REVIEW PAPER

Emphasizing Caring Components in Nurse-Patient-Nurse Bedside Reporting

Tan, Amil Kusain Jr. BSN, MSN, RN

Clinical Nurse Specialist, Erasmus Mundus Emergency and Critical Care Nursing, University de Oviedo, Spain

Correspondence: Tan, Amil Kusain Jr. 5C-21 Calle Gonzalez Besada, Oviedo 33007, Spain.
E-mail: amilkusainjr.tan@yahoo.com

Abstract

Background: Nurse-Patient- Nurse bedside reporting is a hand over process that facilitates nurse to nurse, and nurse to patient, communications between end shift changes with the intention of transferring essential information and emphasizing holistic care of patients.
Purpose and Aim: To help nurse managers develop strategies to promote nurse-patient-nurse bedside handover in their clinical practice. It aims to understand how the nurse-patient-nurse bedside reporting can be a venue to emphasize components of caring in nursing.
Methodology: A comprehensive search of literatures in English from 2001 to 2013 was done through the use of EBSCO, B-Online and Wiley Blackwell Online using keywords in the Mesh terms.
Results: Patient Centred Care philosophy, JCI Guidelines, demand of patient's participation in health care decision making and weakness of traditional handover report are factors influencing bedside nurse-patient-nurse reporting. It can have an impact on patient satisfaction, involvement, communication and safety and can improve nurse-patient relationship.
Conclusion: Nurse-patient-nurse bedside reporting can become a venue to emphasize caringcomponents of nursing according to Jean Watson's Carative Factors. Strong leadership, open communication, education of all staff, patients and teamwork among nurses are essential to overcome barriers from patients and resistance from nurses to transform traditional shift reporting.

Keywords: handover, communication, bedside reporting, patient involvement and nursing.

Introduction

Communication in hand over process has been essential and unique in the nursing profession for several decades. This process is essential for the delivery of continuous nursing care to patients from the shifting nurses. The hand over process or also known as the shift reporting and is defined as a system of nurse to nurse communication between shift changes with the intention of transferring essential information for safe, holistic care of patients (Riegel 1985 in Caruso 2007). For several years, we have rooted and considered this definition that the process is limited only to nurse to nurse communication. For this reason we have conducted shift reporting in a variety of ways such as the most common verbal update reports done by nurses in a designated room or most commonly the nurse station and the tape recording method (Caruso, 2007). However, recent studies and development of Patient Centered Care Philosophy (Institute of Medicine, 2001) have challenged this belief. Shift reports must not only be restricted in nurse to nurse communication but it must involve patients as the recipients of care (Caruso, 2007; Jagoo and Kassean, 2005). This has been an enormous challenge among staff nurses and nurse managers transforming the traditional nurse to nurse reporting into nurse-patient-nurse bedside reporting.

Purpose, Aim and Objectives

The purpose of the literature review was to help nurse managers develop strategies to promote nurse-patient-nurse bedside handover in their clinical practice. It aims to understand how the nurse-patient-nurse bedside reporting can be a venue to emphasize components of caring in nursing. Furthermore, the specific objectives are to identify the factors influencing change in traditional handovers, to identify caring components based on Jean Watson's Carative Assumptions, to identify barriers associated in bedside reporting, and to develop strategies to transform the care process in clinical practice.

Methods

A comprehensive search of available English literatures using EBSCO, Biblioteca do Conhecimento Online and Wiley Blackwell Online library was performed. The keywords used in Mesh term were handover, communication, bedside reporting, patient involvement and nursing. The search was dated from 2001 to 2013. Original article and review paper were included in the review process.

Discussions

Factors influencing the change of traditional handover

In order to better understand the development of bedside reporting, the factors that influence a change in practice were reviewed. There were four major themes: Patient-Centred Nursing Philosophy, Joint Commission Institute (JCI) in 2008 guidelines, increasing demands of active patient participation in their care and shortcomings of traditional shift reporting

The Institute of Medicine (IOM) in 2001 initiated a reform in the health care delivery system of the 21st Century with the aim of being responsive and more accessible to patient needs. With this aim the Patient Centred Care framework has been introduced into the health care system. This reform has brought changes to the philosophy of nursing as well. Crameri (2006) a nurse leader, in her discussion about adapting patient centred care in their hospital suggested that best practice must be included in the standards of nursing care which means adapting a patient centred nursing care approach. Another major factor that leads to changes in shift reporting is the report that one of the leading causes of sentinel events in the United States according to surveillance is communication failures during shift reports. This information has brought the Joint Commission Institute (JCI) to develop guidelines to address this concern. The Joint Commission on Health Care Accreditation (JCAHO) on National Patient Safety Goals adapted the following goals as guidelines which affect communication practices in the hospital that likely impact shift reporting as follows: improve the accuracy of patient identification; improve the effectiveness of communication among caregivers; managing hand-off communications; and encourage patients' active involvement in their own care as a patient safety strategy. The recognition of patient participation as a key component in the health care process and as a means to improve patient safety has been well documented (Caruso, 2007; Laws and Amato, 2010). Nowadays there is an increasing trend of health consumer's demand and expectation to be involved in their care (Laws and Amato, 2010). Because of this demand, recent studies focused about patient participation. Longtin, Sax, Leape, et al (2010) studied about the barriers of patient participation in the care process. The results supported that patients express their desire to determine the choice of treatment and management in collaboration with their health care providers. With these major changes in the health care process, traditional shift reporting has been confronted. Laws and Amato (2010) suggested that the variability of traditional shift reporting is a threat to patient safety for the following reasons: first, traditional shift report is unstructured, repetitive and lack consistency in the type of information provided by each individual; second, it is most often subjective in content and usually accompanied by value judgements and labelling of patients by nurses; and lastly traditional shift reports lack individualized care planning.

Watson's Carative Components in Nurse-Patient-Nurse Bedside Reporting

Jean Watson (1988) cited in Anonuevo, Abaquin et al (2000) placed key emphasis on caring as core to

the nursing profession. She believes that caring is a moral ideal-mind-body-soul engagement with another. She believes that caring only happens when there is a transaction between the nurse, client and the family. Therefore we can derive that caring is a dynamic interaction process between the patient and the nurse. Instituting bedside reporting allows a dynamic dialogue in order to positively impact a patient's and family's experiences of care.

With this framework, I would like to direct the discussion to show how bedside reporting can become an instrument for nurses to emphasize the caring components of nursing to patients. Clevenger and Connelly (2012) identified four unique Carative Assumptions of Watsons that are specific in nurse-patient-nurse bedside reporting namely: cultivation of sensitivity to one's self and to others, establishing a helping trust relationship, promotion of interpersonal teaching-learning and provision for a supportive, protective, and/or corrective mental, physical socio-cultural and spiritual environment.

Cultivation of Sensitivity to one's self and to patients results in Satisfaction

When a nurse cultivates sensitivity to one's self and to their patient, patient satisfaction is the likely result. Moreover patient satisfaction happens when the nurse promote health and a higher level of functioning during the formation of person to person relationship (Clevenger and Connelly, 2012). Studies of Baker and McGowan (2010); Clevenger and Connelly (2012); Laws and Amato (2010) have well documented an increased patient satisfaction when using bedside shift reporting. Patients reported that nurses treat them with courtesy and respect; felt that nurses listen to them, and they feel that nurses really cared about them (Clevenger and Connelly, 2012).

Establishing a helping trust relationship through effective communication

Nurse-Patient-Nurse bedside reporting offers a wide variety of opportunities for real time conversation; this enables nurses to establish a helping trust relationship. This can be achieved through the use of effective communication both verbal and non-verbal to patients at the bedside (Clevenger and Connelly, 2012). Studies of Anderson and Mangino (2006); Baker and McGowan (2010); and Caruso (2007) showed that nurses reported an increase in rapport, and improved interaction between nurses and patients after the implementation of bedside reporting. Patient felt more secure and comfortable in asking questions, because of the open communication and mutual transaction; Patients develop a professional trust and reassurance as they witness safe professional transfer of responsibilities; lastly patients are less anxious and are likely to comply with management of care when help-trust relationship are established by nurses. Furthermore, bedside reporting offers an improved interaction and relationship among nurses as well, which enhances their efficiency, teamwork and professional image giving means to transfer trust and support between each other. (Laws and Amato, 2010; and Chaboyer, McMurray et al, 2010)

Promotion of Interpersonal teaching-learning results in Patient Involvement

According to Clevenger and Connelly (2012) understanding the person's perception of the situation assists the nurse to prepare a cognitive plan. When nurses foster an interpersonal teaching-learning environment, nurses empower patient and in return patients become more actively involved in their care. Chaboyer, McMurray, et al (2010) studied patient participation in a handover process. They reaffirm that bedside reporting is a mean to create an opportunity for the patient to be involved in decision making about their care, which is one aspect of patient centred care. In their study patients appreciated being acknowledged as partners in their care; and patients viewed the importance of their role in maintaining accuracy, which promotes safe and high quality care. Bedside reporting not only promotes teaching and learning between patients and nurses but also a mentoring venue for experienced nurses and novice nurses in terms of communication and clinical assessment skills (Baker and Mcgowan, 2010).

Provision of a supportive, protective, and or corrective mental, physical socio-cultural and spiritual environment enhances Patient Safety

To exemplify the caring process, the nurse must provide comfort, privacy and safety to the patient. The main goal of promoting a bedside report is the provision of safe care. There were three identified common themes that emerge about patient safety and bedside reporting. Bedside reporting diminishes and prevents errors in communication, patient management; and in clinical performance. Studies about prevention of errors in communication includes Baker and McGowan (2010) who reported that bedside shift reports decrease the potential for near misses through a transfer or responsibility and trust and by using standardized communication; Bedside handovers allow patients to know the nurses involved in their care during shift changes; and lastly it reduces patients perception that "no one is around" during shift change when sentinel events are more likely to happen. Liu, Manias et al (2012) shared that bedside nurses hand over involving patients facilitated a safe administration of medication and a partnership model in medication communication. In terms of preventing errors in patient management, Caruso (2007) suggested that bedside handover allows nurses to gather additional resources in diagnosis and treatment of the patient preventing errors in patient management. Moreover, bedside handover allows incoming nurse's to immediately confirm the previous shift's report by visualizing the patient and getting a baseline assessment to compare against changes during the shift, thus giving accurate assessment (Baker and McGowan, 2010). Furthermore, Laws and Amato (2010) on benefits of bedside reporting reported that bedside handovers allow the nurse to plan and prioritize patient care and manage the patient load effectively. Lastly, accountability between shifts is promoted by direct observation of the patient by both incoming and off-going nurses (Laws and Amato, 2010).

Barriers in bedside Reporting

In order to develop a strategy to promote the use of bedside reporting in clinical practice an analysis about barriers and constraints must be considered. Barriers in implementing bedside reporting in most literature can be classified in two ways namely: barriers as perceived by patients and barriers as perceived by nurses.

Only Timonen and Sihvonen (2001) studied in particular the patient's barrier in participating in the bedside shift reporting and according to their study the main reasons include tiredness or fatigue, difficulties in formulating questions, lack of encouragement, difficulties with the language used by nurses, nurses concentrating more on their papers than on them, lastly patients perceived that the reporting sessions were too short.

On the other hand, Kassean and Jaggoo (2005) studied restraining forces for the implementation of bedside reporting among nurses. According to this study fear of accountability, lack of confidence, and the perception that bedside reporting would lead to more work are the restraining forces. Anderson and Mangino (2006) outline major issues that serve as barrier in bedside reporting such as confidentiality and the long duration of reporting time. In contrary to the increase reporting time, Baker and McGowan (2010) contended that in the real set-up nurses take only on an average of 3 to 5 minutes to physically check the patient, update the whiteboard and do an environmental check. Bedside reporting must be a quick physical look. Clevenger and Connelly (2012) added that letting go of old practice and allowing change, cynicism and pessimism among nurses, and lack of a shared vision are the major challenges they encounter in adapting bedside shift reporting.

Strategies to bridge the gap in bedside reporting in clinical practice

Based on the literature reviewed there is still no consensus as to the most appropriate and effective strategy for nurse managers to adapt bedside shift reporting. However, emerging themes from several authors on how they manage to adapt this process can be summarized as follows: strong leadership, maintaining an open communication; education for staff and patients, and teamwork.

Jagoo and Kassean (2005) proposed that strong leadership and communication skills are essential in order to create an atmosphere of trust in order to

initiate change in the attitude and behaviour of staff in a complex environment which in return can gain their collaboration. Laws and Amato (2010) added that nurse managers must have a vision to create change. According to Caruso (2007) promotion of dialogue among staff nurses to address their concern and listening to their feedback is crucial in the success of the implementation. Kassean and Jaggoo (2005) supported this and suggested that creating a climate of open communication whereby all stakeholders are allowed to voice opinions, share concerns, insights and ideas enhances active participation in decision making. Moreover, Baker and McGowan (2010); Jagoo and Kassean (2005); and Laws and Amato (2010) recommended that in order to propose change, creating awareness through education among patients, staff nurses and managers is needed in order to create a shared vision to improve the handover system. Laws and Amato (2010) on collaboration of the team highlight that support from various nurse managers in different wards is important in order to overcome resistance from staff was very essential for the success in implementation of bedside shift reporting.

Conclusion

Nursing is an evolving profession, what may be true to the past may not be true at present. Nurses' innovativeness to challenge their practice is important to give future direction to the nursing profession. The change in bedside shift reporting is brought about by Patient Centred Care philosophy, JCI Guidelines, an increase demand of patient's participation in health care decision making and challenges about the weakness of traditional nursing handover report. Nurse-patient-nurse bedside reporting is a unique venue and instrument for nurses to emphasize the caring components of nursing. It can impact patient's satisfaction, involvement, communication and safety and can improve nurse-patient relationship. Transforming traditional shift reporting to nurse-patient-nurse bedside reporting entails strong leadership, open communication, education of all staff, patients and teamwork among nurses in order to overcome barriers from patients and resistance from nurses. Further studies in this field are required to develop appropriate and proven strategies for nurse managers to adapt bedside reporting in clinical practice.

Acknowledgment

I would like to acknowledge the support of Dr. Marianne Pitkäjärvi who supervised the work and Ms. Veronica Braganza for the proof editing of the manuscript.

References

Anonuevo C., Abaquin C. and et al. (2000). Theoretical Foundations of Nursing.UP Open University Publications, Los Banos, Philippines.

Anderson, C., and Mangino, R. (2006). Nurse shift report: Who says you can't talk in front of the patient? Nursing Administration Quarterly, 30(2), 112–122. DOI: 10.1097/00006216-200604000-00008

Baker S. and McGowan N. (2010). Bedside Shift Report Improves Patient Safety and Nurse Accountability. Evidence-Based Practice, 36(4), 355-358. DOI: 10.1111/j.1552-6909.2010.01121_48.x

Caruso E. (2007). The Evolution of Nurse-to-Nurse Bedside Report on a Medical-Surgical Cardiology Unit.MEDSURG Nursing 16(1) 17-2. Retrieved [http://web.ebscohost.com/ehost/detail?sid=9523ec78-d601-428b-957b-a38c421c4dd4%40sessionmgr110andvid=1andhid=123andbdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#db=a9handAN=24630808]

Crameri D. (2006). Patient Centred Care. Retrieved: [www0.health.nsw.gov.au/resources/nursing/pdf/moc_06/patient_centred_care.pdf]

Chaboyer W., McMurray A., and Wallis M. (2010). Bedside nursing handover: A case study. International Journal of Nursing Practice 2010, 16: 27–34 DOI: 10.1111/j.1440-172X.2009.01809.x

Clevenger D. and Connelly S. (2012). Bedside Report A Process Change Retrieved: [nurs.uark.edu/Bedside_Report_A_Process_Change.pptx]

Institute of Medicine (2001). Crosssing the Quality Chiasm. Retrieved: [http://www.iom.edu/~/media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20%20report%20brief.pdf]

Jagoo Z. and Kassean H. (2005). Managing change in the nursing handover from traditional to bedside handover – a case study from Mauritius. BMC Nursing 4: 1 doi:10.1186/1472-6955-4-1

Laws D. and Amato S. (2010). Incorporating Bedside Reporting into Change-of –Shift Report. Rehabilitation Nursing 35(2) 70-74 Retrieved: [http://web.ebscohost.com/ehost/detail?sid=09cd7afd-f02a-4f5d-a769-270eec54516f%40sessionmgr104andvid=1andhid=123andbdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#db=a9handAN=82106531]

Longtin, Y., Sax, H., Leape, L. and et al (2010). Patient Participation: Current Knowledge and Applicability to Patient Safety. Mayo Clinic Proceedings; Jan2010, Vol. 85 Issue 1, p53-62, 10p DOI:10.4065/mcp.2009.0248

Liu W, Manias E, Gerdtz M. (2012). Understanding medication safety in healthcare settings: a critical review of conceptual models. Nurs Inq. 18(4):290-302. doi: 10.1111/j.1440-1800.2011.00541

The Joint Commission (2008). Joint Commission 2009 National Patient Safety Goals. Joint Commission Perspectives, 28(7), 12-14 Retrieved: [www.jointcommission.org]

Timonen L. and Sihvonen M. (2001). Patient participation in bedside reporting on surgical wards. Journal of Nursing 9(4): 542-548. DOI: 10.1046/j.1365-2702.2000.00400