

# CHALLENGES OF CLINICAL HANDOVER EXPERIENCED BY NURSES IN A SOUTH AFRICAN PRIVATE HEALTHCARE HOSPITAL

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## INTRODUCTION

- The goal of clinical handover is to ensure safe patient care; if done poorly, it may be to the detriment of the patient.
- The investigation of adverse clinical events in a Western Cape private healthcare hospital during January and February 2022 has indicated that events occur due to poor clinical handover.
- The adverse clinical events occurred as the communication of handover information has failed in some way.
- One of the main causes of reduced safety and service quality as well as patient dissatisfaction is the lack of communication between the incoming and outgoing nurses during clinical handover.
- The study aimed to identify the challenges that registered and enrolled nurses experienced during clinical handover that act as barriers to effective communication and, in turn, may affect safe patient care.
- By answering the research question, it will help to improve clinical handover practices and patient outcomes.

## METHODS

- A mixed-method research design was used to gain a detailed understanding of the challenges affecting the nursing profession.
- A qualitative and quantitative content analysis approach was utilised through observations and surveys.
- The survey focused on identifying the perceived challenges experienced by Registered and Enrolled Nurses during clinical handover.
- A printed, hard-copy survey was handed to each participant by their line manager.
- The researcher observed nine morning clinical handover sessions.
- The study was conducted in two surgical units in a private acute care hospital in the Western Cape.
- The researcher used a checklist to audit the clinical handover process to identify communication problems within the nursing team.
- Survey responses were compared to the clinical handover observations and analysed for common themes.
- The data was organised and reviewed, and the data from the open-ended questions were analysed to categorise it according to the barriers that negatively impact the clinical handover process.

## RESULTS

Codes	Themes
Questions Comments	Distractions
Staff attitude Call bells Telephone calls	Interruptions
Lack of training on handover process Handover process not standardised	Lack of structure
Standardised documentation not used. Not all the staff hand over in English	Communication
Punctuality Lack of accountability Inconsistent handover length	Time management

**Table 2: Identified survey codes and themes**

## DISCUSSION

The handover processes were inconsistent and highly person-dependent. The study sample indicated the following:

- The handover process was effective
- Barriers identified were call bells, phone calls, doctors' rounds and patients' participation
- More time should be allocated for clinical handover
- Punctuality
- Staff are not held accountable
- Vague language
- Use of universal language (English)
- Lack of training on clinical handover

AUDIT : HANDOVER				
NAME:	DEPARTMENT:	DATE:		
ACTION:	REMARKS:			
<b>General Assessment:</b>				
On the sticker: Patient Name, Age & Doctor				
Give brief overview of current problem / illness				
Co - Morbidities				
Allergies				
<b>Care Plan:</b>				
Medical diagnosis and hospitalization / post operative day				
Review current problems accordingly and actions taken				
Diet	Fluids	Wounds	Pain	
Identify risks: e.g., Fall risk, Waterlow score (skin breakdown) / skin condition), VTE				
<b>Specific Instructions</b>				
Pending blood tests / procedures / investigations				
<b>Review Flow Charts:</b>				
Vital signs	Fluid balance	Diabetic record	Neurological / neurovascular	
<b>Review Prescription Chart:</b>				
Check that you gave and signed all the required medication				
Highlight IV medication / antibiotics / changes made to prescriptions				
<b>Observations:</b>				

**Table 1: Handover audit tool**

Observations identified the following barriers:

- The subjectivity of the information
- Punctuality
- Lack of standardisation as common barriers
- Inconsistent start and ending times
- Incomplete documentation
- Interruptions by colleagues
- Staff not knowledgeable about the patient and scientific nursing process
- Lack of critical thinking skills
- Language
- Bias and misperceptions

Literature identifies common barriers:

- Inadequate information
- Too much information
- Inconsistent quality of clinical handover
- Inconsistent quality of report
- Limited opportunity to ask questions
- Equipment malfunction and interruptions
- Vague language
- Experience
- Skills
- Lack of training

Clinical handover should be accurate, complete and timely. The researcher concluded that the organisation should provide the Registered and Enrolled Nurses with a structured process that provides appropriate patient-specific details and presents opportunities for the multidisciplinary team to ask questions and receive feedback.

## CONCLUSION

The following barriers were identified as challenges by Registered and Enrolled Nurses: Patient call bells, telephone calls, doctors' rounds, staff that arrive late, language differences and a lack of handover process

standardisation. In practice, the handover process was prolonged by different interruptions, the complexity of patients' conditions and the lack of organisation. The researcher concluded that the biggest barrier to effective clinical handover is the lack of a standardised process. To improve patient safety, a standardised clinical handover protocol should be developed.

## JUSTIFICATION FOR PROPOSED CHANGES IN PRACTICE BASED ON THIS STUDY

The researcher recommends standardising the clinical handover process and educating the nursing staff in teamwork and communication. The hospital's management should communicate clear expected shift commencement and clinical handover times with all nursing staff. Corrective action should be taken to address non-compliance.

## FURTHER RESEARCH OR INVESTIGATION BASED ON THIS STUDY

By understanding the challenges that contribute to handover quality, it will be possible to develop targeted interventions aimed at improving the quality of clinical handover and patient outcomes. Future studies should focus on the effects of implementing a standard handover tool in an action research study.

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