

Integrated nursing handover system and it's implication to job performance

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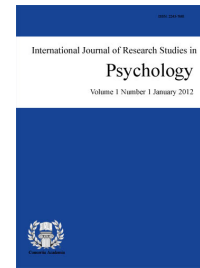
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Abstract

This study focused on nurses in Riyadh, Saudi Arabia, with a sample size of 40 staff nurses. Researchers used purposive and snowball sampling to gather data, considering the busy schedule and COVID-19 restrictions as convenient and simpler methods. This research paper employs regression analysis, T-test, frequency percentage, and weighted mean to estimate relationships between variables. The reliability test results are interpreted, and the 5-point Likert Scale assesses respondents' perspectives on the topic. The study found that the majority of nurses, mainly female, aged 28-35, were in emergency room departments in tertiary and secondary hospitals. Handover practices were found to be effective and operational, with a high frequency of use. Integrated handover practices were found to prioritize patient care, promote safety, and ensure accurate communication between outgoing and incoming nurses. These practices resulted in increased nurse satisfaction, improved patient information, and better patient transfers. However, barriers affecting handover practices included poor relationships, shift schedules, lack of teamwork, poor documentation, and interpersonal communication barriers. The study found a high statistically significant relationship between handover practices and their impact, but no significant relationship between the variables when grouped by demographic profiles. The recommendations include implementing proper handover practices by nurses at all hospital levels, conducting annual evaluations, designing systems to anticipate issues, offering annual training programs, and considering nursing schools' results for standardized handover models.

Keywords: integrated handover system, nurse satisfaction, quality of care, barriers, patient safety, job performance

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1. Introduction

The introduction of an integrated handover system has ended up resulting in improved nurse satisfaction with the handover process. When the current shift ends, operational accountability is handed over to the next shift utilizing a system. Aiming to increase patient safety in general hospitals and across all nursing departments, clinical handover miscommunication has been identified as contributing to adverse outcomes. Proper communication between nurses, patients, and other health allied personnel is paramount. Tools have been developed to encourage the sharing of vital information since significant adverse occurrences in the medical setting have been linked to poor communication. One example of that tool is the SBAR (Situation, Background, Assessment, Recommendation), which is widely used in different healthcare facilities as a communication and hand-off tool both intraprofessionally and interprofessionally.

Utilizing the integrated handover system, the institution implemented a system where you can see all the admitted patients from various areas such as emergency, medical-surgical, intensive care unit, and operating rooms. On this system, it will generate a medical record number for each admitted patient. The admission office will gather the information that is needed for each patient that requires admission. By generating the medical record number this will be handed over to the staff nurses and consultants on duty who primarily manage the patient. Each patient has a unique medical record number that has a required three names on it since this will serve as their two identifiers. In doing so, handover is done by simply entering the medical record number on the search bar and needs to be double-checked by the two staff who are doing the handover through the electronic base system. The few studies on the execution of handover vary and the content varies depending on the situation or the context. The actual handover of the patient was the focus of the nurses' attention, and they talked about preparation as a sign of quality and the feeling of passing on responsibility. Communication was required during the handover since nurses' perspectives on what constitutes helpful information varied. According to Loeffgren Vretare and Anderzén-Carlsson (2020), handover is mediated through communication and marks a shift in responsibility. Handover seems to be related to patient safety and quality of care. For instance, in a single unit having a 20:3 patient-to-nurse ratio a piece of vital information is essential though it has limited time to formally endorse each patient. Hand-off communication is a crucial and somehow beneficial component of medical care procedures. As it contributes to improving the standard and efficacy of medical care. The rate of errors can rise, and patients may have major issues because of incorrect and incomplete handovers. If information is not conveyed accurately and promptly, it may have a negative impact and cause patients' treatment, diagnosis, and care to be delayed.

As a result of their multitasking, nurses are often not visibly attentive, do not listen at all, or repeatedly interrupt the thoughts of the one endorsing them. Adopting the electronic handover record is often based on user satisfaction, its impact on quality of care, and on how it is being established within the institution. Organizations aim to achieve goals including enhanced patient safety and physician efficiency, information for better decision-making, and increased accuracy and dependability of medical data while applying EHR systems (Spatar et al., 2019) though one of the reasons why implementing the Electronic medical record fails is that the abiding users. In addition to that by enabling researchers to look into the technological, social and cultural facets and comprehend the relationship between those features and users' preparedness to utilize healthcare systems, it is thought that the identification of these factors will increase the effectiveness of healthcare technologies. As a result, the focus of this study is to comprehensively review the studies that empirically assessed various healthcare technologies in connection with models and theories of technology acceptance (Alqudah et al., 2021).

Finally, addressing the following concerns, the academic study was carried out to effectively determine the impact of the implementation of integrated handover practices. Issues in the clinical setting, particularly about

nurse teamwork, imply flexible handover techniques. Successful handover processes continue to depend on effective communication processes.

Objectives of the Study - This study evaluates the integrated nursing handover system and its implication to job performance areas for improvement in one hospital in Saudi Arabia. Specifically, to ascertain the demographic profile of the respondents in terms of age, gender, duration of hospital experience, civil status, educational attainment, area of assignment, and category of hospital. This is to determine the level of handover practices of the respondents in terms of purpose and methods and frequency of use. To evaluate the impact of nursing handover practices on the respondents. To explore the perceived barriers and factors affecting integrated handover practices. To test the significant relationship between the status of handover practices and perceived barriers and factors affecting nurses' handover when grouped according to their profile.

2. Methods

Research Design - The current researcher of this study aims to explore and determine the impact of integrated handover practices on nurses' job satisfaction and level quality of work practices in terms of various parameters. Nonetheless, a quantitative type of research was applied in this study wherein it was defined as conveyed as a set of numbers and diagrams. This type of research can be used to define generally applicable information about such a subject in a quantitative and tabular form, and it is used to test or validate hypotheses and hypotheses. respectively (Streefkerk, 2021).

In addition, the relevant literature of Allen (2017), indicated that the purpose of quantitative research is to generate knowledge and create an understanding of the social world. Quantitative research is used by social scientists, including communication with the researchers, to observe phenomena or occurrences affecting individuals as it provides answers to questions about the frequency of a phenomenon, or the magnitude to which the phenomenon affects the sample. Moreover, to emphasize and evaluate the condition of nurses before and after the implementation of positive handover practices among their respective nurses, the researcher also utilized causal-comparative research design as it was classified as a variety of research that seeks to find relationships between independent and dependent variables after an action or event has already occurred whereas the primary the objective to determine whether the independent variable affected the outcome, or the dependent variable, by comparing two or more groups of individuals. Nonetheless, as mentioned by Frey (2018), the given research design is determined as a family of research designs used to examine potential causes for observed differences found among existing groups. Causal-comparative research is useful for the study of causes where experimental assignment or manipulation is infeasible, unethical, or in some way prohibited. Also, the researcher used a descriptive research design as it attempts to describe, explain, and interpret a given phenomenon and to answer a "what is" in the research questions (Aggrawal & Ranganathan, 2019). Such as, per Sandra (2020), the sole purpose of descriptive studies is to describe individuals, events, or conditions by studying them as they are in nature whereas the researcher does not manipulate any of the variables but rather only describes the sample and/or the variables respectively.

Participants of the Study - In this part, the population and participants of this study are the overall nurses employed in the hospital which operates in Riyadh, Saudi Arabia. Likewise, the population of research respondents was composed of nurses in their respective departments. Henceforth, the selected informants voluntarily participated in the conduct of the study to determine their perceptions and experiences regarding this matter. Thus, the study's sample size was forty (40) staff nurses. Nevertheless, the researcher conducted both purposive and snowball sampling when choosing the subjects. Therefore, given this hectic schedule and the COVID-19 limits, the current researchers consider it more convenient and simpler to conduct.

Data Gathering Instrument - To effectively gather significant data and information among their probable informants, the researchers extensively disseminated survey questionnaires with a total of twenty (20) items as used as the main instrument in this study to analyze and explore handover practices among nurses and its impact

on determining the level of their respective job satisfaction and quality of work practices. Likewise, a total of twenty (20) items sets of statements in the questionnaires were distributed where all respondents were asked to read the statements given and choose their answers based on a 5-point Likert scale ranging from 5= strongly agree, 4= agree, 3= neutral, 2= disagree, and 1= strongly disagree. Hence, the questionnaire consisted of 3 sections that are primarily based on the objectives of this study. Further, several of the objects are conceived and produced by the researcher by the title chosen, so that the items developed can answer both research objectives. Additionally, the researcher also amends structured interviews among their participants as well. Consequently, in the assessment of the responses of the respondents in questionnaires, they based it on the 5-point Likert Scale. Questionnaires- This will be the main source of data gathering. These selected sets of survey questionnaires can state the plans, programs, and even relevant policies implemented by the researcher. Further, the responses of informants were given numerical values which were extensively computed through statistical and data analysis applied in this study.

Data Gathering Procedure - The hospital director will be given before the intended study a letter of informed consent and approval to be carried out. Each potential nurse was notified of the study's goal, methodology, advantages, and nature; participation was entirely optional. After obtaining written agreement, nurses were informed that they had the freedom to leave the study at any time and without explanation. Participants were made aware that any additional research involving the collected data would require additional consent. Through the coding of all data, each participant's confidentiality and identity were guaranteed, and any information obtained was safe and had no bearing on their annual evaluation. Furthermore, the researchers will then use the sampling technique they have chosen to select potential informants for the potential respondents who have been observed and evaluated by prior research. Consequently, the third section deals with the compilation of relevant and significant information provided by the informants to the questionnaires provided. And lastly, the researchers will tabulate and interpret the perceived data collected by the researchers to assess and determine, and possibly develop a possible answer regarding the topic provided based on the disseminated survey questionnaires.

Ethical Considerations - The researcher of this study also applied and ensured the anonymity of the selected respondents who participated in this study. The existence of ethical issues must be primarily considered during the formulation of the evaluation plan. This is to protect the privacy of the informants as well as the researcher. It incorporates the concept of informed consent, which states that the subject(s) who can engage in the evaluation and analysis are all thoroughly appraised and informed about the interview and evaluation that are useful, wherein the participants need to be made aware of the goal of this research paper and how the findings will be used, respectively. Since the participants in this study's evaluation were free from coercion at any moment without hurting their participation in this study's future services, they also implemented voluntary participation among their likely respondents. Thus, ethical concerns are used in this study to guarantee the privacy and security of the data collected from the respondents.

Data Analysis - The data analysis for this research paper is the following and is determined by the researcher, hereby made: Regression Analysis- The researcher employed this analysis to effectively evaluate the provided sets of questionnaires. Therefore, Taylor (ND), mentioned that regression analysis is classified as a set of statistical methods used for the estimation of relationships between a dependent variable and one or more independent variables as it utilized to assess the strength of the relationship between variables and for modeling the future relationship between them. T-test- The given analysis is determined by Coutts et al., (2019) which is a type of inferential statistic used to determine if there is a significant difference between the means of two groups, which may be related in certain features. Besides, it aims to determine if there is a significant difference between the means of the two groups. Further, the goal of the researchers is to assess if there is a significant effect of two variables from one to another since there is a parameter stated. In addition, researchers will classify the given variables based on the responses of the informants in the provided service dimensions.

Frequency Percentage- For the demographic profiles of the respondents in terms of given indicators, the

frequency counts and percentage method will be used. Weighted Mean- Primarily used to effectively quantitatively measure the weighted mean of all the collected data and variables applied in the study. Likewise, in terms of the perception and responses of the informants about the given topic, the current researcher interpreted the results of the reliability test based on the table of reliability that is presented below. Consequently, the assessment of the responses of the respondents in questionnaires was based on the 5-point Likert Scale. Conversely, the researcher also utilized a Likert type of scale to determine the perspectives of the respondents based on the provided sets of survey questionnaires. Also, regarding the determined weighted mean among each term, the researcher proposed a range of scores and corresponding verbal interpretations as shown below.

3. Results and discussion

Table 1

Status of Handover practices in terms of purpose methods

	Mean	SD	Interpretation
1. Handover practices promote continuity of care, ensuring that the care provided by one nurse is seamlessly continued by the next nurse, without any gaps in communication or understanding.	4.75	0.474	Always Operational
2. Handover nursing practices reduce the risk of errors, such as medication errors, missed assessments, and delayed interventions, which can have serious consequences for patient safety.	4.70	0.530	Always Operational
3. It promotes collaboration and teamwork among healthcare providers, as it requires effective communication, active listening, and a shared understanding of the patient's care needs.	4.78	0.454	Always Operational
4. Handover practices facilitate the involvement of patients and their families in the care process, as nurses can use handovers to discuss the patient's progress, goals, and preferences with them.	4.68	0.504	Always Operational
5. Effective handover practice can improve quality of care and patient outcomes	4.78	0.454	Always Operational
Overall	4.74	0.483	Always Operational

Table 1 show that the vast majority of nurse respondents had a high extent of implementing handover practices considering its purpose and method among nurses in clinical settings. Hence, the highest identified mean was determined by respondents who perceived that effective handover practices effectively can improve the nurse's quality of care and patient outcome which resulted in a mean of 4.78 and a standard deviation of 0.454 as well as in promoting collaboration and teamwork among healthcare providers through requiring nurses effective communication, active listening, and understanding of patients need which interpreted as strongly effective for serving its purpose and use among patient management.

Similarly, the nurse respondents also perceived that the implemented handover practices significantly promote patient continuity of care based on its mean of 4.75 (SD=0.474), followed by reduction of risk of human errors, missed assessment, and even delayed patient intervention with a given mean of 4.70 and deviation of 0.530 with a corresponding interpretation of always operational as perceived by nurses. Nevertheless, the least identified mean was determined in the concept of handover in facilitating the involvement of patients in the care process following its mean of 4.68 (SD=0.504), interpreted as always operational. Likewise, with an overall mean of 4.74 and a standard deviation of 0.483, the overall findings in the variable revealed that nurses' respondents had a high extent of handover status practices in terms of its vital purpose and methods which are

always operational within the given context to prove the given findings above, the study of Raeisi et al., (2019), indicated that the purpose and methods of patient care management, as well as the effective implementation of the purpose and methods towards handover, will aid in continuity of care, promote patient safety, and ensure better outcomes, especially among nurses. Nurse handover has been demonstrated to be a crucial component of client care and continuity of care in hospital settings (Kumar et al. 2016). A handover is an essential tool in the provision of safe patient care wherein patients can actively participate in nursing handover when they understand the purpose and timing of the handover and have a rapport with nurses.

Table 2

Status of Handover practices in terms of frequency of use

	Mean	SD	Interpretation
1. I undertake handover practice is to ensure that patients receive safe, effective, and high-quality care.	4.72	0.454	Always Operational
2. I support nurse professional development by providing opportunities for reflection, feedback, and learning from peers.	4.75	0.437	Always Operational
3. I practice effective handover practices among my colleagues.	4.72	0.490	Always Operational
4. I improve the efficiency of transitions of care, spending less time on handoff tasks and more time devoted to directing patient care.	4.55	0.594	Always Operational
5. I practice verbal communicates important patient information to the incoming nurse.	4.73	0.446	Always Operational
Overall	4.69	0.484	Always Operational

Table 2 presented the status of handover practices in terms of frequency of use wherein the composite mean was 4.69 with SD=0.484 and interpreted as Always Operational. The first statement with the highest mean was “I support nurse professional development by providing opportunities for reflection, feedback, and learning from peers” with a mean of 4.75 with SD=0.437 and interpreted as always operational then followed by the statements of “I practice verbal communicates important patient information to the incoming nurse” with mean of 4.73 with SD=0.446 and interpreted as Always operational. Then, the statement “I practice effective handover practices among my colleagues” with a mean of 4.72 with SD=0.490 which interpreted as always operational. Then, the statement “I undertake handover practice is to ensure that patients receive safe, effective, and high-quality care” with a mean of 4.72 with SD=0.454 and interpreted as Always operational. Lastly, the statement of “I improve the efficiency of transitions of care, spending less time on handoff tasks and more time devoted to directing patient care” with a mean of 4.55 with SD=0.594 and interpreted as Always operational.

The proposed study by Spooner et al. (2019), showed that the most common handover procedure disruptions happened during a 15-minute patient handover. Additionally, it objects to the elements that were unanimously chosen as part of an evidence-based nursing handover standard for inpatients to be used during internal transfers or shift changes. However, nurses' integrated handover procedures are frequently out of step with best-practice research, which hurts patient care management.

Table 3 presented the descriptive statistical results regarding the impact of nursing handover practices with a composite mean of 4.70 with SD=0.486 and interpreted as Strongly Agree. The first mean was the statement of “Implemented handover report process effectively helps RNs to prioritize patient care activities for it facilitates “real-time” focus assessment of patient’s status/condition” with a mean of 4.78 with SD= 0.415 and interpreted Strongly Agree followed by the statements of “Effective handover practices ensure accurate communication and

information dissemination about patients' conditions and treatment among other nurses" with mean of 4.77 with SD=0.427 and interpreted as Strongly Agree. Then, the statements of "Effective handovers promote patient safety and continuity of care and may contribute to increased job satisfaction for nurses" with mean of 4.77 with SD=0.427 and interpreted as Strongly Agree. The statements of "Integrated handover practice provides a comprehensive communication process between outgoing and incoming RNs thus resulting in safer patient care delivery" with mean of 4.73 with SD= 0.446 and interpreted as Strongly Agree. The statement of "Usage of integrated handover practices among nurses improved the quality and efficiency of workflow and practices among nurses" with mean of 4.72 with SD=0.454 and interpreted as Strongly Agree.

Table 3

Impact of Nursing Handover Practices

	Mean	SD	Interpretation
1. Nursing-integrated handover practices effectively provide up-to-date patient care information to the incoming RN at working shift changes.	4.72	0.454	Strongly Agree
2. Implemented handover report process effectively helps RNs to prioritize patient care activities for it facilitates "real-time" focus assessment of patient's status/condition.	4.78	0.415	Strongly Agree
3. The presented nursing practices significantly provide time for the incoming RN to verify the patient's health issues that need to be addressed at once (for the incoming shift).	4.67	0.510	Strongly Agree
4. Integrated handover practice provides a comprehensive communication process between outgoing and incoming RNs thus resulting in safer patient care delivery.	4.73	0.446	Strongly Agree
5. Nursing-integrated handover practices minimize delays in providing patient care delivery and promote satisfaction.	4.65	0.547	Strongly Agree
6. I am satisfied with the implemented integrated handover practices in our workspace.	4.55	0.622	Strongly Agree
7. Integrated handover practices were effective in improving work satisfaction and performance among on-duty nurses.	4.70	0.497	Strongly Agree
8. Effective handover practices ensure accurate communication and information dissemination about patients' conditions and treatment among other nurses.	4.77	0.427	Strongly Agree
9. Implementation of effective handover practices promotes increased nurse work productivity and patient retention.	4.63	0.551	Strongly Agree
10. Usage of integrated handover practices among nurses improved the quality and efficiency of workflow and practices among nurses.	4.72	0.454	Strongly Agree
11. Effective handovers promote patient safety and continuity of care and may contribute to increased job satisfaction for nurses.	4.77	0.427	Strongly Agree
Overall	4.70	0.486	Strongly Agree

The statements of "Nursing-integrated handover practices effectively provide up-to-date patient care information to the incoming RN at working shift changes" with mean of 4.72 with SD=0.454 and interpreted as Strongly Agree. The statements of "Integrated handover practices were effective in improving work satisfaction and performance among on-duty nurses" with mean of 4.70 with SD=0.497 and interpreted as Strongly Agree. The statements of "The presented nursing practices significantly provide time for the incoming RN to verify the patient's health issues that need to be addressed at once (for the incoming shift) with mean of 4.67 with SD=0.510 and interpreted as Strongly Agree. The statements of "Nursing-integrated handover practices minimize

delays in providing patient care delivery and promote satisfaction” with mean of 4.65 with SD=0.547 and interpreted as Strongly Agree. The statement of “Implementation of effective handover practices promotes increased nurse work productivity and patient retention” with a mean of 4.63 with SD=0.551 and interpreted as Strongly Agree. The statement of “I am satisfied with the implemented integrated handover practices in our workspace” with a mean of 4.55 with SD=0.622 and interpreted as Strongly Agree.

The study of Tataei et al. (2023) can be applied in the present result. suggested that, in comparison to the paper-based method, the application and implementation of handover practices among nurses significantly improved the quality and efficiency of shift handover, decreased the possibility of clinical error, saved handover time, and ultimately increased patient safety by demonstrating positive perspectives of ICU nurses toward the positive impact of handover on the improvement of patient safety. Moreso, Wong (2023) noted the advantages of nursing handover procedures, including more cooperation, greater effectiveness, higher responsibility for nurses, lower patient incidents, along with improved patient satisfaction ratings.

Table 4 presented the descriptive results regarding the perceived barriers and factors affecting handover practices among nurses wherein it shows that 59 (98.3%) indicated the detrimental impact of inadequate staffing and workload among nurses which ranked number 1 while it is followed by lack of training which corresponds to 55 nurses with a provided percentage of 91.7%. Further, language and interpersonal communication barriers also affect 88.3% of nurses as well as the implementation of poor quality of nurses’ documentation 52 (86.7%). In addition, shifting schedules and even a lack of teamwork and a supportive nursing hospital climate were also perceived as significant barriers affecting nurses’ handover which comprised 49 informants with a provided percentage of 81.7%.

Table 4

Perceived barriers and factors affecting handover practices among nurses

Perceived Barriers and Factors Affecting Integrated Handover Practices	Yes	%	Rank
1. Shifts schedule (night)/length of working hours among nurses.	49	81.7	6
2. Inadequate staffing & staff assignment/workload	59	98.3	1
3. Language and interpersonal communication barriers	53	88.3	3
4. Lack of knowledge and experience in documentation and using tools such as SBAR and various integrated handover practices.	49	81.7	6
5. Poor quality of nurses’ documentation	52	86.7	4
6. Increased conflict and poor relationships among staff (nurse-nurse)	48	80.0	8
7. Inadequate staffing and training among nurses	55	91.7	2
8. Lack of teamwork and supportive nursing hospital climate	49	81.7	6

Thus, the overall results implied that the vast majority of respondents agreed that all the following statements specifically barriers such as inadequate staffing and communication primarily affect handover practices among nurses. Hence, it was also revealed that the given statement is the significant barriers and factors which affect the level of effectiveness of the implemented handover practices as perceived by nurses towards patient care administration and management. It can be emphasized in Raesi et al. (2019) that the number of challenges and variables can affect nurse handover procedures including poor management, lack of coordination,

as well as avoidance of checklists. The absence of communication between incoming and departing nurses during the handover process was one of the primary causes of decreased safety and quality of services as well as patient dissatisfaction. Moreover, nurses needed to prioritize their preparation and the handover event above other tasks, as interruptions, time constraints, and workload demands posed obstacles to an efficient handover process (Powell et al. 2020).

Table 5

Relationship Between Status of Handover Practices and its Impact among Nurses

Variable 1	Variable 2	r-value	Verbal Interpretation	p-value	Verbal Interpretation
Status of Handover Practices	Impact of Handover Practices among nurses	0.692	High and positive linear correlation	0.001	Significant

Table 5 presented the significant relationship between the status of handover practices and its impact on nurses wherein the two (2) variables presented above have an r-value of 0.692 with a verbal interpretation of “High and positive linear correlation” as well as it has the p-value of 0.001 with a verbal interpretation of significant. It can be gleaned above that the provided p-value of 0.001 was less than the hypothesis level of 0.05 hence, there was a significant relationship exists between the status of handover practices in terms of nurse’s methods and frequency of use of handover practices towards patient care management. Thus, as a result, the researcher will reject the null hypothesis and accept the alternative hypothesis of the study. The result was supported by the conducted study by Ghosh et al. (2021), showing a strong and significant correlation between the median scores obtained before and after the intervention for the overall nursing handover, with positive effects that include a notable improvement in the nursing handover process, patient satisfaction, and acceptance by health professionals

Table 6

Relationship Between the Status of Handover Practices and The Perceived Barriers and Factors Affecting Nurse’s Handove

Variable 1	Variable 2	r-value	Verbal Interpretation	p-value	Verbal Interpretation
Status of Handover Practices	Perceived barriers and factors	0.005	Very low correlation	0.0973	Not significant

Table 6 presents the Significant relationship between the status of handover practices and the perceived barriers and factors affecting nurses’ handover wherein the two (2) variables presented above has an r-value of 0.005 with verbal interpretation of very low correlation, a p-value of 0.0973 with verbal interpretation of not significant thus, no significant relationship between the status of handover practices and perceived barriers and factors affecting nurse’s handover since the p-value is less than the hypothesis level of $0.0973 > 0.05$. Therefore, the researcher accepted the null hypothesis of the study

The result above can be viewed in the study of Abou Hashish et al., (2023) that time stress, intrusions, contrast, distractions, anxiety, and acute and chronic fatigue factors negatively affected the prediction of handover quality ($p < 0.05$) also, languages and the types of shifts as barriers to handover while emphasizing training and the use of standardized tools for handover as facilitators. Therefore, those factors affecting the handover practices have an impact on the quality of handover practices rendered or executed by the nurses in any area of a hospital institution.

4. Conclusions and recommendations

Based on the findings of the study the average majority age group among respondents was determined between 28-35 years old which is mainly composed of female nursing respondents with 6-10 years of duration in-hospital experience. Considering the civil status among nurses, most of them were married registered nurses assigned to emergency room (ER) departments in tertiary and secondary hospitals in the given setting. The status of handover practices among nurses was effective and always operational in terms of serving its purpose towards efficient patient care management as there was also a high status of handover implementation which significantly resulted in a numerical result of always operational indicating a positive and high usage and frequency of use among nurses in general. The implementation of integrated handover practices resulted in a positive result among nurses by enabling nurses to prioritize patient care as well as always promoting effective patient safety and continuity of care. Further, the integration of handover practices ensures nurses have accurate communication and information dissemination about patients' conditions through the provision of a comprehensive communication process between outgoing and incoming RNs thus resulting in safer patient care delivery. In general, the implemented nursing-integrated handover practices had a positive effect and impact on nurses in the context of medical and clinical settings. The implementation of an integrated handover strategy had excellent results including increased nurse satisfaction with handover, improved patient information for all health providers, improved patient transfers, and informed nurses about all patients. The barriers and factors affecting handover practices as perceived by nurses include the poor relationship of nurses to nurses, shift schedule due to lengthy working hours and workload as well as the lack of teamwork and supportive hospital climate. Also, the poor quality of nurses' documentation and interpersonal communication barriers affect the level of effectiveness of clinical integrated handover among nurses. There was a high statistically significant relation between the status of handover practices in terms of indicated parameters and the impact of handover practices when grouped according to profile. Thus, the researcher rejected the null hypothesis and accepted the alternative hypothesis. There was a very low correlation between the status of handover practices and barriers and factors affecting handover as perceived by nurses. Therefore, the researcher concluded that there was no statistically significant relationship between the given variables when grouped according to demographic profiles

The handover practices should be initiated and executed properly by the nurses in all levels and areas in the hospital to provide quality nursing care services to the patients who were admitted in the hospitals. The expertise in handover practices creates the nurses to become more knowledgeable in transferring and receiving documentation needed. The factors that hampered the handover practices of the nurses should be pacified and prevented by the hospital personnel to guarantee a quality self-care medical service to the patients thus, the personnel should initiate schematic design or action plans to be imposed accordingly. Annually, the hospital should evaluate the handling of handover practices to oversee its loopholes and effectiveness so that, there is the assurance of quality care rendered by the nurses of certain hospital institutions. The stakeholders who benefited from the study should urgently design an effective system to anticipate problems in the handover, such as using electronic documentation, providing a complete sheet as a guideline for handover, and providing rewards and adequate supervision. The nurses should undergo an annual program to innovate themselves on the latest trends and developments of handover practices wherein they become more updated on the handover information and maintain handover quality among nurses. This paper also highly recommended to the stakeholders to initiate and conduct an in-service training program. Nursing schools or universities should consider the results of this paper since it forms part on the clinical medical procedure to keep nurses updated in nursing practice regarding structured and standardized handover models.

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