases occurred by chance alone or due to intervention • Managers verified information

Study/Design	Methods	Key Results	Comments
Authors: Choi et al. (2024) Design: Systematic review Purpose: To identify components of handover educational programs for nurses and students to analyze their effects and provide basis for further development of these education programs	Inclusion Criteria • Articles published until June 30, 2022 • Searched articles using CINAHL, Embase and Medline • Data collection/screening/ evaluation done by 2 researchers • 18 studies analyzed (3 randomized controlled trials, 6 non randomized controlled trials, 9 before-after studies)	Education Intervention • 11 studies used mnemonics to guide educational interventions (such as SBAR, CARE, PPF) • Education methods divided into lectures and active practice • Lectures included: definition, purpose, importance, methods of handovers, correlation with patient safety, factors that affect/disrupt handovers, examples of inadequate and successful handovers • Active practice included: educator demonstration then application practice using concept mapping/ mnemonics Effectiveness of Education • Increase knowledge after intervention in 2 before-after studies • Handover performance higher in intervention group than control group ($p < 0.05$)	Strength of Design: No rating Quality of Design: Moderate Comments • Some low quality studies used • Studies appraised in consistent systematic way • Extensive literature search complete • Characteristics of samples similar • Statistical significance interpreted correctly • Used studies from a variety of settings

Study/Design	Methods	Key Results	Comments
Authors: Chung et al. (2021) Design: Descriptive phenomenological study Purpose: Explore new graduate nurse experience of nursing handover	N: 20 nurses who graduated in last 12 months Country/Setting: 11 acute care hospitals in Hong Kong Data Collection • Individual semi-structured interviews (45-60 mins) • September 2018 – February 2019 • Lead by research nurse • Focused on perception of handover, experiences, barriers encountered Data Analysis • Interviews recorded and transcribed • Statements were grouped in categories and themes	• All participants believed handover essential part of nursing and vital responsibility • Over half reported being nervous to give report to senior nurse • Many reported 'inefficient'/ 'chaotic' performance caused feelings of stress/ shame/frustration • 3 perceived barriers identified to efficient handover: inadequate professional judgement, poor ability to synthesize information, unsystematic reporting	Rigor: High Dependability: Member checking complete, asked to verify experiences; careful documentation Confirmability: Triangulation met to minimize bias Transferability: Quality-enhancement efforts attempted Credibility: Transcription rigor complete Authenticity: Thick vivid description used Other Comments • Theoretically driven sampling occurred • Saturation of data occurred • Only public hospitals used • No comparison to senior nurses complete

Study/Design	Methods	Key Results	Comments
Authors: Clark et al. (2009) Design: Cohort study Purpose: To describe and evaluate the PACT project and assess the communicate between nurses	N: 49 nurses Country/Setting: Hospital in Australia Intervention • Thorough patient assessment, communicate assessment in clear, concise manner, promote patient safety and accurate transfer of responsibility while promoting respectful team environment • 7 PACT champions led the development, implementation, and evaluation of project • Handover prompt card used to guide handover in standardized sequence • Reporting template used • Follows SBAR system • 2 workshops provided on assertive communication and patient assessment Data Collection • Baseline data collected using questionnaire that assessed opinions on handover in April 2008 • Post implementation questionnaire given in December 2008 • Champions had post implementation discussion Data Analysis • Champion discussion was transcribed, and key themes were identified • Simple statistics used for survey results	Baseline Data • 94% identified nurses gave handover in different ways • 82% agreed that standardized tool was needed • 32% believed they always get information needed from handover After Intervention • 60% believed they now get information needed from handover • 68% identified shift-to-shift handover has improved • 72% believed they communicate more effectively • 62% agreed SBAR tool helped when communicating • Champions believed tool was great for novice nurses and students	Strength of Design: Moderate Quality of Design: Low Comments • Recruited from single hospital • Clear temporal association • Risk of social desirability bias – surveys complete at work • Does not state if data collection tools were V&R • Small sample size with low retention • Simple statistics used but no statistical significance listed

Study/Design	Methods	Key Results	Comments
Authors: Ernest et al. (2018) Design: Phenomenological qualitative study Purpose: To describe nurses experiences on the handover process	N: 22 medical-surgical nurses Country/Setting: 2 hospitals in the United States Data Collection • 5 focus groups (75 minutes) • Focus groups were audio recorded • Convenience and purposeful sampling used • Demographic questionnaires (V&R assumed) Data Analysis • Focus groups were transcribed and coded into themes	• Poor teamwork contributed to unsuccessful handover report – impacts the oncoming nurse as they transition into patient care and causes increased stress and impacts patient care • Poor teamwork can negatively impact the handover report if expectations are not shared or broken • Successful handover occurs when the nurse is prepared and organized, as well as using preferred format for handover report • Disorganized report can impact patient care and give false understanding	Rigor: Moderate Dependability: Member checking complete with careful documentation Confirmability: Inter-coder checks/codebooks used and triangulation occurred Transferability: Comprehensive field notes and saturation of data Credibility: Theoretically drive sampling, transcription rigor present Authenticity: Recording and transcription verbatim Other Comments • No prolonged engagement or persistent observation • No negative case analysis • Small sample size

Study/Design	Methods	Key Results	Comments
Authors: Ghosh et al. (2022) Design: Descriptive phenomenological design Purpose: To understand the challenges of handover report between nurses and the influence of tools used	N: 16 nurses Country/Setting: Acute care hospital in the United States Data Collection • Complete handover report on simulated case and videotaped • Interviews to share experiences on handover process & were audiotaped • Demographic surveys (V&R assumed) Data Analysis • Interviews transcribed and coded • Themes developed	• Challenges related to preparing for handover report included updating information, finding information in a disorganized state, spending time presenting information preferred by all nurses participating in handover process • Desired greater level of structure in how information was communicated during handover • Handover tools need to provide balance between nurses' preference for information, standardized and customizable	Rigor: Moderate Dependability: Careful documentation & audit trail occurred Confirmability: Inter-coder checks and code books used. Triangulation occurred Transferability: Data saturation occurred Credibility: theoretically driven sampling & recording/ verbatim transcription occurred Authenticity: Thick, vivid descriptions used Other Comments • Lacks generalizability, only occurred at one hospital • No comprehensive field notes • No prolonged engagement • No persistent observation • No reflexivity disclosed

Study/Design	Methods	Key Results	Comments
Authors: Jukkala et al. (2012) Design: Uncontrolled before-after design Purpose: To develop and test a standardized tool that improves handover communication among nurses during shift report	N: 43 Registered nurses Country/Setting: Hospital in Southern United States Intervention • Baseline MSR complete • Provided MCT – human figure front view and text to guide communication specific to body systems, lab work, procedures, and family/social concerns • After completion of 3 12hr shifts using MCT to guide shift report communication, nurses completed MSR again Data Collection • Shift report communication scale (MSR) used to collect data on nurses' perception of handover communication • MSR gathers data on communication openness, quality of information and shift report • Scored on 9 point Likert scale • Cronbach's alpha 0.79 • Demographic data also obtained Data Analysis • Statistical significance $p < 0.05$ • Paired t tests used to examine changes in mean MSR total and subscale scores	• Total scores significantly lower following implementation of MCT (18.75 vs 17.72; $p < 0.03$) indicating improvement in communication perception during shift report • Shift report subscale improved significantly (8.21 vs 7.55; $p < 0.02$) • Nurses report shift report allowed them to feel adequately prepared to care for their patients after implementing MCT (1.95 vs 1.71)	Strength of Design: Weak Quality of Design: Medium Comments • MCT not valid and reliable tool • Risk of social desirability bias – data was self-reported • Risk of Hawthorne effect as communication was being evaluated • Recruited from single source • Similar baseline characteristics • Less than 80% completed study • Statistical testing appropriate

Study/Design	Methods	Key Results	Comments
Authors: Kasinathan et al., 2012 Design: Uncontrolled before-after design Purpose: To improve the quality and duration of inter-shift patient handover	N: 15 registered nurses Country/Setting: Oncology ward in Singapore Intervention • Cue cards and flow chart provided to guide handover • Education session provided on handover, cues cards and flow charts • Demonstrations given Data Collection • Gathered baseline data through observations • Observations done 3 months after intervention was implemented Data Analysis • Research team recorded observations • Simple statistics used	Results • 47% of nurses noted poor compliance in pre-implementation of best practice standards • Relevant history being shared increased from 80% to 100% after intervention (p < 0.068) • Detailed observations being stated increased from 80% to 100% after intervention (p < 0.068) • Handover process includes agreed plan of care increased from 47% to 100% after intervention (p < 0.003)	Strength of Design: Weak Quality of Design: Medium Comments • Recruited from single location • Simple statistics used & not given statistical significance • Small sample size • Data collected by trained professionals • Risk of social desirability bias as data taken from observations • 100% participants completed survey • Observations are subjective – should provide context of how they are assessing these observations

Study/Design	Methods	Key Results	Comments
Authors: Kerr et al. (2013) Design: Uncontrolled before-after design Purpose: To examine changes in nurse care tasks and documentation after the implementation of a bedside handover intervention	N: 45 nurses Country/Setting: 3 hospital wards in Australia Intervention • OSSIE guide to clinical handover improvement • OSSIE: organizational leadership, simple solution development, stakeholder engagement, implementation, evaluation, and maintenance • Received education session, policies, procedures, promotional posters to guide intervention Data Collection • Informal audits done prior to intervention to reflect areas of improvement needed for nursing care and documentation • Review of patient medical records and direct observation (handover duration) • 15 handovers observed per ward • 754 medical charts reviewed (381 preintervention; 373 postintervention) • Data collected over 12 months Data Analysis • Descriptive & inferential statistical analysis • Comparison between pre and post intervention • $p < 0.05$ for statistical analysis	Completion of Nursing Care Tasks • Allergy awareness increased after education was provided (83.3% to 95.4%; $p < 0.003$) • Medications administered as prescribed increased after education (81% to 97.3%; $p < 0.001$) • Pressure ulcer prevention after admission was increased (60.5% to 68.7%; $p < 0.232$)	Strength of Design: Weak Quality of Design: Medium Comments • Only one group – unable to compare if was due to intervention or chance alone • Risk of social desirability bias – participants aware of data collection • Recruited from multiple units • No random sampling used • No validity or reliability of data collection tools • Appropriate statistical testing used

Study/Design	Methods	Key Results	Comments
Authors: Lee et al. (2019) Design: Descriptive qualitative study Purpose: To explore perceptions and experiences of nurses adopting new handover system	N: 38 medical nurses Country/Setting: Hospital in Taiwan Data Collection • Five focus groups between December 2016-January 2017 (7-8 nurses per group) • Semi-structured interview guide • Convenience sampling • Interview questions inquired about transition process and adaption to handover system • Focus groups 90 mins without interruption • Head nurse moderated group with research experience Data Analysis • Themes, subthemes and extracted sentences developed after focus groups • Focus groups recorded • Frequency analysis verified descriptive themes by counting number of sentences representative of each subtheme appearing in contents	Perceptions of Challenges Related to New Handover System • Increased stress/emotional insecurity related to using system (6.6%) • Many negative disagreements and emotions related to new handover system • Felt unsafe delivering handover • Insufficient competency and training related to handover (5.3%) Perceptions of Benefits and Strategies to new Handover system • Importance of policy compliance (4.4%) • Importance of training • Institution should provide direct contact for questions	Rigor: Moderate Dependability: Careful documentation, inquiry audit used Confirmability: Coding and triangulation complete Transferability: Comprehensive field notes taken. Saturation of data complete Credibility: Interviews recorded and transcribed verbatim Authenticity: No prolonged engagement/persistent observation Other Comments • All participants were female • All recruited from same hospital • No prolonged engagement/persistent observation noted • Difference in culture in differing countries

Study/Design	Methods	Key Results	Comments
Authors: Malfait et al. (2019) Design: Mixed method Purpose: To identify the association between nursing care, handover report and barriers and facilitators	N: 106 nurses Setting/Country: 8 hospitals (14 nursing wards) in Belgium Data Collection • First narrative review was conducted to gain overview of barriers/facilitators to handover • Interviews complete to assess nursing care, barriers/facilitators to report • Unstructured observations complete on wards to examine handover report Data Analysis • Descriptive statistics used • Level of significance 0.017 used	Handover Barriers • 70.8% believed patient participation can be seen as barrier due to interruptions (p < 0.001) • 51.9% believed confidentiality was a barrier (p < 0.319) • 23.6% believed time for handover was barrier (p < 0.001) • 20.8% believed role of colleagues was a barrier (p < 0.001) Handover Facilitators • Handover opportunity to share frustrations, emotions, feelings • Only 4.7% believed role of colleagues facilitated handover (p < 0.001) • 24.5% believed head nurses role was viewed as a facilitator (p < 0.001) • 82.9% believed perception of handover was a facilitator (p < 0.001) • 78.3% believed structured handovers facilitated better handover (p < 0.665)	Quality of Design: High Comments • Interviews not transcribed verbatim • Self-reflexivity used • Risk of social desirability bias as unstructured observations done during handover • Recruited from multiple hospitals/unit increased generalizability of results

Study/Design	Methods	Key Results	Comments
Authors: Manias et al. (2016) Design: Cross-sectional design Purpose: To examine the perspectives of healthcare providers on handover report	N: 707 healthcare providers (nurses, doctors, physiotherapists, social workers, pharmacists, dieticians, midwives) Setting/Country: Healthcare settings in 3 Australian states & 1 territory Data Collection • Questionnaire • Content validity determined • 8 sections: demographic data, perceived effectiveness, patient/family involvement in handover, ability to confirm understanding in handover, training needs for handover, adverse effects during handover and improvements for handover Data Analysis • Level of significance $p < 0.05$ • Simple statistics used • Chi-square analysis and Cramer's v statistics used	Handover Effectiveness • 3% believed handovers were not effectively conducted • 36% believed handovers were highly effective • 46% believed patient involvement improved effectiveness of handover • 63% indicated they used some clinical handover tool when giving handover report • Handover clinical tools significantly higher in nurses ($p < 0.001$) • 66% believed senior staff were effective role models for junior staff giving report • 99% recognized importance of communication skills in providing effective clinical handover • 69% nurses indicated they required handover training ($p < 0.001$) • 52% believed poor handover could contribute to adverse event	Strength of design: Weak Quality of Design: Medium Comments • Low response rate (17%) • Risk of social desirability bias • Recruited from multiple sites • Appropriate statistics used for descriptive study • Data collection tool was V&R

Study/Design	Methods	Key Results	Comments
Authors: Mulfiyanti & Satriana (2022) Design: Systematic review Purpose: Examine the relationship between using SBAR communication method to improve patient safety and quality of care	Inclusion Criteria • Last 5 years (2016-2021) • Nurse population • Use of SBAR communication method for handover • English and Indonesian • 13 articles used that matched desired criteria	• Application of effective communication between HCP can improve service quality • Effective communication and collaboration need to be emphasized to increase patient safety/satisfaction • Responsible/respectful communication between HCP can contribute to better patient care/quality of service/patient safety • Effective communication can reduce errors and prevent undesirable events • Training/socialization interventions in effective communication can reduce errors • Poor communication can causes patient safety issues	Strength of Design: No rating Quality of Design: Medium Comments • Inclusion criteria and analytic studies used • Critical appraisal not included • Comprehensive search of the literature using English and Indonesian studies • Characteristics of sample applicable

Study/Design	Methods	Key Results	Comments
Authors: Pun (2021) Design: Cross-sectional, descriptive study Purpose: To identify factors that impact communication skills and nursing handover	N: 206 nurses Country/Setting: Local hospital in Hong Kong Data Collection • Provided survey after effective handover communication training occurred • 22-item survey • Nurses Handover Perceptions Questionnaire • V&R • Assesses information about patients, organizing information clearly, using handover check sheets/charts, comprehension of receiving handovers, communicating skills effectively, seeking further information, asking questions and resolving concerns, creating clear patient plan, use & perception of SBAR • 4-point Likert scale Data Analysis • Cronbach's alpha 0.99 • 95% confidence interval exceeding 0.7 yielded • Normality tests performed • Descriptive statistics • Chi-square statistics • RMSEA of 0.05 or less set	Effective Handover • Understanding patient care plan significantly impacts quality of handover ($p < 0.01$; $p < 0.80$) • Having opportunity to ask questions allows better understanding for patient care plan ($p < 0.53$) • Understanding handover format increases understanding of patient care plan ($p < 0.34$)	Strength of Design: Weak Quality of Design: Medium Comments • Recruited from single hospital, reducing generalizability of study results • Data collection tool valid and reliable • Unclear temporal association – did not include what was learned in training or if baseline questionnaire was used • No missing data • Appropriate statistics used

Study/Design	Methods	Key Results	Comments
Authors: Pun et al. (2019) Design: Cohort study Purpose: To evaluate the perceived effects of the training provided on the CARE protocol and the ability to provide handover report	N: 49 nurses Country/Setting: Hospital in Hong Kong Intervention • 3hr CARE communication training • Nurses practiced handovers & evaluated effectiveness • Included videos, role-play and checklists • Compared CARE to SBAR Data Collection • Assessed immediately after and 6 weeks after training • July 2016-October 2017 • Nurse handover perceptions questionnaire • Staff clinical handover survey • Both surveys V&R Data Analysis • Inferential statistics analyzed • $p < 0.05$ • ANOVA used	Effect of Education • Statistically significant difference between scores pre training and immediately after training ($p < 0.0001$) • Believed education session was easy to follow (2.46 to 2.63; $p < 0.037$) before education and immediately after training • Significant decrease in knowledge 6 weeks after training (2.83 to 2.75; $p < 0.0001$) • Believed SBAR is time consuming ($p < 0.002$) and not easy to implement ($p < 0.0001$) • Did believe SBAR checklist enhanced communication with colleagues ($p < 0.0001$)	Strength of Design: Moderate Quality of Design: High Comments • Knowledge scores decreased after 6 weeks • Recruited from single hospital • Random sampling used • Clear temporal association • Appropriate statistical testing used

Study/Design	Methods	Key Results	Comments
Authors: Tan et al. (2020) Design: Uncontrolled before-after design Purpose: To evaluate the effectiveness of handover guidelines in improving handover between nurses	N: 31 registered nurses Country/Setting: 2 orthopedic wards in Singapore hospital Intervention • MAPS-D tool used for handover communication • Drawn from principles of Joanna Briggs Institute • Ensures efficient handover without compromising essential information • Copies of guide were printed & placed on clinical boards • Pocket guides given to nurses • Nurse champions used to promote MAPS-D Data Collection • Baseline data was obtained through observations of handover for one month & survey given • Post intervention survey complete Data Analysis • Pearson's chi-square and Fisher's exact test • Statistical significance p < 0.05	Results • Only 35% of nurses were observed being compliant in handing over key patient information to oncoming nurse pre intervention • 97% of nurses were compliant handover over complete set of information as per MAPS-D guide after tool implemented • Significant increases (p < 0.01) noted in handover, mobility, assistance degree, diet, procedures, preparation, discharges	Strength of Design: Weak Quality of Design: Low Comments • No ethical conduct • Recruited from single hospital • Small sample size • Assessors trained in data collection • No attempt to assess V&R of data collection tools • Risk of social desirability bias as data was observed • Statistical tests used correctly

Study/Design	Methods	Key Results	Comments
Authors: Timmerman et al. (2021) Design: Cross-sectional descriptive study Purpose: To describe content of nurses' handover tools used for report	N: 103 registered nurses Country/Setting: Hospital in Southern California Data Collection • 24-hour period in 2014 • Demographic survey (assumed V&R) • Submitted handover tool used using pre-printed numeric code on envelope to identify date, unit, shift and unique numeric identifier Data Analysis • Conventional content analysis and descriptive statistics used • Codes and categories developed based on information in handover tools • Four investigators examined handover tools	Handover Tools & Patient Care • 44% used handover tools with mnemonics • Less than 50% included safety or risk information (isolation, fall risk, hospital acquired pressure injury risk, other risks, vaccination status) • 55% included tasks needed to be complete • 24% included plan of care in handover (education, discharge) • Inclusion of physical assessments varied, with 79% including vital signs/pain and 15% included respiratory support	Strength of Design: Weak Quality of Design: Moderate Comments • Recruited from one hospital • Lacks generalizability due to convenience sampling • Unable to confirm if data collection tools were V&R as they were submitted by staff • Appropriate statistical tests used

Appendix C

Consultation Report

Brief Overview of the Project

Ineffective communication among healthcare providers is a major cause of adverse events in the healthcare setting, with 80% of adverse events involving miscommunication during handover report (Chien et al., 2022). During an average patient's 4.8-day hospitalization, a minimum of 24 handover reports occurs between healthcare providers (Ernst et al., 2018). Handover report is a time-honored practice in that oncoming nursing staff must receive a report of the patient's status before commencing nursing care (Scovell, 2010). The main goal of the handover report is to convey accurate, reliable, and current details regarding the patient's care, needs, treatments, assessments, goal planning, and evaluation (Manias et al., 2016). During a nursing shift, the nursing report is completed to ensure all nurses on the shift are well-informed of the patients and, therefore, able to safely cover breaks and assist other patients if necessary. Delivering impactful handover reports is a complex nursing skill, which integrates technical and non-technical skills and requires practice to master (Holt et al., 2020). It is evident within the literature that novice nurses often receive little to no training in handover report. Novice nurses then feel stressed and unprepared to engage in nursing report (Holt et al., 2020). Holt et al. (2020) noted that 83% of novice nurses received no previous training on handover report. Nursing handover report requires structured improvement for novice nurses to provide safe and effective patient care. Providing clear handover guidelines and education initiatives can assist in creating effective handover reports (Scovell, 2010). A clear format, detailing specifics that should be included in the handover report can assist in mitigating problems for the oncoming shift (Scovell, 2010).

After completing a review of the literature, it is evident that novice nurses would benefit from a communication tool to complete effective handover report. It was apparent in the

literature the ongoing stress and anxiety novice nurses experience related to achieving an effective handover report. Providing novice nurses with a handover communication tool to complete an effective report would be beneficial.

Consulting with key stakeholders to gain feedback is an essential tool for developing a communication resource for novice nurses. The purpose of the consultations was to gain additional information on handover report, as well as the experiences both novice and senior nurses have with handover report. I consulted with registered nurses in NL Health Services and other settings to assess what resources nurses are currently being provided with and what they deem necessary to communicate in the handover report. Additionally, I consulted with experts on this topic, such as the clinical educator, patient care coordinator, and professional practice consultants to receive valuable information on the information that must be included.

Specific Objectives for the Consultation

The overall goal of the consultation was to gain additional information on nursing handover reports within the nursing profession. The consultations specifically sought to understand novice and senior nurses' experiences with handover report, as well as the expert's opinions on handover report. The information gained from this consultation will be used for the content, delivery, and implementation of this communication resource.

The objectives of this consultation are:

1. To explore senior and novice nurses' experiences with handover report
2. To discuss senior and novice nurses' opinions on what to include in the nursing report
3. To gather information from patient care coordinators, clinical educators and professional practice consultations on any existing policies or education materials that address nursing handover

80

4. To discuss patient care coordinators, clinical educators and professional practice consultations opinions on what to include in the nursing report

Setting and Sample

Consultations were completed with five key cohorts. These cohorts included medicine novice nurses (n = 5), medicine senior nurses (n = 5), patient care coordinator (n = 1), nurse educator (n = 1), professional practice consultants (n = 0) and nurses from other settings (n = 4). The setting for consultations was the inpatient medicine unit, as well as nurses from other settings that work on a medicine-surgical unit. Novice nurses will be defined as nurses who have been working for less than two years, and senior nurses will be defined as nurses who have been working for more than two years. Novice and senior nurses participated in this consultation to gain a better understanding of their experiences completing handover report and their opinion on what needs to be included in the nursing report. Throughout the literature review, it was evident novice nurses deem nursing handover report challenging; therefore, their opinions are valuable. The nurse educator and the patient care coordinator were consulted as they have expert knowledge of nursing handover report. They are familiar with policies within NL Health Services pertinent to communication and work with novice nurses during their orientation. They can identify key information related to completing nursing report. Professional practice consultants were invited to participate in this consultation as they were familiar with the information that needed to be in the handover report. Finally, nurses from other settings participated in this consultation to examine if other areas within NL Health Services or health authorities are providing resources for completing nursing handover report. All cohorts were invited to participate via email and were provided a questionnaire for data collection.

Data Collection

An email was sent to invite cohorts to participate in the consultation. See Appendix A for this email. Data will be collected via a questionnaire, which can be found in Appendix B. Participants were provided with an overview of the project and ensured anonymity and confidentiality of responses in the participation email. Participants were also invited to have a telephone conversation to discuss any questions or further comments they may have. The nurse educator, patient care coordinator and professional practice consultants were provided with a different questionnaire, which is also provided in Appendix B. They were also provided the opportunity to speak via telephone conversation to provide any further information or ask any questions they may have. Questionnaires were sent via email and returned via email.

Data Management and Analysis

When questionnaires were returned, any identifying information was removed. Descriptive statistics was used to analyze and describe the demographic information. Demographic information was not disclosed to ensure anonymity. Content analysis was used to discover similarities in questionnaire responses. Content analysis highlighted the themes identified by the participants during consultations, as well as described the attitudes and responses. Content analysis was used to describe the frequency of beliefs regarding handover report. Content analysis assists in determining important aspects required for handover report and coding these recurrent themes (Graneheim & Lundman, 2004). Coding highlighted the frequency of concepts and concluded what aspects of handover report were important and less important for the participants. Categories were used to group content with similarities (Graneheim & Lundman, 2004). Content analysis assisted in creating meaning units, condensing units, sub-themes and themes on the data findings (Graneheim & Lundman, 2004). These

categories impacted the credibility of result findings, and, thus, must be detailed and specific (Elo & Kyngas, 2008). Data demonstrated the link between the data and results, clearly described, and portrayed the selection of participants, data collection and process analysis to promote rigor of the results (Elo & Kyngas, 2008). Participants were notified of thematic data sharing with my supervisor to examine the consistency of preliminary themes against data.

Ethical Considerations

Consultations used consent to participate through written email responses. The participants were made aware in the written email that participation is voluntary and used for the development of a communication resource. The Health Research Ethics Authority Screening Tool was used to determine if ethical approval was necessary. See Appendix C for details. Using this tool, it was deemed that a review by an ethical board was not necessary. Confidentiality was maintained. There were no potential harms expected for participation in the consultations.

Results

A total of 16 key stakeholders returned the surveys (94% response rate). Unfortunately, the professional practice consultant did not return the survey. Two follow-up emails were sent but the questionnaire remains incomplete. Results will be amended if a response occurs. See Appendix D for inclusive tables of data.

Demographics

All novice nurses (n=5) have been working as registered nurses for one year or less, were employed on the medicine unit, were female, and were between the age of 20-30. All senior nurses (n=5) have been working as registered nurses for 3-13 years, were employed on the medicine uit, were female, and between the ages of 25-40. The nurses from other settings (n=4) have worked as a registered nurse for 5 years. These nurses are employed on an internal

medicine unit in New Brunswick (n=1), an oncology/hematology unit in St. John's (n=1), a surgical inpatient unit in Carbonear General Hospital (n=1), and medicine/surgical/neurology unit in Nova Scotia (n=1). All nurses from other settings (n=4) were female and between the ages of 20-30. The findings from the questionnaires supported the results of the literature review.

Novice Nurses

Four novice nurses (n=4) believed they felt comfortable completing handover report during their nursing shift. One novice nurse (n=1) identified they felt "mostly" comfortable completing handover report. Some novice nurses (n=1) believed they felt slow completing handover report and another nurse (n=1) questioned what information was relevant to include in their report. Another novice nurse (n=1) voiced they have gained confidence and comfortability in completing handover report based on the support from their peers and feedback received.

Varying information was deemed pertinent to include in the nursing report by novice nurses. Most novice nurses identified specific basic information as pertinent, such as name (n=3), age (n=3), diagnosis (n=3), past medical history (n=3), allergies (n=4), code status (n=4), admitting physician (n=2), and room number (n=1). All novice nurses (n=5) identified that current treatment plans, such as vital sign frequency, intravenous fluids, and glucometer readings were important for nursing handover report. Patient-specific assessments required (n=2) and wounds (n=1) were reported by novice nurses as important to include in the handover report. Novice nurses also deemed the patient's mobility (n=3), cognitive status (n=2) and diet (n=2) as important to report in handover report. Novice nurses also highlighted that information specific to that day, such as testing required (n=1), current status compared to baseline (n=3), abnormal bloodwork results (n=1), and medications (n=3) as important to highlight in handover report.

One novice nurse also identified that adverse reactions or incidences that occurred are important to highlight in the handover report.

Similarly, to the evidence found in the literature, it was evident novice nurses were unsure what information to include in handover report. One novice nurse identified the difficulty in determining the information relevant to handover report. Novice nurses identified information that is no longer relevant as unimportant for handover report. Some examples novice nurses gave were previous tests performed and discussed with patients and families, old dressings and wounds that have healed, events that occurred in the previous days that have already been resolved, or the reason for admission for a patient who has been admitted for a long period, such as a patient waiting transfer to a long-term care facility. Other novice nurses identified that unless a medication has specific instructions, such as continuous intravenous medications, they do not need to be included. A novice nurse also highlighted the number of bowel movements per day a patient has is not relevant unless complications are occurring.

Most novice nurses (n=4) identified there are no current resources that assist in guiding the completion of handover report. One novice nurse identified the printed communication document (Kardex) as an additional tool for completing handover report. Novice nurses identified they gained knowledge for completing handover report from their coworkers (n=1), as well as previous clinical placements and working as a nurse (n=1). All novice nurses (n=5) identified a resource would be beneficial to assist in completing handover report. Similar to the results explored in the literature review, it was evident a communication resource is needed. Novice nurses (n=3) identified this resource would be beneficial for novice nurses to understand the important information to include. Two novice nurses (n=2) highlighted having this resource would assist in the transition from a student to a novice nurse as it would assist in understanding

relevant information and growing as an independent nurse from the student role. One novice nurse also identified the resource would be beneficial to ensure handover report is clear and concise for all nurses. Another novice nurse identified this resource would be valuable as practice is constantly changing and a resource would assist in adhering to evidence-based practice guidelines.

Senior Nurses

All senior nurses (n=5) identified they felt comfortable completing nursing handover report. One senior nurse identified she felt confident in completing her handover report and another senior nurse highlighted she felt comfortable completing her report after reading the printed communication document (the Kardex) and taking individual notes.

Similar to the novice nurses, senior nurses identified varying important information to include in the nursing handover report. Basic information was highlighted by senior nurses as important, such as the name (n=1), age (n=1), diagnosis (n=2), attending physician (n=1), code status (n=2), pertinent medical history (n=1) and allergies (n=1). One area to note is senior nurses identified the pertinent medical history as important, instead of all the medical history that novice nurses identified. Three senior nurses (n=3) also identified the reason the patient presented to the hospital is important to highlight in the handover report. Current treatment plans and requirements, such as vital signs were highlighted by three senior nurses (n=3) as important to provide in nursing report. Senior nurses deemed diet (n=3), cognitive status (n=2), mobility (n=3), and ability to perform activities of daily living (n=2) important for handover report. One senior nurse (n=1) identified safety and surveillance as an important aspect to include in nursing handover report, which was not highlighted by any other senior or novice nurses. Care requirements for that shift, such as patients' tests occurring that day (n=3) and abnormal findings

(for example, bloodwork findings) (n=1) were deemed important by senior nurses. Another senior nurse also highlighted that discharge requirements (n=1) and medications (n=1) were important for nursing handover report.

It was evident senior nurses felt many details were not necessary to include in nursing handover report. Findings from the senior nurse surveys were consistent with information found in the literature search. Senior nurses stressed the importance of current information, identifying unimportant information comprised of information not relevant to patient care (n=2), treatment and care done greater than one week prior (n=1), and diagnosis if the patient had been admitted on the floor for a long period (n=1). Tasks pertinent to the patient's individual nurse, such as the last as needed medication given (n=2), last bowel movement (n=1), physician (n=1), requests and needs from the patient (n=1), location of intravenous lines and drains (n=1), family concerns or requests for updates (n=1), medications and care requiring reassessment (n=1), and normal laboratory results (n=1) were all deemed unimportant to provide in nursing report by senior nurses. Another senior nurse identified discharge preventions (n=1) as an unimportant detail to include in nursing handover report. Based on the results of the senior nurses and literature results, it is evident nursing report should be concise and only provide pertinent information.

All senior nurses (n=5) identified there are no current resources available to assist in completing nursing handover report. All senior nurses (n=5) also believed a resource would be valuable for completing nursing handover report. It was evident senior nurses (n=3) believed novice nurses would benefit from a nursing handover tool. Senior nurses (n=2) believed this guide would guide nurses to ensure only pertinent information is included in nursing report and reports are consistent and relevant. One senior nurse noted that often novice nurses or students complete handover report based on the nurse they are training under, not necessarily what is

relevant or correct, therefore, a standardized guide would be beneficial to promote consistent, precise and accurate handover reports. Another senior nurse highlighted that she relies on previous experiences to guide her ability to complete nursing handover report but believed a standardized guide would assist in mitigating irrelevant information and ensuring all pertinent information is included.

Nurses from Other Settings

All nurses (n=4) working in other settings highlighted they feel comfortable completing nursing handover report. It was evident from these nurses their experiences have allowed them to feel more comfortable completing nursing report.

It was evident the variation in handover report occurring with nurses in different settings. Basic information was highlighted as important to include, such as name (n=1), age (n=1), code status (n=3), allergies (n=2), admission date (n=1), diagnosis (n=2), past medical history (n=2) and relevant information related to the diagnosis (n=2). Additionally, activity level (n=1), assistance with activity of daily living (n=1), cognitive status (n=1), diet (n=1), current treatment plans (n=1), safety concerns (n=1), recent changes (n=1), treatments or tests to occur that shift (n=1), testing results (n=2), new physician orders (n=1) and discharge plans (n=1) were identified as important to include in nursing handover report. In contrast to the nurses working on the medicine unit, weight (n=1) if the patient is receiving weight-based medication, type of intravenous access (n=1), and any continuous intravenous or high alert medications (for example, chemotherapy) (n=1) were identified as important to include in handover report. One nurse identified that the nursing handover report is very individualized to patients and may include all or none of the things listed depending on the individual.

Varying results were highlighted as information that is less important for the nursing handover report. One nurse highlighted that vital sign frequency, daily tests, current medications and past medical history are less important to provide in a nursing report. Another nurse felt nothing was less important for nursing handover report as the report is very detailed. It was also highlighted by one nurse that anything clearly written on the electronic communication document should not be stated. Additionally, one nurse stressed the importance of keeping reports concise and ensuring only the needed information for providing care for the patient is provided. It is evident the nursing unit culture impacts what is deemed important and less important for nursing handover report.

Two nurses (n=2) identified they do not have a resource to guide their nursing handover report. Another nurse explained how the nurses at her workplace use two sheets for nursing handover report. The first sheet is the "face sheet" – which includes basic information, such as the age, diagnosis, code status, and pertinent medical history and the second sheet has the treatment plan and emergency contacts for the patient. An alternative nurse voiced the use of the situation, background, assessment and recommendation/results (SBAR) report system for the nursing handover. This nurse also deemed the use of the perioperative handover tool policy in NL Health Authority. This policy will be explored in the environmental scan. All nurses (n=4) identified that a handover communication tool would be beneficial for the completion of report. One nurse felt that a tool specific to the unit would be valuable. Two nurses believed this tool would be valuable to guide novice nurses in completing handover report. Additionally, some nurses (n=2) also believed a standardized tool would assist in creating a better flow to nursing handover report, saving time and increasing efficiency in handover report. It was stressed by one

nurse the time aspect of nursing handover report, where "a lot of time is wasted", therefore, creating a tool that can encourage consistency and concise information is valuable.

Nurse Educator and Patient Care Coordinator

The medicine program clinical educator and patient care coordinator highlighted the importance of nursing handover report in the transition and accountability of patient care. They both highlighted the importance of keeping data concise, organized, focused and current to ensure critical information is transferred from shift-to-shift. The patient care coordinator stated it is important to ensure information is current, up to date and that unnecessary information gets removed from handover report. The clinical educator noted report must include the patient's plan of care, treatment, current condition and any recent or anticipated changes. The nurse educator highlighted the need to include specific information, such as name, room, diagnosis, code status, allergies, relevant medical history, summary of client condition, orientation and observation levels, diet, safety concerns, discharge plan and any specific information based on assessment or professional judgement. Both the care coordinator and educator deemed pending tests or consults, activity level, isolation, current treatments, critical results and treatment are important to include in handover report. The care coordinator also noted it is vital to update when tests are completed in the handover report.

Both the clinical educator and patient care coordinator believed novice nurses would benefit from guidance from completing handover report. They both highlighted support from senior nurses would be beneficial to provide advice and guidance. The care coordinator highlighted novice nurse orientation assists in implementing this guidance, while the educator emphasized the benefit of experiential learning and constructive feedback when novice nurses' complete handover report.

90

Both noted there are no formal resources available to guide the inclusion and exclusion of handover report. The clinical educator did note the printed communication document (Kardex) is used to assist in nursing handover report. The clinical educator also highlighted resources within NL Health Authority that can assist in gaining information to complete the nursing handover report. These documents will be explored further in the environmental scan. The clinical educator and patient care facilitator believed a simple checklist or quick guide would be valuable to assist nurses in completing handover report.

Discussion

It was evident majority of nurses felt comfortable completing handover report. Some novice nurses felt "mostly" comfortable (n=1) and believed they felt slow or unsure of what to include in handover report. All senior nurses (n=5) and nurses from other settings (n=4) identified they feel comfortable completing nursing handover report. Effective handover reports have a positive impact on nurses, as they encourage and maintain group cohesion by fostering common values and collaboration among team members (Ballantyne, 2017). The perception of handover report is vital, with 82.9% of nurses believing the perception itself positively impacts the facilitation of handover report ($p < 0.001$) (Malfait et al., 2019). Ensuring nurses feel comfortable communicating and collaboration between nurses contributes to improving patient safety and the quality of nursing care (Mulfiyanti & Satriana, 2022).

Important information to include in handover report varied among nurses. Most nurses felt basic information was important, such as name (n=5), diagnosis (n=7), and code status (n=9). Additionally, current treatment plans (n=9) were highlighted as important to include in nursing handover report. After the inclusion of basic information, there were varying results on vital information to include in the nursing handover report. Timmerman et al. (2021) noted in the

cross-sectional study that 55% of nurses included in their handover report the tasks needing to be completed for the patient and 24% included the plan of care for the patient, such as education required. Safety and surveillance were highlighted by one senior nurse, one nurse from other settings and the clinical educator as vital to include in nursing handover report. Similarly, Timmerman et al. (2021) noted less than 50% of nurses included safety or risk information on their report sheet, such as isolation requirements or fall risk, which impacts the knowledge and ability to provide safe patient care.

Novice nurses expressed challenges determining the relevance of the information for nursing handover report. In comparison, senior nurses stressed the importance of keeping the information in nursing handover report current and relevant, with treatment and care greater than one week prior as unimportant to include. It is also notable that nurses from different areas deemed different information important for nursing handover report, such as including high alert medications, for example, chemotherapy, or surgical information on surgery floors which portrays the individuality of nursing handover report.

Many nurses identified there were no current resources available for completing nursing handover report (n=13). Novice nurses believed coworker knowledge (n=1) and previous clinical experience (n=1) assisted in completing nursing handover report. All nurses (n=16) identified a communication resource for nurses would be valuable in completing nursing handover report. It was evident many nurses believed a resource would be valuable for novice nurses (n=10). Both the patient care coordinator and clinical educator believed a simple checklist or quick guide would be beneficial for nurses completing nursing handover report. Two nurses highlighted a standardized tool would assist in creating a better flow to nursing report, saving time and increasing efficiency in the report process. This was also stressed by the patient care coordinator

and clinical educator, who highlighted the importance of keeping nursing report concise, organized, focused and current to ensure vital information is transferred from shift-to-shift. Similarly, Clark et al. (2009) noted in the cohort study the impact of a nursing handover tool on nurse communication. After the intervention was provided through report templates and prompt cards, 68% of nurses believed the handover skills had improved and the nurse champions believed the handover prompt cards and report templates were a great resource tool for novice nurses and students (Clark et al., 2009). It is evident the benefit a nursing communication tool can provide for novice nurses completing nursing handover report.

Conclusion

Based on the consultation with key stakeholders, it is evident the value a communication resource would have for novice medicine nurses working on the identified medicine unit. Providing an educational resource would allow for the implementation of concise, effective handover reports, consequently improving the quality of patient care. Novice nurses identified a lack of confidence in completing nursing handover report surrounding what is vital to include. Senior nurses identified the importance of including pertinent information only. The nurse educator and patient care coordinator highlighted the need for resources for novice medicine nurses. Nurses from other settings displayed the individuality of handover report and the value a standardized tool would have. The consultations aimed to gain additional information on nursing handover reports within the nursing profession. The consultations supported the existence of relevant nursing literature supporting the need for a standardized handover tool. Findings from these consultations support the development of a communication resource to positively impact novice nurses' abilities to perform handover report.

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Recruitment Email

Dear *insert participant name*

My name is Leah Davis, and I am completing my Masters of Science in Nursing degree at Memorial University under the supervision of Professor Ahtisham Younas. My overall goal for my practicum project is to develop a communication resource for novice medicine nurses on the medicine unit completing handover report.

I am writing to ask you if you would kindly answer some questions regarding your experiences with nursing handover report as I feel your input is valuable to the overall project. Please share any additional information or personal experiences you have on this subject. You can respond by replying to this email. All information you share is completely voluntary and will remain confidential and anonymous. There are no known or anticipatory risks to the participation of this project.

If you would prefer to discuss this over the phone or if you have any questions, please do not hesitate to contact me. Your contribution is valuable to the completion of my practicum project.

Thank you for your time.

Leah Davis BN RN

Questionnaire for Nurses

How many years have you been working as a Registered Nurse?

Where do you work?

Do you feel comfortable completing your nursing report at the beginning of your shift?

What information do you think is important to include in your nursing report?

What information do you think is not important for nursing report?

Do you currently have any resources that guide your nursing handover report?

Do you think you would benefit from a resource guiding handover report?

Any further comments?

Questionnaires for Patient Care Coordinator/Educator

What is your role with NL Health Services?

What information do you think is important to include in nursing handover report?

Do you think novice nurses need guidance in completing nursing handover report?

Are they any resources that can assist nursing in completing handover report?

Do you think a resource would be beneficial to guide nurses completing handover report?

Any further comments?

Questionnaire for Professional Practice Consultant

What is your role with NL Health Services?

What information do you think is important to include in nursing handover report?

Is there any information that must be included in a nursing report?

Are they any resources that can assist nursing in completing handover report?

Do you think a resource would be beneficial to guide nurses completing handover report?

Any further comments?

Appendix C

Health Research Ethics Authority Screening Tool

This project is exempt from ethical approval as it matches numbers 1 and 4 from the list below.

Research that <u>does not</u> require review

1. <mark>Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.</mark>

2. Research involving naturalistic observation in public places (where it does not involve any intervention staged by the researcher, or direct interaction with the individual or groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).

3. Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if there is no research question involved (used exclusively for assessment, management or improvement purposes).

4. <mark>Research based on review of published/publicly reported literature.</mark>

5. Research exclusively involving secondary use of anonymous information or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.

6. Research based solely on the researcher's personal reflections and self-observation (e.g. auto-ethnography).

7. Case reports.

8. Creative practice activities (where an artist makes or interprets a work or works of art).

Appendix D

Questionnaire Results

	Novice Nurses (n=5)	Senior Nurses (n=5)	Nurses Other Settings (n=4)	Patient Care Coordinator/ Educator (n=2)
How many comfortable with handover	4	5	4	N/A
No current resources available	5	5	2	2
Believed resource would be beneficial	5	5	4	2

Important to Include in Handover Report

	Novice Nurses (n=5)	Senior Nurses (n=5)	Nurses Other Settings (n=4)	Patient Care Coordinator/ Educator (n=2)
Name	3	1	1	1
Age	3	1	1	0
Diagnosis	3	2	2	1
Past Medical History	3	1	2	1
Allergies	4	1	2	1
Code Status	4	2	3	1
Admission date	0	0	1	0
Admitting Physician	2	1	0	0
Room Number	1	0	0	1
Reason presented to hospital	0	3	2	1
Current Treatment Plan	5	3	1	2
Patient-specific Assessments	2	0	0	1
Wounds	1	0	0	0
Mobility	3	3	1	2

100

Activity of daily living	0	2	1	0
Diet	2	3	1	1
Safety & Surveillance	0	1	1	1
Cognitive Status	2	3	1	1
Observation status	0	0	0	1
Current Status compared to Baseline	3	0	1	1
Adverse reactions or incidences	1	0	0	0
Medications	3	1	0	0
Abnormal Results	1	1	2	2
Testing Required that day	1	3	1	2
New physician orders	0	0	1	0
High alert medications	0	0	1	0
Type of IV access	0	0	1	0
Weight	0	1	0	0
Discharge requirements	0	1	1	1
Isolation	0	0	0	2

Less Important to Include in Handover Report

	Novice Nurses (n=5)	Senior Nurses (n=5)	Nurses Other Settings (n=2)
Previous tests performed	1	1	1
Information not relevant to care		2	0
Old dressings/wounds that have healed	1	0	0

Events occurring previous days that have resolved	1	0	0
Reason for admission for long-term patient	1	1	0
Medications	1	2	1
Bowel Movements	1	1	0
Past medical history	0	0	1
Physician	0	1	0
Normal laboratory results	0	1	0
Tasks requiring reassessment	0	1	0
Family concerns/ requests	0	1	0
Location of IV/Drains	0	1	0
Discharge prevention	0	1	0
Requests/needs from patient	0	1	0

Appendix D

Environmental Scan

Brief Overview of the Project

Ineffective communication among healthcare providers is a major cause of adverse events in the healthcare setting, with 80% of adverse events involving miscommunication during handover report (Chien et al., 2022). During an average patient's 4.8-day hospitalization, a minimum of 24 handover reports occurs between healthcare providers (Ernst et al., 2018). Handover report is a time-honored practice in that oncoming nursing staff must receive a report of the patient's status before commencing nursing care (Scovell, 2010). The main goal of the handover report is to convey accurate, reliable, and current details regarding patient care, needs, treatments, assessments, goal planning, and evaluation (Manias et al., 2016). During a nursing shift, the nursing report is completed to ensure all nurses on the shift are well-informed of the patients and, therefore, able to safely cover breaks and assist other patients if necessary. Delivering impactful handover reports is a complex nursing skill, which integrates technical and non-technical skills and requires practice to master (Holt et al., 2020). It is evident within the literature that novice nurses often receive little to no training in handover report. Novice nurses then feel stressed and unprepared to engage in nursing report (Holt et al., 2020). Many nurses felt they had a lack of education completing handover report, with Lee et al. (2019) finding 5.3% of nurses believed they did not have adequate training to provide a sufficient handover report and Chung et al. (2021) finding many nurses felt inadequately prepared and unsure what to include in handover report. Nursing handover report requires structured improvement for novice nurses to provide safe and effective patient care. Providing clear handover guidelines and education initiatives can assist in creating effective handover reports (Scovell, 2010). A clear format, detailing specifics that should be included in handover report can assist in mitigating problems for the oncoming shift (Scovell, 2010).

After completing a review of the literature and consultations with novice and senior nurses, educators, patient care coordinators, and professional practice nurses, it is evident novice nurses would benefit from a communication tool to complete effective handover report. It was apparent in the literature the ongoing stress and anxiety novice nurses experience related to completing an effective nurse handover report (Chung et al., 2021; Ernest et al., 2018; Lee et al., 2019). Providing novice nurses with a handover communication tool to complete an effective report would be beneficial. Completing an environmental scan assisted in assessing information other healthcare institutions include in their handover report. The purpose of this environmental scan was to gain additional information from NL Health Services and other healthcare authorities. The environmental scan examined NL Health Services, nursing websites, and other healthcare authorities' websites to examine if any resources are provided for registered nurses completing handover report.

Objectives for the Environmental Scan

The goal of the environmental scan was to identify any existing resources for novice nurses completing handover report. The objectives for the environmental scan were:

1. To determine what resources are available within NL Health Services to complete handover report

2. To determine what resources are outside of NL Health Services (ex: College of Registered Nurses of Newfoundland, other regional health authorities) to assist in completing handover report

Sources of Information

An environmental scan was conducted to source available resources for novice nurses completing handover report. The websites that were scanned include:

105

- NL Health Services Intranet

- College of Registered Nurses of Newfoundland

- Other health authority websites in Canda (ex: Canadian Medical Protective Association (CMPA), College of Nurses of Ontario (CNO), Island Health, Nova Scotia Health Authority, Nurses Association New Brunswick (NANB), Health PEI)

- Canadian Nurses Association

These websites were reviewed to seek information for novice nurses completing handover report. It assists in identifying if there are currently any available resources for novice nurses within NL Health Authority, as well as if there are any available resources through the nurses' union. These resources may include pamphlets, mnemonics, or general rules to follow when completing handover report. Additionally, reviewing the websites of other authorities within Canada assisted in determining if there are any resources available for novice nurses in other hospitals and institutions for completing handover report. Examining these resources can assist in developing a resource for novice medicine nurses working on the medicine inpatient unit.

Data Collection

Data was collected by reviewing various websites for handover report resources (for example, College of Registered Nurses of Newfoundland, NL Health Authority Intranet, CNO, Canadian Nurses Association). As the goal of this environmental scan was to gain any available resources on nursing handover report for novice medicine nurses, websites were searched using key terms of "handover report", "transfer of accountability" and "resource" to seek any readily available resources for registered nurses. Information was searched for under communication or resource categories on the websites, as well as using the search bar for a general search. Websites

were deemed relevant if they provided information on nursing handover report, the expectations of the transfer of responsibility were highlighted, or if policies or handover report resources were provided. Additionally, the information must be utilized in the acute care nursing, not intensive care or the community care setting. Any information found on these websites was documented and compared against other resources. Websites were specifically scanned for handover tools, such as mnemonics, guides or lectures. Information was extracted from credible resources, such as hospital websites, resources created by registered nurses or healthcare professionals, or internal sources provided by hospitals. All information found was documented to be compared against other resources and tools found. The NL Health Services documents all provide effective information defining nursing handover report and the expectations for the transfer of accountability for nurses. While these policies are clearly documented and demonstrate the role of the registered nurse, there is limited information provided in the policies on what the nurse should include in the nursing handover report. Similarly, the CNO provided educational information on the transfer of accountability but did not provide any resources or tools for handover completion. The CMPA, NANB, Health PEI and Island Health stress the importance of using effective communication tools for handover report, but none of these provided examples of using the communication tools in practical situations for healthcare providers to gain a further understanding of their use. IWK Health provides a standardized information transfer process and education to ensure the safe transfer of information but does not include what these educational requirements are or provide the details of what is included in the checklist. Understanding the education provided to novice nurses can assist in developing an effective handover tool. If there are no data readily available on websites an email was sent to seek additional information. See Appendix A for this email.

Data Management and Analysis

Content analysis was utilized to determine the similarities of data found through the environmental scan. Content analysis was utilized to discover similarities in environmental scan results. Content analysis highlighted themes identified in handover report information found on websites and what information health authorities are providing novice nurses with. Similarities were coded and highlighted the frequency of results to demonstrate what external information is readily available for nurses. Categories were used to group content with similarities (Graneheim & Lundman, 2004). Content analysis assisted in creating meaning units, condensing units, sub-themes and themes on the data findings (Graneheim & Lundman, 2004). These categories impacted the credibility of result findings, thus, must be detailed and specific (Elo & Kyngas, 2008). The categories and codes portrayed and highlighted the results found in the environmental scan.

Ethical Considerations

Environmental scans occurred in an informal nature. Data was accurately represented. As this information is found on online websites, there are no ethical concerns for accessing the information.

Results

An environmental scan was conducted to review any available resources focusing on handover report for registered nurses.

NL Health Services

NL Health Services (previously known as Eastern Health) provides a variety of learning materials for registered nurses completing nursing handover report. While there are no current checklists or communication guides available, NL Health Services provides a variety of learning

resources to define nursing handover report and the expectations the health authority has. Eastern Health (2020) defines handover report as the transfer of information and accountability between nurses. Handover report is important as it provides the opportunity to clarify any missed or incorrect information and ask questions regarding care needs and requirements (Eastern Health, n.d.). Communication is a vital element in providing continuity of safe patient care (Eastern Health, 2021). Handover report for nurses is often completed through the e-handover standardized process on the online documentation system, Meditech (the Kardex), where communication is exchanged among nurses to relay important patient information that impacts the care provided (Eastern Health, 2020). Documentation is an essential aspect of patient care as strong documentation improves team communication and continuity of patient care (Eastern Health, 2020).

Eastern Health (2017) updated a policy on the transfer of client information in 2017 and considered the transfer of patient information as a change of shift report, break coverage, change in patient condition, transfers in setting for the patient, or discharge. This policy sought to standardize information, minimize redundancy, support best practice approaches, increase safety and develop supportive tools (Eastern Health, 2017). This policy promotes bedside report, safety rounds and verbal reports for transferring sites (Eastern Health, 2017). While it encourages standardized information, there is limited guidance in handover format or the expectations of verbal report.

The Eastern Health (n.d.) nursing bedside handover patient information pamphlet provides information on bedside report for patients and families. Bedside handover is highly encouraged in Carbonear General Hospital as highlighted in this information pamphlet. This pamphlet describes the family member's role in nursing handover report, the benefits of bedside

report and how to determine if bedside handover is right for the patient situation (Eastern Health, n.d.). Carbonear General Hospital also provides a nursing bedside handover tool which describes the situation, background, assessment and recommendation (SBAR) handover tool, which is highly encouraged in this hospital (Eastern Health, 2019). This information sheet for nurses highlights the overall steps to handover, such as preparation, introduction, exchange of clinical information, family and patient involvement, safety checks and completion of handover report (Eastern Health, 2019). This information sheet for nurses encourages using SBAR when completing handover report. Additionally, Carbonear General Hospital provides a handover tool policy for perioperative surgical services that outlines the SBAR tool and SWITCH OR Handoff. This SWITCH toolkit includes transferring information regarding surgical procedures, wet (i.e., fluids), instruments, tissue, counts and have you any questions? (Eastern Health, 2021). This policy portrays the importance of handover as providing timely, accurate information about the care plan, treatment, current conditions and any recent or anticipated changes (Eastern Health, 2021).

NL Health Services also provides access to Elsevier resources for nurses. Elsevier provides a resource highlighting expectations of the transfer of information. This information page states information should be transferred in a standardized manner, that is organized and prioritizes patients' needs and problems. Elsevier encourages the content to include the illness assessment, patient summary, to-do list, contingency plan, allergies, code status, medication list, laboratory tests and results, and vital signs. I-PASS and SBAR mnemonics are encouraged. Additionally, avoiding abbreviations and providing time for clarification and verification is encouraged.

Strengths

The NL Health Authority provides readily available information on the Intranet for healthcare providers to gain further education and understanding of nursing handover report and the transfer of information. They provide effective information defining nursing handover report and the expectations for the transfer of accountability for nurses. They also allow access to Elsevier which clearly deciphers important information to be included in nursing handover report and provides resources such as SBAR and I-PASS to complete nursing handover report.

Limitations

While these policies are clearly documented and demonstrate the role of the registered nurse, there is limited information provided in the policies on what the nurse should include in the nursing handover report. These policies provide ample information on the expectations and the encouragement of bedside report. They do not provide any specific examples of nursing handover report. Additionally, there can be challenges for novice nurses accessing these policies of not knowing where to look or unsure if they exist.

College of Registered Nurses of Newfoundland

Currently, there are no available resources on the College of Registered Nurses of Newfoundland website focusing on nursing handover report or nurse communication. The College of Registered Nurses of Newfoundland was contacted but limited resources were provided. The nursing consultant of policy and practice was contacted and confirmed there are no specific resources for nursing handover report.

Canadian Medical Protective Association (CMPA)

The CMPA (2021) provides educational information highlighting effective handover promotes continuity of care, retrospective and prospective views of patient situations, verbal

instructions, sharing the plan of action for patient care, delineating clear responsibilities and providing the opportunity to ask questions. It is evident transitions in care are high-risk periods for patient safety, thus, providing an opportunity to discuss information, seek clarification and ask questions is vital (CMPA, 2021). The CMPA (2021) encourages a structure for content to address handover situations and to create mental frameworks between care providers. Including the patient's current condition, investigations and treatments, anticipated care needs, possible problems or considerations and the responsibility for ongoing care is valuable to include in handover report (CMPA, 2021).

The CMPA (2021) highlighted barriers and strategies to improve handover report among healthcare providers. They included the lack of a shared mindset on the importance of handover report, non-conducive settings for handover, time constraints, reliance on e-communication alone, hierarchies in healthcare teams, missing information and lack of training as all barriers impacting handover report (CMPA, 2021). The CMPA (2021) believed prioritizing handover report, performing handover face-to-face, choosing a mindful environment, arranging a designated time for handover, prioritizing discussion of sick patients, using a structural tool to increase efficiency, and using unambiguous language can improve handover report among healthcare providers. It also stressed the importance of avoiding labelling patients and being aware of comments made, as this can contribute to inappropriate treatments or misdiagnosis of patients (CMPA, 2021).

The CMPA (2021) also stressed the importance of effective communication tools for handover report. Communication tools allow for a clear, organized presentation of all relevant information (CMPA, 2021). Additionally, communication tools assist in bridging the gap in communication styles, aligning mindsets and flattening hierarchies among healthcare providers

(CMPA, 2021). The CMPA (2021) highlighted effective handover tools, such as SBAR and I-PASS. I-PASS uses the tool to describe illness severity, patient summary, action list, situation awareness and synthesis by receiver (CMPA, 2021).

Strengths

The CMPA (2021) stresses the importance of using effective communication tools for handover report. These resources apply to all healthcare providers, not specifically nurses. They provide examples of mnemonics that are valuable for completing nursing handover report, such as SBAR and I-PASS which are encouraged for handover use (CMPA, 2021). The CMPA (2021) provides legal advice when working as a healthcare provider, therefore, considers the necessary and pertinent information to handover to other healthcare providers. The resource was published in 2021, therefore, uses current information with information published from healthcare research articles.

Limitations

The CMPA does not provide any practical examples of using communication tools in situations for healthcare providers to gain a further understanding of their use. While understanding the importance of nursing handover report is valuable, understanding how to complete nursing handover report in practice and provide specific examples or situations would be valuable. As this resource applies to all healthcare providers, it does not specify nursing, therefore, information is general reflecting handover report (CMPA, 2023).

College of Nurses of Ontario

The College of Nurses of Ontario (CNO, 2023) provided educational information encouraging safe care transitions and continuity of patient care. The CNO (2023) described the transfer of accountability involving any change in location, healthcare provider, end of shift or

when a nurse goes for a break. Nurses must communicate patient-specific information in a clear, client-focused and comprehensive manner to minimize the risk of miscommunicating client information (CNO, 2023). The CNO (2023) stressed the importance of confidentiality during handover report, such as not completing handover in public spaces. Additionally, the CNO (2023) described handover report as including pertinent, client-focused and comprehensive information, that compliments best practice evidence and promotes safety and continuity of care.

Strengths

The CNO (2023) provided adequate educational information on the transfer of accountability and referenced the code of conduct and other applicable policies throughout the resource. The information was current, being published in 2023 and can be assumed it was reviewed by registered nurses.

Limitations

The CNO (2023) did not provide any resources or tools for the completion of handover report. There were no practical examples provided or outlines of the expectations required. Additionally, there was no referenced work on the page, deeming it difficult to determine the credibility of the resource.

Island Health

Island Health (2016) provides a handover communication resource educating nurses on effective handover reports. Island Health (2016) promotes accurate and timely information exchanges during routine nonurgent situations and seeks to minimize misunderstandings during handover report, thus supporting quality patient safety and care. Island Health (2016) provides staff with the IDRAW tool, which focuses on discussing identification, diagnosis, recent changes, anticipated changes and what to watch for. This toolkit encourages the confirmation the

of patient information on the care plan and record before handover report, ensuring a suitable

environment limiting interruption and maintaining privacy, and using clear language with no

abbreviations or terms that can be misinterpreted (Island Health, 2016).

Strengths

Island Health (2016) provides clear expectations for utilizing the I-DRAW tool for

nursing handover report. This resource is available for all healthcare providers providing direct

patient care. The reference utilizes resources from Accreditation Canada, therefore, ensuring

information is applicable to the healthcare setting and adhering to communication regulations

(Island Health, 2016). It also provides related resources that can assist in continuing education on

the transfer of accountability. The policy was issued by professional practice, therefore, can be

assumed as a credible resource.

Limitations

Island Health (2016) does not provide examples of using communication tools in

practical situations for healthcare providers to gain a further understanding of their use. It

explains how to use the I-DRAW tool but does not expand on clinical situations for further

understanding. The policy highlights that I-DRAW is only for nonurgent situations, therefore,

what are the expectations for nurses in urgent situations to complete report. Also, the resource is

8 years old, therefore, could be updated to make any new changes or recommendations for

handover report (Island Health, 2016).

Nova Scotia Health Authority

IWK Health (2023) provides nurses with a policy for effective nurse handover. This

policy promotes evidence-based, standardized information transfer processes that promote

patient safety, enhance communication and teamwork through accurate and comprehensive

information transfer (IWK Health, 2023). IWK Health (2023) believes nursing handover is not just about the transfer of information but the transfer of accountability. Both the transferring and receiving nurse are accountable for the exchange of patient information. It must be documented that information was transferred and the other healthcare provider received information (IWK Health, 2023). IWK Health (2023) defines handover during the transition of care periods, such as patient admission, shift-to-shift, episodic care, between healthcare providers or at discharge. IWK Health (2023) requires the use of a standardized communication checklist that promotes specific, timely, accurate, objective, relevant and pertinent information to be transferred. IWK Health (2023) prefers face to face transfer of information and does not permit voice recordings. They also only allow the most knowledgeable healthcare provider to provide the handover report to the oncoming staff member (IWK Health, 2023). IWK Health (2023) encourages a limit of non-critical interruptions, confidentiality and privacy, as well as easy access to relevant documentation. Novice nurses and new staff require education regarding handover protocols during orientation (IWK Health, 2023). IWK Health (2023) also encourages continuous skill improvement through feedback and support as well as evaluation of adherence and effectiveness of the handover process.

Strengths

This policy provides a standardized information transfer process and education to ensure the safe transfer of information (IWK Health, 2023). The policy is newly updated, therefore, providing accurate information. The policy uses credible references and provides additional policies to assist in furthering education and knowledge on the topic (IWK Health, 2023).

Limitations

The IWK Health (2023) policy does not include the educational requirements nurses need to complete but references nurses must complete education. Additionally, this policy does not provide the details of what is included in the checklist (IWK Health, 2023). The policy is directed at all healthcare staff, therefore, does not specifically apply to nursing situations. The policy does not provide any resources or toolkits for nurses to complete nursing handover report (IWK Health, 2023).

Nurses Association of New Brunswick

NANB (2022) provides nurses with a fact sheet on nursing handover report. NANB (2022) highlights handover report provides the opportunity to discuss client history, treatments, problems or concerns regarding patient care, as well as prepares the oncoming healthcare provider to safely assume care responsibility and make informed decisions on patient care needs. Handover report should be organized, efficient, and include opportunities to seek clarification or ask questions (NANB, 2022). NANB (2022) follows recommendations from Accreditation Canada that believe handover report should include the patient's full name, healthcare provider, clinical condition, allergies, medications, tests, treatments, pending results, planned interventions and needed evaluations, problems or considerations and planned goals. NANB (2022) also identifies barriers to successful handover that entails ineffective communication styles, failure to use standardized tools, settings, time constraints, missing information and lack of training. Ineffective communication may lead to delayed medical information or diagnosis, failure to provide appropriate nursing care, and decreased efficiency caused by repeated tasks or tests (NANB, 2022). Finally, NANB (2022) encourages nurses to follow policy for handover report

and to advocate for policy revision and development to support and improve nursing practice regarding handover report.

Strengths

The NANB (2022) provides a fact sheet that utilizes recommendations from Accreditation Canada on nursing handover report. The resource is directed towards registered nurses and will be published in 2022, providing current recommendations.

Limitations

The NANB (2022) factsheet does not provide any toolkits or resources for completing the nursing handover report. Additionally, there are no examples provided of clinical situations for novice nurses to understand the use (NANB, 2022).

Health PEI

Health PEI (2020) provides nurses with an educational sheet on information transfer practices. Health PEI (2020) encourages the use of SBAR for handover report. Health PEI (2020) deemed the minimum information shared during handover report should include the full name and other identifiers, contact information for responsible providers, reason for transitions, safety concerns, and client goals. Other important information to include is allergies, medications, diagnosis and health concerns, test results, treatments or procedures, and advanced care directives.

Strengths

Health PEI (2022) provides a one-page educational sheet highlighting nursing handover report expectations. It utilizes resources from Accreditation Canda and links the information from policies available in Health PEI. The resource was recently published and provides a quick resource for nurses completing nursing handover report. The educational sheet recommends the

use of SBAR (Health PEI, 2022). The educational page was short, clear and provided a quick reference for the expectations held in the transfer of accountability of nursing handover report, therefore, could be referenced quickly for nursing staff (Health PEI, 2022).

Limitations

This resource does not provide references, decreasing the credibility of the resource (Health PEI, 2022). Additionally, it does not highlight what to include in nursing handover report or the expectations held. There are no examples provided of clinical situations for further understanding (Health PEI, 2022).

Canadian Nurses Association

There were limited resources available focusing on nursing handover report and nurse communication on the Canadian Nurses Association website. The Canadian Nurses Association was contacted to see if they provide any resources to registered nurses, but no resources were provided. No response was received from the Canadian Nurses Association seeking if there are any resources provided.

Discussion

It is evident there are limited resources available for simple checklists or guidelines for nursing handover report. NL Health Services provides many resources outlining nursing handover report, the importance of completion and the impact on patient care. While there are a variety of resources detailing the value of nursing handover report, there is little guidance on the expectations or specific formatting NL Services Authority encourages. Carbonear General Hospital encourages the use of SBAR and the SWITCH operating room handoff guide for operative services. CMPA encourages the use of SBAR and I-PASS while Island Health encourages the use of IDRAW. Health PEI also encourages SBAR for handover report. The

119

College of Registered Nurses of Newfoundland and Canadian Nurses Association does not provide any resources for nursing handover report. Examining these handover mnemonics', an effective nursing handover report can be created for the nurses on 7-East. Gathering the strengths of each tool can assist in creating a valuable tool for novice medicine nurses.

<p style="text-align: center;">**Implications for Practicum Project**</p>

Completion of the environmental scan provided a further understanding of the information and resources needed for nursing handover report. This environmental scan demonstrated the need for developing a quick, accessible informative resource for understanding nursing handover report and a tool novice medicine nurses can use for the completion of nursing handover report. Additionally, providing practical situations and examples can assist in increasing the understanding of novice nurses and further their knowledge on the topic. Reviewing resources from other health authorities provided further knowledge on the expectations for nursing handover report and different important areas that require focus, such as confirming patient information during handover report, the use of mandatory checklists, and communicating patient goals while in hospital. Utilizing the information gained from the environmental scan can assist in developing the resource. It is evident that there is a need for designing a quick tool or mnemonic for nursing handover report, as well as providing examples of how to use the resource in a practical setting to ensure nurses understand the use. The quick references found in the environmental scan are valuable to reference when creating the resource for the practicum project.

<p style="text-align: center;">**Conclusion**</p>

Through the examination of environmental sources, the need for a communication resource for novice medicine nurses is supported. Providing an educational resource would allow

for the implementation of concise, effective handover reports, consequently improving the quality of patient care. Seeking additional information from other health authorities can assist in the gaining of new information. This environmental scan supports the need for an education resource to aid in completing nursing handover report. This environmental scan supported the lack of resources for registered nurses completing nursing handover report, specifically, simple checklists or mnemonics to aid in report completion. In combination with the literature review and consultations, it is evident the need for a resource to support novice nurses in completing handover report.

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Email

Hello there,

My name is Leah Davis, and I am completing my Masters of Science in Nursing degree at Memorial University under the supervision of Professor Ahtisham Younas. My overall goal for my practicum project is to develop a communication resource for novice medicine nurses on the inpatient medicine unit completing handover report.

I am writing to ask you if you provided any resources for nurses on completing nursing handover report. I am seeking additional information on any general resources you provide on safe handover communication between nurses. There are no known or anticipatory risks to the participation of this project.
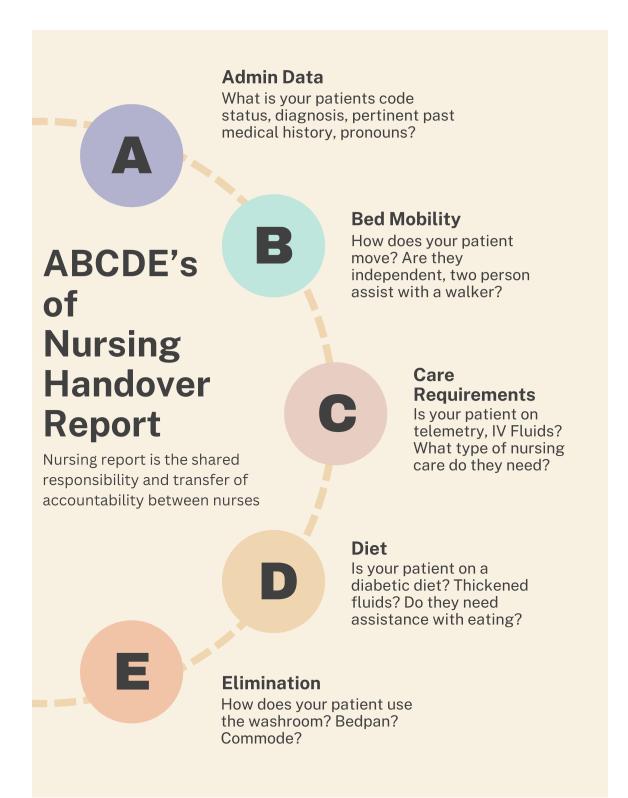
If you would prefer to discuss this over the phone or if you have any questions, please do not hesitate to contact me. Your contribution is valuable to the completion of my practicum project.

Thank you for your time.

Leah Davis BN RN

Appendix E

The Education Poster

ABCDE's of Nursing Handover Report

Nursing report is the shared responsibility and transfer of accountability between nurses

A

Admin Data
What is your patients code status, diagnosis, pertinent past medical history, pronouns?

B

Bed Mobility
How does your patient move? Are they independent, two person assist with a walker?

C

Care Requirements
Is your patient on telemetry, IV Fluids? What type of nursing care do they need?

D

Diet
Is your patient on a diabetic diet? Thickened fluids? Do they need assistance with eating?

E

Elimination
How does your patient use the washroom? Bedpan? Commode?

Appendix F

Post Implementation Feedback Form

Education Poster Feedback Form

Please provide your feedback on the education poster created to assist in nursing handover report. Please note all feedback is anonymous.

1. Do you believe this poster assists in completing nursing handover report?

2. What aspects of the poster did you beneficial for completing nursing handover report?

3. Are there any areas you do not believe are helpful or necessary?

4. Any further comments on the poster?

Thank you for your feedback!