AN ETHNOGRAPHIC STUDY TO ASSESS THE FUNCTION AND ROLES OF QUESTIONING DURING NURSING HANDOVER IN SPECIALTY SETTING” AT SMVMCH, PUDUCHERRY

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ABSTRACT

Background: The communication are backbone for effective work done, In Nursing Handover place a major role in patient health status, safety and quality in hospitalized care.

Objectives: To determine the level of function regarding handover among staff nurse in critical care setting of an SMVMCH and associate with selected demographic variables.

DESIGN: Ethnographic research design was selected.

Methods: Observations were conducted with a set of question to fulfil the message that are mandatory to transfer.

Results: Based on the research finding, 33% staff nurse were in excellent handover, 53.3% were in good handover and 13.4% were in poor handover. Some of the information are been missed by the people during handover.

Conclusions: Overall the study implies that nursing handover was good. Future research should examine function in rural and regional hospitals, any new profoma can be made for handover in each shift.

INTRODUCTION

Over half a century ago, recognized the importance of adequately handing over care to the next shift of nurses to ensure that nurses had the necessary information to provide appropriate and safe care for their patients. Barrett explained “It is true, also, that patients receive better care when reports are thorough and give all pertinent data. Then they are inadequate it is possible for medications or treatments to be duplicated or omitted. She also believed that oral reports should be well organized, presented in an interesting manner, and important points should be emphasized.

Barrett described a good report as unhurried and not interrupted, as this could lead to important points being forgotten. She concluded by saying that the importance of reports being given on time could not be overemphasized, and that delays wasted the time of nurses who are coming on duty.

A good report is unhurried. It is well to set aside a block of time to be kept for report purposes. It should be an unbroken rule that reports are not interrupted except in an emergency for if continuity is broken important points may easily be forgotten. She recommended that report time was a very responsible and valuable experience for the senior student nurse. The nursing handover was an important tool for learning, and an avenue for sharing knowledge between junior and senior staff members. Senior student nurses were in charge of wards, and were responsible for the supervision of junior student nurses (Barrett 1949).

There are 4 main styles of handover reported in the literature. These are verbal bedside handovers, tape recorded handovers, silent written handovers (sometimes called computer generated shift reporting), and verbal traditional handovers.

Hansen (2017) conducted an interview study in clinical handover at casualty and ward of international hospitals. Based on the interview found to be that handover were in ED were very poor due to busy in area. Nurses recording were less in documentation due to inadequate transfer details from ED to wards. The conclusion is handover is very important in giving treatment to patient and follow up care.

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Javad et., al.,(2015) conducted a quasi-experimental study in teaching hospital at Iran with study sample of 56 ICU staff nurses in spring and summer at 2011-2014. The data’s were collected by using safe practice evaluation checklist, the 0.92 and 89 were the content validity index and correlation coefficient. The conclusion is the standard handover protocol in transferring information plays vital role in improving patient’s needs.

Cinzia pezzolesi et.al.,(2010) conducted a retrospective review from 3 years hospital data base in UK general hospital on clinical handover. The transfer of patient to different specialties, general medicine, obstetrical and gynecology were assessed. Based on this many incidents were to be less harm to the patient due to earlier response time.

In South India

Apollo hospital (2017) conducted a study was conducted in to find Clinical Handover Communication – Ensuring Patient Safety Changing patterns of work in hospitals have created a best need in handover of information. Communication breakdowns are one of the main cause of medical errors. In an analysis of 4,000 adverse events, the Joint Commission reported that 70% of sentinel events had been reported due to communication breakdowns.

**MATERIALS AND METHODS**

This study was conducted at the critical care setting Sri Manakula Vinayagar Medical College and Hospital, Puducherry state, India. The duration of the study was three months after obtaining formal permission from the authority the information that are supposed to transfer are made as a checklist and observed for three months in each shift as Shift-I, Shift-II, Shift-III. During the time of handover the staff nurse are observed with the checklist to find whether the information are transferred. Based on that scoring was given as Excellent, Good and Poor in Handover. The demographic variables such as age, gender, educational qualification, nursing experience, area of working, nature of designation, working shift was used to find the association with these values.

**Table 1 Scoring Interpretation of handover by Staff Nurses.**

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>Excellent in Handover</td>
</tr>
<tr>
<td>11-20</td>
<td>Good in Handover</td>
</tr>
<tr>
<td>0-10</td>
<td>Poor in Handover</td>
</tr>
</tbody>
</table>

**RESULTS**

The above graph reveals the level of work among staff nurse working in Specialty settings as 10(33%) were in poor work, 16(53.6%) were in good work and 4(13.4%) were in excellent work of handover procedure

**Table 2 Association between the level of work among Staff Nurses working in Specialty setting with their selected demographic variables.**

<table>
<thead>
<tr>
<th>No.</th>
<th>Background variables</th>
<th>Poor work</th>
<th>Good work</th>
<th>Excellent work</th>
<th>X²</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age in years</td>
<td>9 36</td>
<td>12 48</td>
<td>4 16</td>
<td>1920 0.383</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Gender</td>
<td>5 15</td>
<td>3 5</td>
<td>7 44</td>
<td>5774 0.356</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Religion</td>
<td>10 34</td>
<td>15 51</td>
<td>7 44</td>
<td>0.905 0.606</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Education Qualification</td>
<td>0 0</td>
<td>1 100</td>
<td>0 0</td>
<td>0 1.000</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Overall nursing experience</td>
<td>9 1</td>
<td>1 0</td>
<td>0 0</td>
<td>1 0.000</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Area of working</td>
<td>8 44</td>
<td>7 39</td>
<td>3 16</td>
<td>12.063 0.005*</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Nature of designation</td>
<td>2 22.2</td>
<td>0 77.8</td>
<td>0 0</td>
<td>0 1.000</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Working shift</td>
<td>1 10</td>
<td>7 70</td>
<td>2 20</td>
<td>16.250 0.006*</td>
<td></td>
</tr>
</tbody>
</table>

*p<0.05, is significant and **P<0.001 is highly significant

**Table 3 Frequency and percentage wise distribution of the level of work among Staff Nurse working in the Specialty setting regarding Handing over procedure.**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Level of Handover</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Excellent work</td>
<td>4</td>
<td>13.4</td>
</tr>
<tr>
<td>2.</td>
<td>Good work</td>
<td>16</td>
<td>53.6</td>
</tr>
<tr>
<td>3.</td>
<td>Poor work</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

**DISCUSSION**

The first objective is to assess the level of work regarding handover among staff nurse in SMVMCH.

Table-3: reveals the level of work of staff nurse working in Specialty settings as 10(33%) were in poor work, 16(53.6%) were in good work and 4(13.4%) were in excellent work of hand over procedure this result was supported by a study as Maria Flink et., al., (2015) conducted a quantitative study in analyzing the handover between hospital and primary health care possess a risk of patient care. The data from Swedish patient was analyzed it revealed that the data were inadequate pertain to patients status. At last they conclude as there is lack of handover work in staff nurse was confirmed based on the medical record.

H1: There will be good level of work among staff nurses regarding Handover.

Based on the above finding it shows that the level of work among staff nurse is good but excellent level of work is not attained.
The second objective is to associate the effective handover with the selected demographic variables among staff nurses. Table 2 reveals that association between the socio demographic variables with the level of work regarding handover procedure among staff nurse working in medical and surgical wards.

According to the nature of designation the staff nurse 8(44.4%) were in poor work this shows that there is a newly joined staff nurses which leads to inadequate knowledge of handover procedure hence there is a poor work. When compared with other parameter like ward In-charge and senior staff nurses the senior nurses has good work in handing over this was statistically proved with the p value of 0.005

According to the working shift, when compared with the other parameter line morning shift, afternoon shift and night shift the morning shift people 7(70%) has good work in hand over this shows that the morning people are very alert in handing over with the highly significant p value of 0.000

Based on the above finding there is association between the level of work, the working shift and nature of designation. This finding was supported by the study Darrin Cowan et. al., (2017) conducted a qualitative descriptive study in Australia of mental health unit in 24 bedded hospital night shift to morning shift is the most difficult, as staff are tired and wanting to go home to bed, particularly when staff are handing over information outside of what is required.

H2: There will be significant association with the level of work and socio demographic variable of the staff nurses working in medical and surgical ward.

Major Finding sin the study

Out of that the overall average score in levels of work is 1.800 with standard deviation of 0.664 among staff nurses working in medical and surgical wards. The table 3reveals the level of work among staff nurse working in Specialty settings10(33%) were in poor work, 16(53.6%) were in good work and 4(13.4%) were in excellent work of hand over procedure. This shows there should to be improvement in the method of handing over in the hospital to make still more effective handing over. The table 4 reveals the association between the level of work and the socio demographic variables of the staff nurses working in medical and surgical ward. The nature of designation and the working shift has the highly significant with the p value of 0.005 and 0.000.

CONCLUSION

This study implies that among staff nurses working in specialty setting has good level of work regarding handing over procedure which was assessed by self-prepared checklist. Totally 30 samples were selected in this study

References


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