

Bedside Shift Report Effect on Nurse-Patient Communication Relationships

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### **Abstract**

The purpose of this research paper is to investigate how nurse bedside shift report (BSR) effects the nurse-patient communication relationship. BSR is a specific type of report aimed to improving communication between nurses and patients. This paper will compare nurses giving a report at the patient's bedside to nurses who do not. It will also address communication barriers that may exist during the patient's hospital stay created by not utilizing BSR. A research question in PICOT format has been developed to explore this area of concern. This paper will also focus on the importance of BSR, discuss communication pathways on medical surgical units, define terms, and review relevant literature related to this topic. Finally, the paper will cover the importance of this issue related to clinical practice and potential solutions to help address implementing BSR into clinical practice.

### **Description of the Topic**

Patient safety is a responsibility and advocacy role performed by nurses. In the United States, patient safety is a concern due to medical errors resulting in more than 50,000 patient deaths a year, contributing to billions of dollars in costs for health care (Usher et. al., 2018). The process that helps promote safe patient care between nurses and other health care professionals is called shift report (Usher et. al., 2018). Shift report is a handoff process performed by all health care professional staff when passing on care of a patient to another health care professional.

Shift report in nursing has been defined as an exchange of accountability, vital patient information, and responsibility between nurses coming off and coming onto shift. Shift report is important because it provides safe transfer for continuity of patient care (Dorvil, 2018). This standardized approach includes an opportunity for both giver and receiver of report to communicate with as few interruptions as possible, promotes asking questions, and allows for clarification of information. Shift report also helps communicate accurate patient information, and gives the receiver an opportunity to review patient historical data (Bourgault, 2019). Ineffective exchange of information during handoff shift report creates an overwhelming opportunity for error to occur. This can lead to incomplete, incorrect, or inconsistent communication of information among health care providers (Usher et. al., 2018). This could potentially lead to harmful or life-threatening situations for patients.

BSR is a type of shift report built to specifically address the breakdown of communication between nurse and patient. Although shift report communication can be completed in multiple ways, (including verbal, written, tape recorded/audio recording, and BSR), a functional and structured patient handoff at bedside has the ability to reduce patient safety risk while promoting patient satisfaction (Athanasakis, 2013). BSR has been proven to be the most

effective communication handoff method (White-Trevino & Dearmon, 2018). Through BSR administration and execution, communication relationships and trust are fostered between patient and nurse by enabling the patient's participation in their own care (White-Trevino & Dearmon, 2018). In this paper, BSR given from Registered Nurse to Registered Nurse (RN) on an inpatient medical surgical unit will be the focus.

### **PICOT Question**

PICOT is a specific type of question built for clinical research. Its components are a mnemonic: patient, intervention, comparison, outcome and time.

During the capstone experience at Longs Peak Hospital in Longmont, CO, I observed inconsistency with BSR implementation. However, it was highly encouraged during huddle meetings before every shift. As a student on the hospital's Medical Surgical Progressive Care Unit (MSPCU), I needed to get clarification about BSR to better understand its purpose. This led me to develop the following PICOT question.

On medical-surgical units, does nurses giving report to each other at the patient bedside compared to nurses not giving report to each other at the patient bedside make an impact on the communication relationship between the nurse and patient during the patient's hospital stay? This question is important to consider due to miscommunication being the number one cause of medical errors (Usher et al, 2018). Medical errors lead to costly health care, detrimental patient outcomes, and legal action against medical personnel.

### **Definitions**

Important terms need to be defined to help explain clinical terminology throughout this paper. These terms include: medical surgical unit, communication, inpatient, handoff/shift report, BSR, and nurse-patient communication relationship.

Medical surgical units are units in hospitals that provide care for a wide variety of patients. Patients treated by these units may be suffering from acute illness or injury, exacerbation of a chronic condition that may affect one or more body systems, and/or preparing for or recovering from surgery (Premier Medical Staffing Services, 2022). Medical surgical RNs are responsible for caring for a large variety of patients, each patient differing heavily from the others in an RN's assignment list. This means that communication about patients' specific condition and needs is important to provide best quality of care.

Communication on medical surgical units can be defined as the passing of information from one health care professional to another as deemed appropriate by hospital policy. This helps promote patient centered safety and care as well as mitigate potential risk (White-Trevino & Dearmon, 2018). The communication process is a key component in ensuring accurate information is given to both the nurse and translated correctly to the patient to safeguard understanding. On medical surgical units, the breakdown of communication can lead to patient mix ups, interventions and treatments being completed for wrong patients, and a collapse in the therapeutic bond built between patient and provider. Overall, a breakdown in communication on a medical surgical floor could result in harmful consequences for the client and legal action against nurses.

Medical surgical units are a type of inpatient unit, where patients are admitted to the hospital to stay overnight. The length of time a patient may be hospitalized depends on patient circumstance (Cskopecce, 2023). This means that on medical surgical units, twenty-four-hour care is provided by multiple registered nursing staff. This can lead to potential errors and breakdown of communication. The breakdown of communicated transition during shift report can also impact interactions between patient and nurse.

Shift report/handoff can be defined as the process of transferring responsibility and authority over a client's care during a hospital stay between two or more healthcare professionals (Bressan et al, 2019). This is an integral time in care where transition is key, where clear communication is needed. When an RN is coming off of shift, the responsibility and accountability of their assigned patient's safety remains with the designated RN until a shift report is completed. Failure to complete a shift report can be classified as patient abandonment (Lieberman, 2020).

BSR is a type of shift report. As stated previously, there are many types of handoffs a nurse can complete in order to safely and legally handoff care to another RN. BSR is similar to a normal shift report where accountability, responsibility, and patient information is communicated. However, the difference with BSR is that this specific handoff is done at the patient bedside. BSR not only completes handoff required information, but also increases patient safety and enhances the client centered approach through client participation, while decreasing miscommunication and errors (Bressan et al, 2019). This is due to the patient and the RNs being in the same room for this discussion and correcting any errors that come up.

A nurse-patient communication relationship is heavily impacted by nursing actions, including the type of report given. Nurse-patient communication relationship will be defined in this paper as the ability to facilitate communication between the RN and patient. This type of interaction will result in positive patient outcomes.

### **Importance of Bedside Shift Reporting**

BSR can impact nurse-patient communication relationships. When BSR is not done consistently, it can affect patient safety. An argument can be made to encourage BSR as standardized practice. When a standardized BSR approach is used, it found to result in higher

patient satisfaction when nurses comply with the process (Bressan et al, 2019). In inpatient settings such as medical surgical units, the way communication is facilitated and who is involved will heavily impact patient care and outcome. BSR administration also allows nurses to demonstrate patient centered care through competency and commitment. This allows for the strengthening nurse-patient communication to occur through therapeutic relationship construction (White-Trevino & Dearmon, 2018). The more involved a patient is with their own care, the more involved they will be with the process of communication (Scheidenhelm & Reitz, 2017). When RNs facilitate BSR, it is important to engage patients by encouraging questions and following up to ensure patient understanding. BSR allows patients to be involved in their care.

During my capstone experience, I observed inconsistency with BSR. This was likely related to challenges such as time constraints, multiple tasks, and patient nurse ratio demands. Also, receiving report from multiple RNs made it challenging to consistently complete BSR. Due to those factors, many nurses on the medical surgical unit felt that it was easier to follow up with the patient at a later time. These specific examples reinforce the importance of BSR in order to provide adequate communication between the nurse and patient.

### **Literature Review**

BSR has been the talk of health care initiatives for years. In 2006, the Joint Commission made handoff a Joint Commission National Patient Safety Goal (Bourgault, 2019). The Joint Commission wanted to define a structure for the reporting process in order to decrease and eliminate errors caused by miscommunication in the healthcare setting (Bourgault, 2019). Handoff/shift report had been around for a long time, but this was the first time the Joint Commission in the United States brought up and built a goal on the specifics of BSR as the new standard of shift report. The idea was to facilitate face-to-face communication with both RNs and

patients. By 2010, BSR was considered standard practice and the goal had been considered met, so it was replaced on the goal list in 2012 (Bourgault, 2019).

In 2017, a Sentinel Alert Event was published by the Joint Commission titled “Inadequate Hand-off Communication”, which restated the importance of BSR as standardized communication to achieve patient safety (Bourgault, 2019). The Sentinel Alert Event publication reiterated previously issued expectations on handoff with a section stating patients and family members should be engaged when possible, during any care transitions that take place (Bourgault, 2019). This inclusion of patient and family in care transitions is specific to the BSR type of reporting. In the Joint Commissions National Patient Safety Goals of 2023, communication among hospital staff, although with a different focus, remains a goal (The Joint Commission, 2023).

Other forms of handoff, as opposed to BSR, facilitate communication between RNs for shift changes. However, these methods lack the eyes on patient interaction as well as patient and family input or questions about care. BSR addresses both the need for patients to be interactive and involved in their care while facilitating appropriate standardized handoff communication during change of RNs (Scheidenhelm & Reitz, 2017). RNs are taught in school to have a patient centered approach to care, which BSR facilitates. BSR facilitates a partnership approach to patient care, allowing patients to feel viewed as valued members and active participants within their own healthcare team (Scheidenhelm & Reitz, 2017). Moving RN handoff to the bedside establishes a commitment to patient-centered care (White-Trevino & Dearmon, 2018).

When implementing BSR, it is important to include many factors in order for the handoff process to be effective. These steps are recommendations presented by The Joint Commission. First, interactive communication needs to be facilitated (Usher et al, 2018). This means

appropriate preparation by the off-going RN needs to be completed before hand. Proper preparation will allow for the interactive section to be implemented, allowing both the on-coming RN and patient/family to ask questions and clarifications that can be answered in real time. This step should be completed with minimal interruptions from outside sources in order to enable correct understanding of information and permit questions to be answered fully when asked. This preparation and time allotment leads into the second step of providing the on-going RN the opportunity to review any historical care data from the off-going RNs shift (Usher et al, 2018). The importance of this step lies in the fact that this review is done with the patient present. Patient participation avoids mistakes or missed history and can be corrected promptly. This can be discussed in real time with both RNs present. Medical surgical unit floors house patients with highly different conditions. BSR can clarify or update necessary information.

Many medical surgical unit floor RNs have anywhere from four to six patients, especially on nights, and errors in which information belongs to which patient can occur. By utilizing this step of BSR, these errors can be avoided through patient involvement and allow for safe care practice to continue. The final step directly involves the patient, with verification of all things discussed and if any additional comments or questions are needed to be put out there by the patient (Usher et al, 2018). This final step revolves around how interactive the patient is willing to be, and also includes any family the patient wants present for the BSR.

When BSR is implemented, patients report many positively improving things. Patients who were included in a BSR and allowed active participation reported feeling safer, and commenting on their better understanding of their personal care plans and discharge planning (Scheidenhelm & Reitz, 2017). It is also important to include the fact that studies have shown that when BSR is implemented, a trusting-caring relationship is strengthened between RN and

patient by reassuring patient of nurse competency and commitment to their care (White-Trevino & Dearmon, 2018). A strong trusting-caring relationship is made through the process of RN and patient communication. This moment in time has been described as caring experience (White-Trevino & Dearmon, 2018).

Patients have also been in support of the BSR implementation because, to them, it represents their right to be involved in their care while allowing them the opportunity to do so (Bressan et al, 2019). By giving patients and family an opportunity to participate, RNs are able to showcase commitment and care for patient, while allowing free communication without judgment or negative reactions from the RNs part. By encouraging participation in client care rather than discouraging it, RNs using BSR impact the communication relationship between themselves and the patient positively. Using BSR to present opportunity for interaction with health care providers, RNs are able to form trust and understanding in a professional sense that eventually leads to a strengthening of communication between RN and patient. If the patient feels comfortable with RN, any comments, questions, clarifications, or general information about patients plan of care have the opportunity to become known and addressed. A patient will feel more inclined and comfortable to speak with RN about patients plan of care if this professional bond is present.

BSR handover has presented concrete proof in improved communication between RN and patient, with this achievement being followed in juncture with increased patient safety and RN-patient satisfaction. It is important to note and consider, however, that BSR should be practiced in varying degrees of involvement based upon patient personal preference in order to facilitate the most beneficial experience for the client (Bressan et al, 2019). This indicates that BSR as a process should be discussed with client on admission. BSR should be explained and

deliberated in full with client's input being the driving factor on how the specifics of their BSR involvement and RN communication line will be handled during their stay. All of these details should be included in the admission onto the medical surgical unit floor.

### **Opposition to Bedside Shift Report**

BSR has many supporters, however, opposition to the recommended BSR standard of practice exists. Numerous researches on BSR noted concerns they had with its implementation. The first is a breach in patient privacy and violation of the Health Insurance Portability and Accountability Act (HIPAA) (Scheidenhelm & Reitz, 2017). Through this statement, the researchers claimed that if BSR is implemented with visitors in the room that the patient does not wish to have their condition and plan of care known to, patient privacy and HIPAA are breached. This should be addressed at admission to know who can be present for a BSR as well as restated before each BSR event in order to ensure that patient has those rights respected and adhered to.

The second concern voiced by opposition was increased shift report time, patient confusion at the use of jargon with a potential increase of anxiety, and monopolization of report time by patient or family (Scheidenhelm & Reitz, 2017). Many nurses also see BSR as a monopolization of time. These can be addressed by firm but respectful guidance of the RN. In order for BSR to work appropriately, the RN must learn to guide the shift report in a productive manner, while still allowing participation by family. Training on how RNs should complete these should be done by hospital education coordinators, with allowance for practice. Also, with BSR, two RNs should be present so questions and concerns should be handled efficiently and quickly. A delicate balance must be found, just as an RN does with the care of a patient, communication with a patient needs to be balanced as well.

### **Barriers and Proposed Solutions**

There are multiple barriers hindering the implementation of BSR. Nurses have many responsibilities and a time constraint, as well as higher patient loads. How could it be ensured that the more effective BSR, a form of report that takes more time than the report given currently, is used? To overcome this barrier, incentive should be considered to encourage nurses to perform BSR. Incentives could include anything from raises to program specific recognition. Another barrier is a lack of patient and nurse education on BSR. Also, patient options to open communication lines with their health care teams are limited with current report use. These barriers can be mitigated by building an educational section into the admission section of the Electronic Health Record (EHR). This section would include education for clients on the purpose of BSR, options of involvement, and personal client notes and requests. This section would also provide nurses a step-by-step process to follow to complete BSR, with nurse education included. Further BSR instruction can be administered to nurses through online modules, or in person classes. These teachings would include instruction of BSR function, steps to the process, documentation instruction in EHR, and training on how to keep patient and family from monopolizing reporting time.

This project was then presented verbally to the unit, both night shift and dayshift. After findings were presented, staff were asked their opinion on BSR. Many agreed that BSR is important and could be a useful tool to apply in practice. The staff agreed that the barriers presented were in line with their own concerns of success with BSR. The staff was then asked for specific incentives they would want to encourage execution of BSR. supporting the need for completing BSR on the unit, I asked them their opinions on BSR implementation. Many ideas were voiced, however, the most common three were monetary incentive, food, and UCHealth

Recognition Points. UCHealth Recognition Points are specific to UCHealth, and a way for employees to be recognized for their work. The earned points can then be spent in the UCHealth online store that carries many things, including scrubs and uniforms.

With the proposed solution for motivation to complete BSRs discussed, nurse and patient education was deliberated next. Staff was in agreement that patient education should be done during the admission process. The patient's admission to the floor is the first point of contact their nursing team has with them. This makes the situation ideal for laying the groundwork of BSR and patient involvement. Having a built-in section specific to BSR education, patient preferences, and step-by-step instructions for nurses available to access directly in the EHR during admission would make this possible. By having a specific area for education and documentation for BSR, patients and nurses would have a higher level of communication built from step one, admission. Also, the staff said that by having the program built into the EHR, any nurse tasked with caring for that patient that shift would be able to access that information. An RN would simply have to look into the chart to see the admissions portion that identifies the BSR reporting level desired of the patient. This would allow less questions being repeated as well as including the patient how they want to be included.

### **Relevance to Clinical Practice**

BSR is built to be an interactive communication facilitating handoff practice used to include both on-going and off-going RNs as well as patient and family. The structure of BSR, if implemented, allows for facilitated encouraged communication. This encouragement from RNs will allow for patient and family to feel included in care plan and decisions being made. The longer the BSR model is put into use with a patient, the stronger the nurse-patient communication relationship can become. This, in turn, leads to better outcomes. Fewer errors can

be born from miscommunication and costs of health care can be lowered due to avoided intervention and treatment errors. BSR also promotes patient advocacy through the strengthened communication relationship. Further studies need to be conducted in order to educate BSR users on the influence of culture and other personal traits that could impact the use of BSR, as well as finding sub-groups of patients who could be at potential negative risks from the use of BSR (Bressan et al, 2019).

## References

- Athanasakis, Efstratios, B.Sc, R.N. (2013). Synthesizing Knowledge about Nursing Shift Handovers: Overview and Reflections from Evidence-Based Literature. *International Journal of Caring Sciences*, 6(3), 300-313.  
<https://www.libproxy.uwyo.edu/login?url=https://www.proquest.com/scholarly-journals/synthesizing-knowledge-about-nursing-shift/docview/1445366538/se-2>
- Bourgault, A. M. (2019). Are patients and family members an essential aspect of bedside handoff? *Critical Care Nurse*, 39(3), 10–12. <https://doi.org/10.4037/ccn2019481>
- Bressan, V., Cadorin, L., Stevanin, S., & Palese, A. (2019). Patients experiences of bedside handover: Findings from a meta-synthesis. *Scandinavian Journal of Caring Sciences*, 33(3), 556–568. <https://doi.org/10.1111/scs.12673>
- Cskopecce. (2023, January 20). *Inpatient vs. outpatient: Comparing two types of patient care*. Medical Blog. Retrieved from <https://www.sgu.edu/blog/medical/inpatient-versus-outpatient/>
- Dorvil, B. (2018). The secrets to successful nurse bedside shift report implementation and Sustainability. *Nursing Management*, 49(6), 20–25.  
<https://doi.org/10.1097/01.numa.0000533770.12758.44>
- The Joint Commission. (2023, January). *National Patient Safety Goals®*. The Joint Commission. Retrieved from [https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2023/npsg\\_chapter\\_ahc\\_jan2023.pdf](https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2023/npsg_chapter_ahc_jan2023.pdf)
- Liberman, K. (2020, December 15). *Patient abandonment in the nursing profession*. Liberman Law Firm, LLC. <https://libermanlawfirm.com/patient-abandonment-in-the-nursing->

