

Effectiveness of In-Service Education on Handing Over Report in Terms of Practice among Staff Nurses during Shift Changes

Varghese Y

Abstract: *Background:* Nursing hand over is the primary method of communication of nursing information and facilitate the communication of important patient information providing for the maintenance and continuity of patient care. The study was conducted among nurses working in selected hospitals at pathanamthitta district. *Method:* The pre- experimental study was conducted by using one group pre-test and post- test research design. *Results:* The mean pretest practice score percentage on handing over report among nurses was 66% this increased up to 90%. There was no significant association between the pretest practice score on handing over report with their selected demographic variables of gender, religion, and percentage of marks. *Conclusion:* The in-service education on practices of handing over report among nurses has effectively improved the practice among nurses.

Keywords: Effectiveness, practice, in-service education on handing over

1. Introduction

Nursing handover is the primary method of communication of nursing information and facilitates the communication of important patient information, providing for the maintenance and continuity of patient care (Parker et al 1992).

Nursing is a practice of discipline committed to professional excellence by providing higher quality care possible to its consumers. Nursing care is a major component of health care the problem, however if that there are no laid down standards ensuring quality assurance to its consumers.

Society gives profession the right to govern their concerns and empower the professions to manage their own functions. The professions in turn, are responsible to society to ensure the quality of service. This is essential for both the protection of the public and the profession itself.

Reports are of prime importance both to the good ward administration and to a well-functioning hospital. Many reports are oral and are chiefly concerned with immediate functioning of the ward such as reports between nurses and reports to supervisors. Reports are also written for legal uses. Handing over report among nurses takes place when turning over the ward following the other hours off duty, a bed side nurse to the nurse relieving her.

A major difficulty faced by nurses is the apparent non-existence of comprehensive guidelines on how handover should be conducted and what information should be included. One pilot study examined the opinions of nurses in an emergency admissions unit about the most important topics to include in handover (Currie 2002).

The six highest rated topics were:

- 1) The patient's name and age;
- 2) The reason for admission;
- 3) Treatments the patient has received;
- 4) Present restrictions on the patient;
- 5) The plan of care for the patient; and
- 6) The patient's past medical history.

Whether the findings of this study can be generalised to handovers on a general hospital ward, or whether the topics identified provide an adequately comprehensive handover were not examined in the study, limiting the conclusions that could be drawn.

Health care professions always give their best to the public by serving and meeting the diverse needs of the patients.

2. Need for the Study

McKenna LG, (2003) in an article on "Improving the nursing handover report" reported that, the nursing handover report is a vital method of passing on essential information to nurses on the next shift. Nursing handover reports traditionally take place in private; they can become lengthy, irrelevant or unprofessional. Alternative methods of handover, such as bedside reporting, or tape-recording or writing reports, can help refine the process and make it more relevant to practice.

A large investigation involving almost 23,000 registered nurses across 10 European countries found that a large proportion of nurses were dissatisfied with handover (Meissner et al. 2007). The percentage of nurses who reported being dissatisfied with handover varied from 22 per cent in England to 61 per cent in France. The most frequently reported reasons for this dissatisfaction were having too many disturbances (23 per cent) and a lack of time (17 percent) (Meissner et al. 2007).

It has been observed by the researchers that most of the time nurses are not giving much importance to handing over reports which in most of the cases is affecting the quality of patient care.

During the clinical practice the researcher has come across situations where the handing over nurse has forgotten to endorse the dose of insulin for the patient and the patient has developed hypoglycemia following the dose of insulin

The idea behind this study is to overcome such errors on the

Volume 6 Issue 8, August 2017

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

part of the nurses handing over report and to save the life of the patient and to render quality care.

Statement of the problem:

A study to assess the effectiveness of in-service education on handing over report in terms of practice among staff nurses during shift changes in selected hospital at pathanamthitta district.

Objectives: 1.To prepare and validate an in-service education on handing over report. 2.To compare the mean pretest and mean post test level of practice in handing over report about patients care and duties among nurses.3.To associate the mean pretest score of practice on handing over report among samples with their selected demographic variables (Gender,Religion, Total percentage of marks).

Hypotheses: (at P<0.05 level of significant)

H₁-There will be a significant difference between the mean post test score and pretest score of practices on handing over report among staff nurses.

H₂- There will be a significant association between the mean pretest practice score of handing over report among samples with their selected demographic variables (Gender, Religion, Total percentage of marks).

H_{2(a)}- there will be a significant association between mean pre-test practice score of handing over report and gender of the staff nurses.

H_{2(b)}- there will be a significant association between mean pre-test practice score of handing over report and religion of the staff nurses.

H_{2(c)}- there will be a significant association between mean pre-test practice score of handing over report and percentage of marks of the staff nurses.

Method: 1. Effectiveness: It refers to the determination of mean deference t level of practices on handing over about patients and duties by staff nurses before and after the in-service education programme. **2. Practice:** It was assessed by observational check list and it has three levels

(inadequate, moderate, and adequate) **3. In-service Education:** The term refers to the programme of instruction / guidelines about handing over report of patients care and duties during shift changes among the staff nurses by using checklist

3. Research Methodology

The pre- experimental study was conducted using one group pretest and post test research design at selected hospital at pathanamthitta district, kerala on the month of December 2010.The conceptual frame work utilized in this study was Bertalanffy's General System Theory. The total sample size for this study was 10. Written consent will be obtained from nurses participating in the study after explaining the purpose of the study. The information will be kept confidential and it will be used only for the present study.

The non- probability convenient sampling technique was used. The independent variable was inservice education on handing over report among nurses. (A planned intervention on development of in service education on handing over report was prepared by the researchers. The content of the in service education includes introduction, meaning, general information, information regarding new admission or transferring in during the shift, medication, nursing care (pre-operative and post-operative), elimination, nutritional status, other special information and recording. The method of teaching was lecture cum discussion for a period of 30 minutes.) On the Day one the pre test was done by using checklist on practices on handing over report among nurses. On the same Day in service education was given to samples. After the planned nursing intervention post test was conducted on 8th Day. The collected data were tabulated & analyzed by using descriptive and inferential statistics.

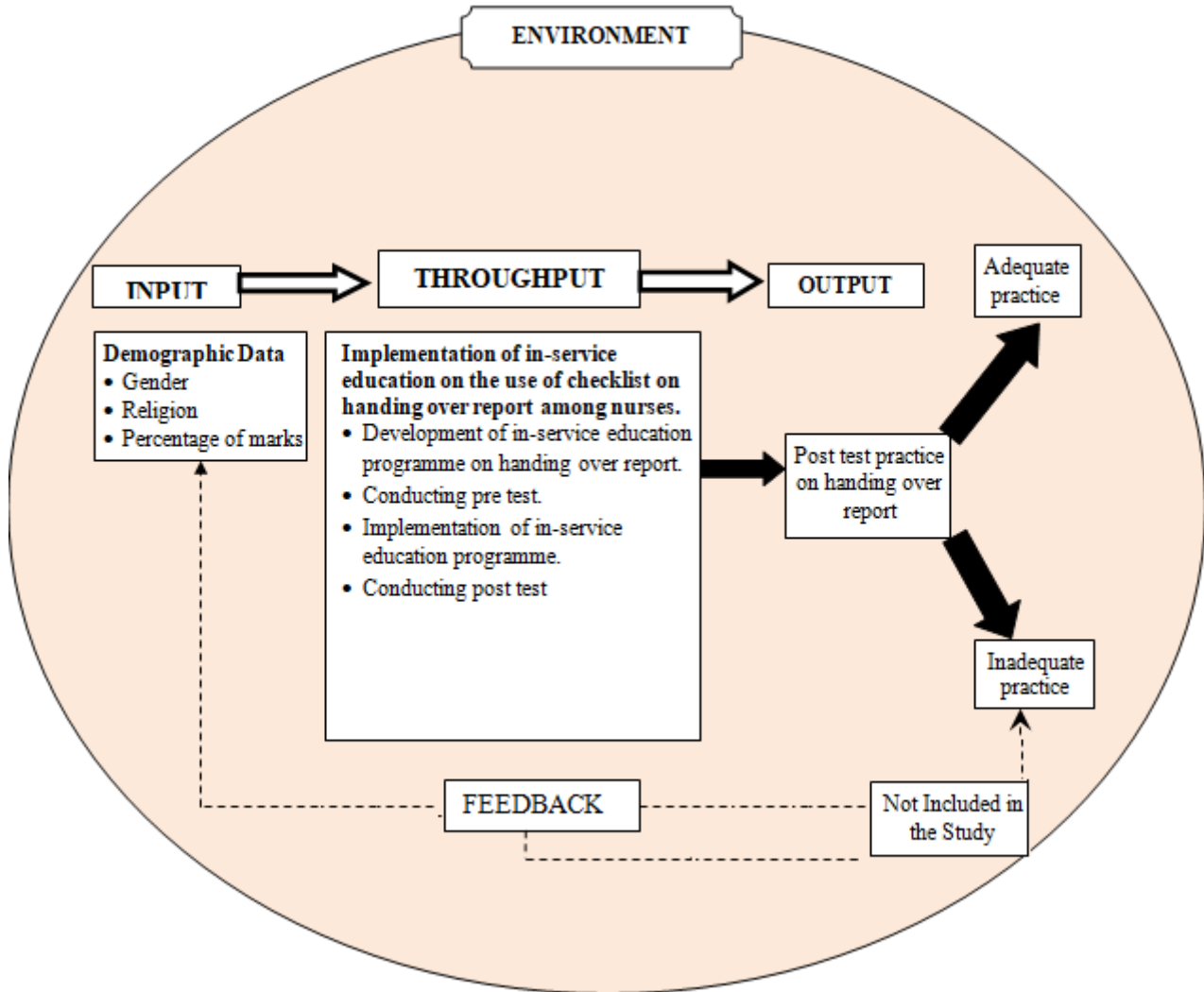


Figure 2.1: A Conceptual Frame Work Based on Bertalanffy's General System Theory (1968) on Handing Over Report Among Nurses

4. Findings

Frequency and percentage distribution of samples based on their demographic variables.

n = 10

S. no	Demographic variables	Frequency	Percentage (%)
1.	Gender		
a)	Male	2	20%
b)	Female	8	80%
2.	Religion		
a)	Hindu	4	40%
b)	Christian	6	60%
3	Total percentage of marks		
a)	Distinction	3	30%
b)	First class	0	0
c)	Second class	4	40%
d)	Third class	3	30%
4	Area of posting		
a)	ICU	6	60%
b)	Post operative ward	4	40%

The bar diagram shows the difference between the mean pre-test and mean post-test practice score

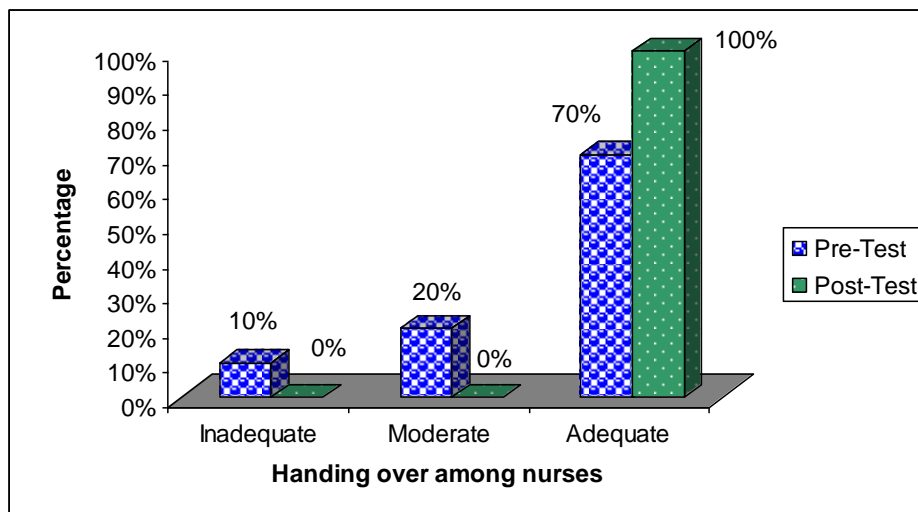


Figure 1: Bar Diagram on the level of mean pre-test and mean post-test practice score on handing over report among nurses

Table 1: maximum possible score, mean, Standard deviation,, paired mean difference, and paired 't' value of pre-test and post-test practice score on handing over report among nurse.

n= 10

S. No	Practice on prevention of hemorrhoids	Maximum possible score	Pre-test practice score		Post-test practice score		Paired mean difference	Paired 't' value
			Mean	SD	Mean	SD		
1	Overall practice score	10	13.2	1.8	17.9	1.1	4.7	7.36*

* Significant $P < 0.05$ level $df = 9$

Analysis showed that,

- The mean pre-test score percentage for practice was 66% and it is increased up to 90%. In post test with $t_{29} = 7.36$, which is more than table value of $P < 0.05$ level of significance
- There was no significant association between the mean pre-test practice score and their gender and the Chi-Square value ($\chi^2 = 1.4$)
- There was no significance association between the mean pre-test practice score and their religion and the Chi-Square value ($\chi^2 = 0.6$)
- There was no significance association between the mean pre-test practice score and their percentage of marks and the Chi-Square value ($\chi^2 = 3.99$)

Limitations:

- 1) The study is limited to certain aspects of nursing care
- 2) The study was limited to 10 staff nurses only, so generalization is not possible.

5. Discussion

In this study, the inservice education programme which was prepared by the researcher was very effective in improving the practices of handing over report about patients care and duties among nurses. After the planned intervention post test was assessed by using checklist. The in-service education on handing over about patient care was very effective.

6. Conclusion

The mean pretest score on practices of staff nurses in handing over revealed average practice among the samples. After exposure to in- service education the group showed

adequate practice which was assessed by participatory observation method. It showed the effectiveness of in-service education on handing over practices among nurses.

References

- [1] Anthony MK, 2002, " influence of nurse communication on patient safety", *Nursing economics*, 20(5) Pages 209- 215.
- [2] Australian council for safety and quality in health care and clinical hand over and patient safety, Literature review report 2005, www. Safety and quality.org/clinhourliterev.pdf.
- [3] B.T Basavanthappa. *Fundamentals of nursing II* edition ,J.P Brothers Publications,Hydrabad, P no; 159-199, 801-809
- [4] *Bedside Handover: Quality Improvement Strategy to "Transform Care at the Bedside"*
- [5] Berwick DM. *Escape fire: lessons for the future of health care*. New York: Commonwealth Fund; 2002.
- [6] Bomba.DT, Prakash.R, 2005, " A description of hand over process in an Australian public hospital", *Australian health review*,29(1), Pages 68-69.
- [7] Diers D. *Speaking of nursing: narratives of practice, research, policy, and the profession*. Sudbury, MA: Jones and Bartlett Publishers; 2004.
- [8] Dr Sunitha Lwarence (2006), Development of flowsheet for the patients with Eclampsia," *Indian Journal of Holistic nursing*", Vol 1(2) p-35,36
- [9] Earnest, Vicki, Vine, 1989 "Clinical Skill and Assessment Technique in Nursing Practice", Scott Foresman & Co
- [10] Ekman.J, Segesten.K, 1995, " Deputed power of medical control with the hidden message in the ritual of oral shift reports", *Journal of advanced nursing*,

Nov22(5), Pages 1006-1011.

- [11] Girigamma , 2008, “ SIM on hepatitis useful to assess awareness among high school teachers”, *Nightingale nursing times*. Feb 3(11), Pages 11-12(reference for “Bertalanffy’s General System Theory”.)
- [12] Institute of Medicine (U.S.). Committee on Quality of Health Care in America. *Crossing the quality chasm: a new health system for the 21st century*. Washington,D.C.: National Academies Press; 2001. <http://www.nap.edu/books>
- [13] Janice Rider,Celia Love, 2005, “Managing and coordinating nursing care”,4th edi, pages 381-382.
- [14] Journal of Nursing Care Quality: April/June 2009 - Volume 24 - Issue 2 - p 136-142
- [15] Kerr M.P.,2002, “a qualitative study of hand over practice and function from a socio-technical perspective”, *journal of advanced nursing*,37(2) Pages 125-134
- [16] Kohn LT, et al., editors. *To err is human: building a safer health system*. Washington, D.C.: National Academies Press; 2000. <http://www.nap.edu/books/0309068371>
- [17] Leonard M, et al. The human factor: the critical importance of effective teamwork and communication in providing safe care. *Qual Saf Health Care* 2004;13 Suppl 1:i85–i90.
- [18] Lyer,W. Patricia,1995, “Nursing documentation –A nursing Process Approach, St. Louis, Mosby Co.
- [19] Miss Dorothy Finkbiner Ward management,Board of Nursing Education, *Nurses League*, B.I Pub, Chennai, Pages 20-23.
- [20] Payne.S,Hardey.M, Coleman .P, 2000, “Interactions between nurses during hand over in elderly care”, *Journal of advanced nursing*,Aug32(2), Pages 277-285.
- [21] Sherlock.C ,1995,“ the patient handover, a study of its form, functional efficiency” , *Nursing standard* 9(52) Pages 33-36.
- [22] Viney M, et al. Transforming Care at the Bedside: designing new care systems in an age of complexity. *J Nurs Care Qual* 2006;21(2):143–50.