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**The Effects of Nursing Bedside Shift Report on Patient Safety and Satisfaction: A
Systematic Review of the Literature**

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A master's project completed in partial fulfillment of the requirements for the degree of Master
of Science in Nursing, Family Nurse Practitioner at the Valley Foundation School of Nursing,
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The Effects of Nursing Bedside Shift Report on Patient Safety and Satisfaction: A Systematic
Review of the Literature

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Abstract

Introduction: Nursing bedside shift report is a recommended strategy to promote the effective exchange of accurate patient information during the handoff process with the goal of decreasing communication errors and adverse patient events. However, adopting this handoff method into nursing practice has been challenging in the clinical setting. This systematic review aims to understand the rationale behind nursing bedside handoff by identifying the advantages and barriers to implementation and exploring how this affects patient safety and experience.

Methods: A systematic review was conducted by searching through electronic databases and Google Scholar to identify English-language peer-reviewed journal articles published between 2012 and 2022 that focused on nursing bedside handoffs in the United States. A total of eight articles were selected for review.

Results: The benefits observed with nursing bedside handoff consisted of increased efficiency, increased nursing accountability, better teamwork, improved patient satisfaction scores, and decreased patient incidents. Commonly reported barriers to implementation included patient privacy issues and the time constraints to conducting the handoff process.

Conclusions: The evidence from the reviewed articles supported the practice of nursing bedside shift reporting and revealed the positive impacts on nurses and patients. Nursing bedside shift report contributed to increased nurse satisfaction, improved patient satisfaction, and enhanced patient safety. It is essential to identify and remove any barriers to conducting the handoff process in order to successfully implement and sustain the bedside shift report into routine nursing practice.

Keywords: Nursing bedside shift report, bedside handoff, bedside change-of-shift report, patient satisfaction, patient safety, nurse satisfaction, systematic review, literature review

The Effects of Nursing Bedside Shift Report on Patient Safety and Satisfaction: A Systematic Review of the Literature

Nursing change-of-shift report or handoff is an essential communicative routine in the clinical nursing practice designed to coordinate patient care. According to the Joint Commission Center for Transforming Healthcare (2014), a handoff refers to the real-time process of transferring patient-specific information between healthcare providers to ensure continuity of care and patient safety. Traditionally, most nursing handoffs were given to the oncoming nurses away from the patient at the nurses' station (Maxson et al., 2012). However, the patient handoff process during the nursing change-of-shift poses a potential risk to patient safety due to possible miscommunication between the nurses such as receiving inaccurate, insufficient, or misinterpreting information (The Joint Commission, 2017). These unintentional gaps in communication can lead to a breakdown in patient care, causing adverse events including delays in treatment, medication errors, and falls, attributing to approximately 80% of sentinel events (Joint Commission Center for Transforming Healthcare, 2011, as cited in Faloon et al., 2018; The Joint Commission, 2017).

The high frequency of daily handoffs increases the possibility of information deficiencies, which can be detrimental to the delivery of quality health care by exposing the patient to potential harm in addition to causing increased healthcare costs. In the United States, communication breakdowns in hospitals and medical practices were linked to 1,744 deaths and contributed to 30% of malpractice claims costing \$1.7 billion in malpractice costs over 5 years (CRICO Strategies, 2015, as cited in The Joint Commission, 2017). To enhance patient safety, quality assurance approaches were initiated by several organizations to improve the effectiveness of handoff communication among healthcare providers.

Significance

The recurring problem with failed handoffs in health care and the variety in handoff communication practices across different clinical settings prompted The Joint Commission to develop a National Patient Safety Goal in 2006 to address handoff communication. By 2009 and 2010, the National Patient Safety Goals required the encouragement of patients to be actively involved in their care and to have hospitals implement a standardized handoff communication in an effort to reduce communication errors (The Joint Commission, 2012, as cited in Maxson et al., 2012; The Joint Commission, 2017). However, the issue of inadequate handoff communication persisted and in 2017, The Joint Commission issued a *Sentinel Event Alert* to provide recommendations to healthcare organizations to improve and prevent communication failures during care transitions.

Currently, the most recommended strategy is to have nurses conduct the change-of-shift report at the patient's bedside where face-to-face interaction is utilized, providing an opportunity for the oncoming nurse to visualize the patient while simultaneously engaging the patient and family members to participate in shared decision-making, which strengthens patient-centered care (Boshart et al., 2016; Cairns et al., 2013; Grimshaw et al., 2020; Maxson et al., 2012). Bedside shift report allows the patient to contribute accurate, current, and relevant clinical information to healthcare providers while also being more actively involved in their plan of care. To further promote patient and family engagement in their health care, the Agency for Healthcare and Research Quality (AHRQ) published a resource guide for hospitals to implement the *Nurse Bedside Shift Report* strategy to ensure safe handoff, quality of care, and improve patient safety (AHRQ, 2017). Despite the recommendations in support of incorporating bedside shift report into standard nursing care, nurses are still struggling to fully adopt this transition into clinical

practice (Cairns et al., 2013; Grimshaw et al., 2020; Maxson et al., 2012; Small & Fitzpatrick, 2017).

Purpose of Systematic Review

Implementing bedside shift report into nursing practice has been shown to be challenging as it continues to remain inconsistently applied among nurses and in healthcare facilities (Brown-Deveaux et al., 2022; Cairns et al., 2013; Sand-Jecklin & Sherman, 2013; Small & Fitzpatrick, 2017). Unfortunately, nurses may be unaware of the benefits or do not see the value in conducting bedside shift report (Boshart et al., 2016; Grimshaw et al., 2020; Waters, 2019). For these reasons, it is imperative to understand the rationale behind this practice change and the issues that cause resistance to adopting bedside shift handoff.

The purpose of this systematic review of the literature is to investigate and compare the advantages and disadvantages of bedside shift report and their effect on patient safety and experience. The aim is to explore the outcomes of patient care and satisfaction following the implementation of bedside shift report in the clinical setting and to evaluate how the evidence would impact the practice of bedside shift reporting. Therefore, the following research question to be addressed in this systematic review is as follows: In hospitalized adults, how does the implementation of bedside shift report compared to traditional change-of-shift report methods affect patient safety and satisfaction?

Methods

Literature Search Framework

A systematic review of the literature was performed with the aim of addressing the outcomes following the implementation of bedside shift report. The PICO (population, intervention, comparison, outcomes) framework was used to guide the literature search strategy

by identifying key concepts which facilitated the retrieval of relevant clinical evidence to answer the research question. The population of interest (P) was hospitalized adults. The intervention (I) was the implementation of bedside shift report in comparison (C) with traditional change-of-shift report methods with the outcomes of interests (O) being patient safety and satisfaction. Therefore, the search focused mainly on patient outcomes and nurses' and patients' perceptions regarding the implementation of bedside shift report.

Literature Search Strategy

A comprehensive systematic search of the literature was conducted through the exploration of the following electronic databases: Cumulative Index of Nursing and Allied Health Literature (CINAHL), OVID Journals, PubMed Central (PMC), and Cochrane Library. Furthermore, to identify any unlisted studies in the databases, other articles were searched through the web search engine, Google Scholar. A variety of key search terms were used individually or combined using the Boolean operator (i.e., AND) included: *nursing handoff*, *nursing bedside handoff*, *nursing change of shift report*, *nursing bedside shift report*, *nursing handover*, *patient safety*, and *patient satisfaction*. To refine the search results, the following database search limits were applied, if applicable: English language, full text, research studies or original articles, publication date, and peer-reviewed. The search was limited to articles published within the last 10 years from 2012 to 2022 in order to ensure that the information obtained is current and up-to-date. In addition, the search restriction was used to identify peer-reviewed journal articles because they were more reliable and held to higher standards, which would better assess the validity and quality of the clinical evidence needed for this systematic review.

Inclusion and Exclusion Criteria

Articles focusing on nursing bedside shift handoffs that met the inclusion criteria were eligible for review. The inclusion criteria included: hospitalized adult patients aged 18 years or older, nurses, research or quality improvement projects completed in acute care settings, full text published in English, and peer-reviewed journal articles. In addition, studies published between 2012 and 2022, with either quantitative or qualitative research data, which explored nurses' and patients' perceptions regarding bedside handoffs, and used quantitative measures of patient safety or patient outcomes, were taken into consideration.

Exclusion criteria included research that was not nursing handoff specific, addressed intra-hospital or inter-hospital transfer handoffs, and examined the implementation of handoff tools or handoff mnemonics. Articles that were not peer-reviewed, published before 2012, books, systematic reviews, meta-analyses, and studies not conducted in the U.S. were also ineligible. Relevant articles should be U.S.-based research because this would best reflect the trends or issues of nursing bedside shift reporting specific to U.S. hospitals and how it would affect patient outcomes in our society.

Data Extraction and Analysis

Data extracted from the selected articles were relevant to answering the research question and aims. All articles focused specifically on the nursing bedside shift handoff process. Extracted data from the selected articles consisted of the following: (a) author name; (b) year of publication; (c) research purpose; (d) study design; (e) study setting; (f) participant information; (g) sample size; (h) pre-intervention and post-intervention time frame; (i) measured outcomes; (j) data collection methods; (k) data analysis; (l) results; and (m) conclusions. All essential information was collected and summarized in a table of evidence (see Appendix A) using the

Johns Hopkins Nursing Evidence-Based Practice Individual Evidence Summary Tool (Dang et al., 2022).

Quality Appraisal

The level of evidence and quality of the studies was appraised using the Johns Hopkins Evidence-Based Practice Model for Nursing and Healthcare Professionals Research Evidence and Nonresearch Evidence Appraisal Tools. This model used a unique five-level evidence hierarchy to evaluate both research evidence (Levels I, II, and III) and nonresearch evidence (Levels IV and V), where Level I is considered to be the highest evidence level and Level V being the lowest. After determining the level of evidence, quality was assessed using a quality rating scale which assigned a grade of A (high quality), B (good quality), or C (low quality) to each study (Dang et al., 2022). The quality assessment results of the included studies were also recorded in the table of evidence (see Appendix A).

Literature Search Results

All articles retrieved through the electronic searches were downloaded for further review. The database searches identified a total of 991 articles. After the removal of 563 duplicates, 428 articles remained for further analysis. All titles and abstracts were then screened for relevance. Full text copies of 46 articles were retrieved to assess their eligibility for possible inclusion. After the application of inclusion and exclusion criteria, seven articles were identified for inclusion. Concurrently, a search on Google Scholar yielded 247 records after removing duplications. A set of 167 documents were retrieved for further assessment. Only one article from this search was found to be relevant. Finally, a total of eight studies were selected to be included in the systematic review. The article selection process was recorded in a PRISMA flow diagram (see

Appendix B). A summary of each selected article was documented in an annotated bibliography (see Appendix C).

Measurements

The eligible studies that were selected for the review reported data for either primary or secondary outcomes.

Primary Outcomes

The primary outcome measures were patient outcomes, specifically patient safety and patient satisfaction which were usually assessed at baseline and post-intervention. Patient safety was monitored through the reduction in adverse patient events such as patient falls and medication errors. Patient fall rates were measured by counting the number of falls over a given period of time, such as 1-month or 3 months. Documented medication errors were also measured over a given period of time, such as 1-month or 3 months. Patient satisfaction and experience scores were obtained from patient satisfaction surveys such as the HCAHPS survey or the Press Ganey patient satisfaction survey.

Secondary Outcomes

Secondary outcomes were the exploration of nurses' and patients' perceptions which could provide insight into the benefits and drawbacks of bedside shift report. Information on nurses' and patients' perceptions was obtained through surveys, questionnaires, or interviews as either quantitative or qualitative data.

Population and Setting of Selected Articles

Eight U.S.-based studies published between 2012 and 2022 that satisfied the inclusion criteria were selected for review. All studies were conducted in the acute care setting on a range of hospital units, such as the adult surgical unit, intensive care unit (ICU), neuroscience unit,

inpatient trauma unit, and medical-surgical units. The participants in the studies involved hospitalized adult patients and registered nurses who provided direct patient care and had firsthand experience with bedside shift reporting. Specifically, one study solely focused on hospitalized adult patients (Radtke, 2013), five studies mainly concentrated on registered nurses (Boshart et al., 2016; Brown-Deveaux et al., 2022; Cairns et al., 2013; Grimshaw et al., 2020; Small & Fitzpatrick, 2017), and two studies examined both adult patients and staff nurses (Maxson et al., 2012; Sand-Jecklin & Sherman, 2013).

Study Design, Sample Size, and Quality

The study design methods, sample size, and quality varied throughout the studies. Of the eight included studies, four (50%) were quality improvement projects (Boshart et al., 2016; Brown-Deveaux et al., 2022; Cairns et al., 2013; Radtke, 2013), one (12.5%) was a qualitative phenomenological study (Grimshaw et al., 2020), and three (37.5%) were quantitative research studies (Maxson et al., 2012; Sand-Jecklin & Sherman, 2013; Small & Fitzpatrick, 2017). The quantitative research studies consisted of one quasi-experimental study utilizing a pretest-posttest design (Sand-Jecklin & Sherman, 2013) and two non-experimental descriptive studies (Maxson et al., 2012; Small & Fitzpatrick, 2017). Most of the studies had relatively small sample sizes. Patients' involvement in the studies ranged from 30 to 280 and was frequently convenience samples. The sample size of participating staff nurses ranged from seven to 250. According to the Johns Hopkins Evidence-Based Practice Model, the level of evidence across studies was classified as either Level II (Sand-Jecklin & Sherman, 2013), Level III (Grimshaw et al., 2020; Maxson et al., 2012; Small & Fitzpatrick, 2017), or Level V (Boshart et al., 2016; Brown-Deveaux et al., 2022; Cairns et al., 2013; Radtke, 2013). The studies ranged in quality from high (A) to good quality (B) with three high-quality studies (Boshart et al., 2016; Cairns et al., 2013;

Sand-Jecklin & Sherman, 2013) and five good-quality studies (Brown-Deveraux et al., 2022; Grimshaw et al., 2020; Maxson et al., 2012; Radtke, 2013; Small & Fitzpatrick, 2017).

Analysis of the selected studies revealed three major themes that could help in better understanding the impact bedside shift report has on both patients and nurses. They were as follows: (a) advantages of bedside shift report; (b) patient satisfaction and safety outcomes; and (c) barriers to bedside shift report.

Advantages of Bedside Shift Report

The authors of all eight articles noted individual benefits of bedside shift report for the nurse and patient. A majority of the researchers assessed nurses' perceptions and reported improvements in patient participation and patient care after implementing bedside shift report (Brown-Deveraux et al., 2022; Cairns et al., 2013; Grimshaw et al., 2020; Maxson et al., 2012; Sand-Jecklin & Sherman, 2013; and Small & Fitzpatrick, 2017). For instance, Maxson et al. (2012) found that nurses were satisfied with the bedside shift reporting method because it improved their awareness of the patients' immediate needs and concerns, thereby elevating the quality of care received by patients. In general, results of various studies demonstrated that bedside shift report enhanced nursing satisfaction which was also positively associated with nurse-related outcomes such as better communication with patients, an increase in the efficiency and accuracy of the report, an increase in nursing accountability, and encouraging teamwork in nursing practice (Boshart et al., 2016; Brown-Deveaux et al., 2022; Cairns et al., 2013; Grimshaw et al., 2020; Maxson et al., 2012; Radtke, 2013; Sand-Jecklin & Sherman, 2013; Small & Fitzpatrick, 2017).

One outstanding benefit of moving nursing handoff to the bedside was the improvement of the nurse-patient relationship, which in turn, promoted patient participation, engagement, and

involvement in their care (Grimshaw et al., 2020; Maxson et al., 2012; Radtke, 2013; Sand-Jecklin & Sherman, 2013; Small & Fitzpatrick, 2017). Similarly, nurses recognized that bedside shift report improved patients' and families' communication with the nursing team when questionnaire results went from 63% to 75% post-implementation (Brown-Deveaux et al., 2022). Family members showed appreciation for this bedside handoff process in that it allowed the nurses to clarify and answer questions related to the patients' plan of care without having to wait for the physicians to round (Boshart et al., 2016). Patients were encouraged to be more involved in the decision-making process regarding their care which empowered patients and augmented patient autonomy (Anderson & Mangino, 2006, as cited in Maxson et al., 2012).

Increased report accuracy and efficiency were other reported benefits. Results from a post-implementation handover questionnaire by Brown-Deveaux et al. (2022) found that nurses indicated that bedside shift report was an efficient process which enabled them to use their time to prioritize patient care and tasks. The findings from a study conducted by Cairns et al. (2013) revealed that after implementation, nurses' perception of bedside shift report being concise and containing pertinent information on patients' conditions increased from 38% to 77.8%. Handoff at the bedside potentially minimized socialization among nurses and streamlined the delivery of the shift report which also increased accountability (Boshart et al., 2016).

Another commonly reported benefit of conducting bedside shift report was the increase in nursing accountability during the change-of-shift report done at the bedside (Sand-Jecklin & Sherman, 2013). This practice allowed both off-going and oncoming nurses to visualize the patient, which increased rapport and trust between the patients and the nurses (Boshart et al., 2016; Cairns et al., 2013; Grimshaw et al., 2020; Maxson et al., 2012). It provided the opportunity to enhance safety and transfer patient information accurately because the oncoming

nurse was able to check the patients' status, IV sites, pain control, and other safety measures with the off-going nurse (Grimshaw et al., 2020). Correspondingly, nurses who floated to other units appreciated how performing bedside handoff offered them the chance to review the operation of unfamiliar or special equipment specific to individual units with the offgoing nurse (Boshart et al., 2016).

Giving report at the bedside also improved interpersonal relationships among healthcare team members. Nurses felt more confident and prepared to communicate with physicians and other healthcare providers regarding patient care issues immediately after completing the bedside shift report (Cairns et al., 2013; Maxson et al., 2012). In addition, teamwork among nursing staff improved because nurses were more available to answer each other's questions (Cairns et al., 2013). Furthermore, increased collaboration among nursing staff ensured effective and safe patient care, which enhanced the professional image of nurses (Grimshaw et al., 2020).

Patient Satisfaction and Safety

Four studies (50%) assessed how the implementation of bedside shift report affected patient outcomes (Brown-Deveaux et al., 2022; Cairns et al., 2013; Radtke, 2013; Sand-Jecklin & Sherman, 2013). Brown-Deveaux et al. (2022), Cairns et al. (2013), and Radtke (2013) found improvements in patient satisfaction scores. By moving shift report to the bedside, Cairns et al. (2013) discovered an increase in the mean Press Ganey patient satisfaction scores that showed patients became better informed and involved in their treatment plan. Maxson et al. (2012) found that there was a significant increase ($p=0.02$) in patients' perception of being informed of their plan of care. The study reported by Sand-Jecklin and Sherman (2013) detected a statistically significant improvement in patient inclusion in report discussions ($p=0.017$) due to patient perceptions of improved information flow between the nurse and patient. Likewise, Radtke

(2013) observed a rise in patient satisfaction related to nursing communication in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, which showed an increase from 75% to 87.6%, 6 months after adopting bedside shift reporting. Patient experience was enhanced through better communication with nurses as demonstrated in one recent study by Brown-Deveaux et al. (2022) where HCAHPS scores considerably increased by 22%.

Through bedside shift report, improvements in patient outcomes and education were observed (Grimshaw et al., 2020; Radtke, 2013). It ensured the continuity of patient care and optimized patient safety (Radtke, 2013). As reported by Cairns et al. (2013) and Maxson et al. (2012), when patients became active participants in the bedside shift report, a reduction in patient incidents occurred resulting in better patient outcomes. Sand-Jecklin & Sherman (2013) found that after implementing bedside shift reporting, both patient falls and medication errors decreased which was clinically important, although not statistically significant. For instance, a 35% reduction rate of patient falls per month during shift change across seven medical-surgical units was shown when falls decreased from 20 to 13 post-implementation (Sand-Jecklin & Sherman, 2013). Also, the overall number of medication errors was reduced by 50%, from 20 to 10 post-implementation (Sand-Jecklin & Sherman, 2013). Correspondingly, Brown-Deveaux et al. (2022) discovered patient safety outcomes improved resulting in a 60% decrease in patient falls in a neuroscience unit. Additionally, Cairns et al. (2013) noted that call light activity during change-of-shift was reduced by 33% in 3 months after the implementation of bedside shift report. Furthermore, since bedside shift reporting provided visualization of the patient, nurses felt it helped prevent patient or room number confusion (Grimshaw et al., 2020).

Drawbacks and Barriers to Bedside Shift Report

Multiple drawbacks and barriers to this change in practice were identified. Loss of patient privacy with bedside shift report was the most commonly reported concern among nurses (Boshart et al., 2016; Grimshaw et al., 2020; Radtke, 2013; Sand-Jecklin & Sherman, 2013; Small & Fitzpatrick, 2017). Patients mentioned being uncomfortable with the reporting process when medical jargon was used while some experienced anxiety or tiredness when report redundancy occurred (Cahill, 1998, as cited in Sand-Jecklin & Sherman, 2013; Grimshaw et al., 2020; Maxson et al., 2012; Timonen & Sihvonen, 2000, as cited in Sand-Jecklin & Sherman, 2013). The change in practice to conduct shift report at the bedside also caused anxiety and increased stress for some nurses due to a lack of comfort with the process (Grimshaw et al., 2020; Radtke, 2013; Sand-Jecklin & Sherman, 2013; Small & Fitzpatrick, 2017). In addition, nurses feared that frequent distractions and disruptions during the shift report compromised the process, resulting in potential communication failures (Cairns et al., 2013).

Historically, nurses were hesitant to adopt the bedside shift reporting process into practice because they believed it was disadvantageous due to it requiring a significant amount of time to complete (Boshart et al., 2016; Grimshaw et al., 2020; Maxson et al., 2012; Sand-Jecklin & Sherman, 2013). Grimshaw et al. (2020) discovered that most nurses indicated that bedside handoff took longer to conduct than at the nurses' station due to unwanted bedside reporting dynamics such as immediate patient needs causing delays in reporting, having to find and give handoff to multiple nurses, and other outside interruptions. Brown-Deveaux et al. (2022) found that most nurses (42%) reported taking 30 minutes or more to perform bedside handoffs for four to six patients at the change-of-shift which was more than the allotted 15-minute timeframe. According to Sand-Jecklin & Sherman (2013), after 1-month post-implementation of a blended

form of recorded and bedside shift report across seven medical-surgical units in a large teaching hospital, nurses stated that bedside report was repetitive and time-consuming. These nurses perceived bedside shift reporting to be less efficient, but this perception was not supported since overtime data remained unchanged (Sand-Jecklin & Sherman, 2013). Nurses in other studies indicated that bedside shift report in actuality took less time to complete (Boshart et al., 2016; Cairns et al., 2013). For example, after the implementation of bedside shift report, Cairns et al. (2013) reported a decrease of 10 minutes per day in overtime or 61 hours per year, which represented a 15% reduction in end-of-shift overtime and a financial savings of \$95,680 to \$143,520 annually.

Discussion

In compliance with Joint Commission standards, many healthcare organizations have transitioned nursing handoffs to the bedside in an effort to decrease gaps and errors in patient care. However, bedside shift reporting has been inconsistently executed for various reasons. Therefore, the intentions of this systematic review are to identify factors that support or hinder the implementation of bedside shift report into nursing practice and to investigate how this handoff process affects patient care and experience.

The results from the reviewed studies provided additional evidence supporting the adoption of bedside shift reporting in nursing practice which is in line with AHRQ's recommendations, confirming the benefits this communication process has for nurses, patients, and healthcare organizations (AHRQ, 2013). Nurses' perception and satisfaction with bedside shift report can influence the quality and effectiveness of the handoff process, which in turn, highlights the importance of embracing this handoff method as it may positively affect how care is delivered. Research has demonstrated that bedside shift report facilitated the efficient delivery

of pertinent patient information and reduced miscommunication between nurses and patients (Radtke, 2013; Small & Fitzpatrick, 2017). In this regard, the handoff process promoted patient engagement and enabled nurses to provide more individualized care thereby strengthening the nurse-patient relationship (Grimshaw et al., 2020; Maxson et al., 2012; Radtke, 2013; Sand-Jecklin & Sherman, 2013; Small & Fitzpatrick, 2017). Improvements in communication between nurses and patients and increased patient involvement with their care have been shown to increase HCAHPS scores and Press Ganey patient satisfaction scores reflecting more favorable patient experiences. This finding revealed a positive correlation between the implementation of bedside shift report and an increase in patient satisfaction and experience, which has been recognized in several studies (Brown-Deveaux et al., 2022; Cairns et al., 2013; Maxson et al., 2012; Radtke, 2013; Sand-Jecklin & Sherman, 2013).

Nurse-perceived benefits of bedside shift report such as the prioritization of patient care activities, improved nursing accountability, and better teamwork seems to increase nurse satisfaction (Boshart et al., 2016; Brown-Deveaux et al., 2022; Cairns et al., 2013; Grimshaw et al., 2020; Maxson et al., 2012; Radtke, 2013; Sand-Jecklin & Sherman, 2013; Small & Fitzpatrick, 2017). These advantages suggest that bedside shift report promoted patient-centered care and improved nurse responsiveness which is crucial for nurses to provide a safer environment for patients in order to deliver high-quality care. For example, the decrease in the frequency of call light usage can potentially contribute to increasing patient satisfaction regarding nurses' timely responsiveness and has important safety implications for patients at high risk for falls (Cairns et al., 2013). Furthermore, a reduction in patient fall rates and adverse patient events such as medication errors has been observed which can be attributed to increased report accuracy, improved continuity of care, and active patient participation during bedside

handoff (Brown-Deveaux et al., 2022; Cairns et al., 2013; Maxson et al., 2012; Radtke, 2013; Sand-Jecklin & Sherman, 2013). These results build on existing evidence that bedside shift report is associated with enhanced patient safety and improved patient outcomes.

Despite the benefits, some nurses and patients have viewed the handoff process negatively as it raised concerns and may induce feelings of anxiety and stress. A portion of nurses has considered bedside shift report to be a stressful process and tended to avoid adopting this patient handoff method into practice because they may not fully understand or support the rationale behind this change in practice (Boshart et al., 2016; Grimshaw et al., 2020; Small & Fitzpatrick, 2017). For instance, to prevent patients from feeling excluded or taking a passive role in the discussion related to their care due to their lack of medical knowledge, nurses would have to avoid using medical jargon during bedside handoff (Cahill, 1998, as cited in Sand-Jecklin & Sherman, 2013; Grimshaw et al., 2020; Maxson et al., 2012; Timonen & Sihvonen, 2000, as cited in Sand-Jecklin & Sherman, 2013). In doing so, patients would be able to better comprehend their treatment plans and goals, thus alleviating their feelings of confusion or anxiety. Bedside shift reporting offers patients the opportunity to ask nurses questions about their care. However, this may require extra effort from nurses, leading them to perceive increased time pressures to complete the bedside handoff and impeding work efficiency due to patient involvement (Sand-Jecklin & Sherman, 2013).

Of note, findings in the literature addressing the concern of the length of time it takes to complete the change-of-shift report at the bedside have been inconsistent. Nurses have cited that inadequate set time to conduct the bedside handoff and frequent interruptions may hinder effective handoff, leading to increased reporting time and omissions in care, potentially putting patients at risk of harm (Brown-Deveaux et al., 2022; Cairns et al., 2013; Grimshaw et al., 2020).

Conversely, nurses in other studies have indicated that bedside shift reporting was more time efficient than other methods, which can reduce overtime costs for healthcare organizations (Boshart et al., 2016; Cairns et al., 2013; Small & Fitzpatrick, 2017).

The possible breach in patient privacy and confidentiality during bedside shift report has been consistently found across studies to be a major concern that may incite additional anxiety and stress for nurses (Boshart et al., 2016; Grimshaw et al., 2020; Radtke, 2013; Sand-Jecklin & Sherman, 2013; Small & Fitzpatrick, 2017). Researchers have outlined practical strategies and measures that can be taken to deal with confidential information and safeguard patient privacy such as discussing sensitive information outside the patient's room away from the patient or having the patient choose whether visitors were present during bedside handoff (Brown-Deveaux et al., 2022; Boshart et al., 2016; Grimshaw et al., 2020; Radtke, 2013). Addressing barriers like privacy concerns to promote effective communication is essential in the successful implementation of bedside shift report. This review of the literature has offered insights into the impact of implementing nursing bedside shift report in nursing practice and provided a more comprehensive understanding of how it can affect patient outcomes.

Limitations and Gaps

There are several possible limitations to the current systematic review that should be considered. First, since there are time constraints and only one reviewer, there is the possibility of human error and bias occurring in the search and study selection process. Second, a majority of the reviewed studies had small sample sizes with less than 100 participants and focused on acute care settings, which may limit the generalizability of the result findings to other populations and hospital settings. Third, another limitation is the short duration of the bedside shift report implementation period of 3 to 6 months within the studies, where longer study

durations can potentially reveal additional information about patient satisfaction and nurses' perspectives. Fourth, due to the small number of quantitative studies found to be conducted in the United States, the provision of more conclusive and objective evidence of the benefits of nursing bedside shift report is limited. Despite these limitations, the explicit research methodology with defined eligibility criteria to identify relevant studies for inclusion strengthened the quality of this systematic review.

Implications for Practice and Conclusions

Bedside shift report has been recommended as an effective handoff practice to maintain the continuity of care while providing a patient-centered approach to ensure patient safety. Overall, bedside shift report has a positive impact on both nurses and patients in terms of satisfaction and outcomes by improving nurse and patient satisfaction, patient involvement, quality of patient care, patient safety, effective communication with patients and healthcare providers, work efficiency and prioritizations, nurse accountability, and teamwork (Boshart et al., 2016; Brown-Deveaux et al., 2022; Cairns et al., 2013; Grimshaw et al., 2020; Maxson et al., 2012; Radtke, 2013; Sand-Jecklin & Sherman, 2013; Small & Fitzpatrick, 2017). Despite the documented benefits and advantages, the implementation and adoption of bedside shift report is still a challenge. Therefore, it is important to identify and address any perceived barriers to the change in practice. Interventions to remove these barriers will contribute to the successful implementation of conducting routine bedside shift report into nursing practice. However, there are still issues with sustaining bedside shift report after implementation such as inconsistent utilization and the lack of standardization into routine practice (Cairns et al., 2013; Sand-Jecklin & Sherman, 2013; Small & Fitzpatrick, 2017). Further research into developing evidence-based

practice guidelines to support and sustain bedside shift report and the evaluation of successful practice techniques is warranted so that nationwide implementation can be achieved.

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Appendix A

Table of Evidence

EBP Question: In hospitalized adults, how does the implementation of bedside shift report compared to traditional change-of-shift report methods affect patient safety and satisfaction?								
Article #	Author, date, and title	Type of evidence	Population, size, and setting	Intervention	Findings that help answer the EBP question	Measures used	Limitations	Evidence level and quality
1	Boshart et al., 2016 Reimplementing bedside shift report at a community hospital	Quality improvement project	Population/sample size: 250 registered nurses (RNs) Setting: 294-bed community hospital in eastern North Carolina consisting of: 2 medical-surgical units, a telemetry unit, an intensive care unit (ICU), an emergency department (ED), women and children’s services, and a labor and delivery suite	To reintroduce bedside shift reporting in a community hospital where it had failed 2 years prior.	RN concerns/resistance to adopting bedside shift report (BSR): <ul style="list-style-type: none"> • BSR takes longer to conduct within the allotted time for report • Patient confidentiality issues Positive outcomes of BSR for RNs: <ul style="list-style-type: none"> • Opportunity to visualize patients • Minimized socialization • Increased efficiency by decreasing report time • Increased accountability • Demonstrated satisfaction with overall BSR process • Realization that patient involvement and perspectives are important when 	Nursing BSR competency validation done at 60 days after implementation. Compliance was measured through random spot checks or periodic rounding by nursing leadership to monitor adherence in daily practice.	Project leaders did not state how information on nurses, patients, and family perspectives regarding bedside shift report was obtained (e.g., interview, survey, etc).	Level V, Quality A (high quality)

					providing care			
2	<p>Brown-Deveaux et al., 2022</p> <p>Transformational leadership meets innovative strategy: How nurse leaders and clinical nurses redesigned bedside handover to improve nursing practice</p>	<p>Quality improvement project</p>	<p>Population: 64 RNs</p> <p>Sample size:</p> <ul style="list-style-type: none"> • Pre-education intervention: 54 RNs (84%) • Post-education: 44 RNs (69%) <p>Setting: 2 acute care units (a 20-bed neuroscience unit and a 36-bed adult surgical unit in an urban 450-bed full-service teaching hospital and level 1 trauma center)</p>	<p>A 3-month pilot project to implement a redesigned and standardized nurse BSR process to guide nursing practice, improve nursing staff communication, and enhance patient safety with plans to expand to the entire facility.</p>	<p>The major concerns RNs have about BSR identified through the pre-education questionnaire results are:</p> <ul style="list-style-type: none"> • Infringement on patient confidentiality • Insufficient shift time to perform BSR <p>After BSR implementation, RN post-education questionnaire results show:</p> <ul style="list-style-type: none"> • RNs preferred receiving handover at the bedside • Improvement in patient care prioritization and efficiency • Decreased patient confidentiality concerns • Enhanced patient experience by improving communication between patients/families with the nursing team • Decreased patient anxiety about their care <p>BSR reduced patient falls and improved patient satisfaction scores:</p>	<p>RN opinions on BSR: 9-item RN handover questionnaire with yes/no question format and 5-point Likert scale</p> <ul style="list-style-type: none"> • Pre-education intervention questionnaire • Post-education questionnaire: given 6 months after new BSR implementation 	<ul style="list-style-type: none"> • Did not use a formal QI method to conduct the project. High reliability organization (HRO) principles were used instead. • The project did not list any demographic characteristics of the participants or patients. 	<p>Level V, Quality B (good quality)</p>

					<ul style="list-style-type: none"> • Patient falls (comparing the data of 2 calendar quarters pre-intervention and 2 calendar quarters post-intervention): <ul style="list-style-type: none"> ○ Neuroscience unit: 60% decrease in falls ○ Surgical unit: maintained fall rate • HCAHPS scores in the patient experience domain related to nurse communication: <ul style="list-style-type: none"> ○ Neuroscience unit: 22% increase in HCAHPS survey top box scores ○ Surgical unit: HCAHPS scores remained unchanged 			
3	<p>Cairns et al., 2013</p> <p>Utilizing bedside shift report to improve the effectiveness of shift handoff</p>	<p>Quality improvement project</p>	<p>Population: RNs working on the inpatient trauma unit</p> <p>Sample size:</p> <ul style="list-style-type: none"> • Pre-implementation survey (3 months prior to BSR): 29 RNs participated • Post-implementation survey (3 months after BSR): 18 RNs participated 	<p>To redesign the delivery of shift report to improve the effectiveness and consistency of shift handoff by implementing BSR.</p>	<p>Positive outcomes of BSR:</p> <ul style="list-style-type: none"> • Reduction in end-of-shift overtime • Decreased call light usage • Increase in patient satisfaction <ul style="list-style-type: none"> ○ Felt more informed and included in their plan of care • Increase in nurse satisfaction <ul style="list-style-type: none"> ○ Increased confidence when 	<p>All outcome measures (data collected 3 months before and 3 months after BSR implementation):</p> <ul style="list-style-type: none"> • End-of-shift overtime: the number of minutes a nurse worked in excess of a scheduled shift • Call light usage during shift 	<ul style="list-style-type: none"> • Did not mention the patient sample/population size (the amount of patients who completed the Press Ganey survey) or any demographic characteristics. • The short duration of the project (3 months) limited the identification of patient satisfaction score trends and was unable to obtain 	<p>Level V, Quality A (high quality)</p>

			Setting: a 23-bed inpatient trauma unit in a large tertiary academic hospital in southwestern Pennsylvania		<ul style="list-style-type: none"> o providing care o Opportunity to visualize the patient o Took less time to conduct o Improved teamwork and accountability 	<ul style="list-style-type: none"> • Patient satisfaction: Press Ganey patient satisfaction survey questions focusing on: “Nurses kept you informed” and “Staff included you in decisions related to treatment” <p>Nurse satisfaction and perception of BSR: an investigator-developed nurse survey using a 5-point Likert scale</p>	<p>patient responses from a larger sample size.</p> <ul style="list-style-type: none"> • Investigators could not confirm if the reduction in end-of-shift overtime was solely due to BSR or was it because of other factors (individual nursing practice/staff awareness). • The outcomes are not generalizable to other units without further investigation because the project was conducted only on 1 unit. • There were concerns of the validity of employee (nurse) responses and feedback due to their concerns about confidentiality. 	
4	Grimshaw et al., 2020 A qualitative study of the change-of-shift report at the patients’ bedside	Qualitative phenomenological study	<p>Population: a total of 7 acute care RNs from the medical/surgical and ICU</p> <p>Sample size:</p> <ul style="list-style-type: none"> • ICU: 3 RNs • Surgical floor: 1 RNs • Medical floor: 3 RNs <p>Setting: the</p>	To identify acute care nurses’ perceptions and influencing factors that could affect the frequency and consistency of conducting the change-of-shift report at the patients’	Data from the nurse interviews identified 5 themes regarding BSR: <ul style="list-style-type: none"> • BSR takes longer to do than a change-of-shift report at the nurses’ station <ul style="list-style-type: none"> o Possible reasons: delays due to patient needs, giving report to multiple nurses, other outside 	Nurse perceptions of BSR: qualitative, open-ended, 1-on-1 in-depth personal interviews	<ul style="list-style-type: none"> • Small sample size • Did not mention each hospital unit size or overall hospital size 	Level III, Quality B (good quality)

			<p>medical/surgical units and ICU at a community hospital in northern Indiana</p>	<p>bedside.</p>	<p>disruptions</p> <ul style="list-style-type: none"> • BSR promotes continuity of care <ul style="list-style-type: none"> ○ Patients were more involved with their care ○ Enhanced nurse-patient relationship and the quality of care patients received • Using a modified bedside report <ul style="list-style-type: none"> ○ Most nurses conducted a portion of the change-of-shift report at the bedside and the rest outside the patient's room when discussing detailed or sensitive information ○ Saves time • BSR assisted in visualization of patient <ul style="list-style-type: none"> ○ Helped relay accurate patient information ○ Prevented patient/room number confusion • Challenges when communicating confidential information in front of the patient or family members 			
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<p>5</p>	<p>Maxson et al., 2012</p> <p>Bedside nurse-to-nurse handoff promotes patient safety</p>	<p>Quantitative research, nonexperimental descriptive study design</p>	<p>Population size:</p> <ul style="list-style-type: none"> • Patients: a convenience sample of 60 patients total <ul style="list-style-type: none"> ○ Sample size: 30 patients before BSR implementation and another 30 patients after BSR implementation • Staff RNs: 18 RNs <ul style="list-style-type: none"> ○ Sample size: 15 RNs participated <p>Setting: a 11-bed surgical unit in a hospital</p>	<p>To determine if BSR will increase patient satisfaction with plan of care, increase patient perception of healthcare provider teamwork, and increase nurse satisfaction with communication and accountability.</p>	<p>BSR allowed patients to become active participants in their plan of care which can promote patient safety.</p> <p>BSR positively impacted both patients and nurses.</p> <p>Patients:</p> <ul style="list-style-type: none"> • BSR significantly increased patient satisfaction with involvement in their plan of care for the day (p=0.02) • BSR improved patient perception of communication and teamwork between healthcare providers <p>Nurses:</p> <ul style="list-style-type: none"> • BSR significantly increased nurse satisfaction with: <ul style="list-style-type: none"> ○ Nurse-to-nurse accountability (p=0.0005) ○ Communication between nursing staff at shift change (p=0.02) ○ Medication reconciliation (p=0.0003) ○ Preparedness to immediately communicate with physicians regarding patient care (p=0.008) 	<p>Patient satisfaction and perceptions of BSR: a 5-item investigator-developed patient survey using a 5-point Likert scale</p> <p>Staff nurse satisfaction and perceptions of BSR: a 5-item investigator-developed nurse survey using a 5-point Likert scale</p> <ul style="list-style-type: none"> • Both patients and staff nurses completed the surveys before and after BSR implementation. 	<ul style="list-style-type: none"> • Used a small convenience sample size • The small 11-bed surgical unit may not represent the average size of a hospital unit. • Patients in the post-BSR implementation group may have previously experienced BSR due to them having past surgeries which could impact the survey responses. • The findings are not generalizable to other hospital settings since the study was conducted only on 1 unit. 	<p>Level III, Quality B (good quality)</p>
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<p>6</p>	<p>Radtke, 2013</p> <p>Improving patient satisfaction with nursing communication using bedside shift report</p>	<p>Quality improvement project</p>	<p>Population size: discharged patients (an average of 280 patients surveyed per quarter)</p> <p>Setting: a 16-bed medical/surgical intermediate care unit in a 320-bed tertiary-care facility</p>	<p>To determine if initiating BSR will improve patient satisfaction with nursing communication</p>	<ul style="list-style-type: none"> • Patient satisfaction increased to 87.6% post-implementation of BSR from 75%, 6 months prior. • The patient satisfaction score did not reach the 90% goal, but it did show that BSR could improve patient satisfaction with nursing communication. 	<p>Patient satisfaction scores: HCAHPS survey taken after discharge</p> <ul style="list-style-type: none"> • Specifically focusing on the topic “nurses always communicated well” • Monitored for 3 months after implementation 	<p>Did not mention the patient population/sample size (the specific amount of patients who completed the HCAHPS survey) or any demographic characteristics.</p>	<p>Level V, Quality B (good quality)</p>
<p>7</p>	<p>Sand-Jecklin & Sherman, 2013</p> <p>Incorporating bedside report into nursing handoff: Evaluation of change in practice</p>	<p>Quantitative research, quasi-experimental study, pretest-posttest design</p>	<p>Population size:</p> <ul style="list-style-type: none"> • Patients/family members: a convenience sample of patients scheduled for discharge <ul style="list-style-type: none"> ○ Baseline sample size: 232 patients and 70 family members ○ 3 months post-implementation sample size: 178 patients and 72 family members • Staff RNs: <ul style="list-style-type: none"> ○ Baseline sample size: 148 RNs participated ○ 3 months post-implementation sample size: 98 	<p>To evaluate a blended BSR process and outcomes in terms of effectiveness, efficiency, effect on patient safety, and patient and nurse satisfaction.</p>	<p>A blended BSR process resulted in positive outcomes for both patients and nurses.</p> <p>At 3 months post-implementation, BSR improved patient safety:</p> <ul style="list-style-type: none"> • Reduced the frequency of medication errors by 50% • Number of patient falls/month at shift change decreased by 35% <p>Patients had positive perceptions of BSR:</p> <ul style="list-style-type: none"> • Improved nurse communication • Increased patient involvement in care • Improvement in introducing the oncoming nurse to the patient 	<p>Patient satisfaction: a 17-item adapted Patient Views on Nursing Care survey using 5-point response options</p> <p>Nurse satisfaction and perceptions of BSR: a 17-item investigator-developed Nursing Assessment of Shift Report survey using a 5-point Likert scale</p> <ul style="list-style-type: none"> • Both patients and staff nurses completed the surveys at baseline and 3 months post- 	<ul style="list-style-type: none"> • The convenience sample of discharged patients and nurses may not fully represent the total population of patients and nurses on the medical-surgical units. • No identifiers for nurse survey and no limitations imposed on the number of surveys submitted, so it is possible that nurses may have completed more than 1 survey during data collection times • Did not measure the degree or frequency of the inconsistencies in the use of the blended BSR 	<p>Level II, Quality A (high quality)</p>

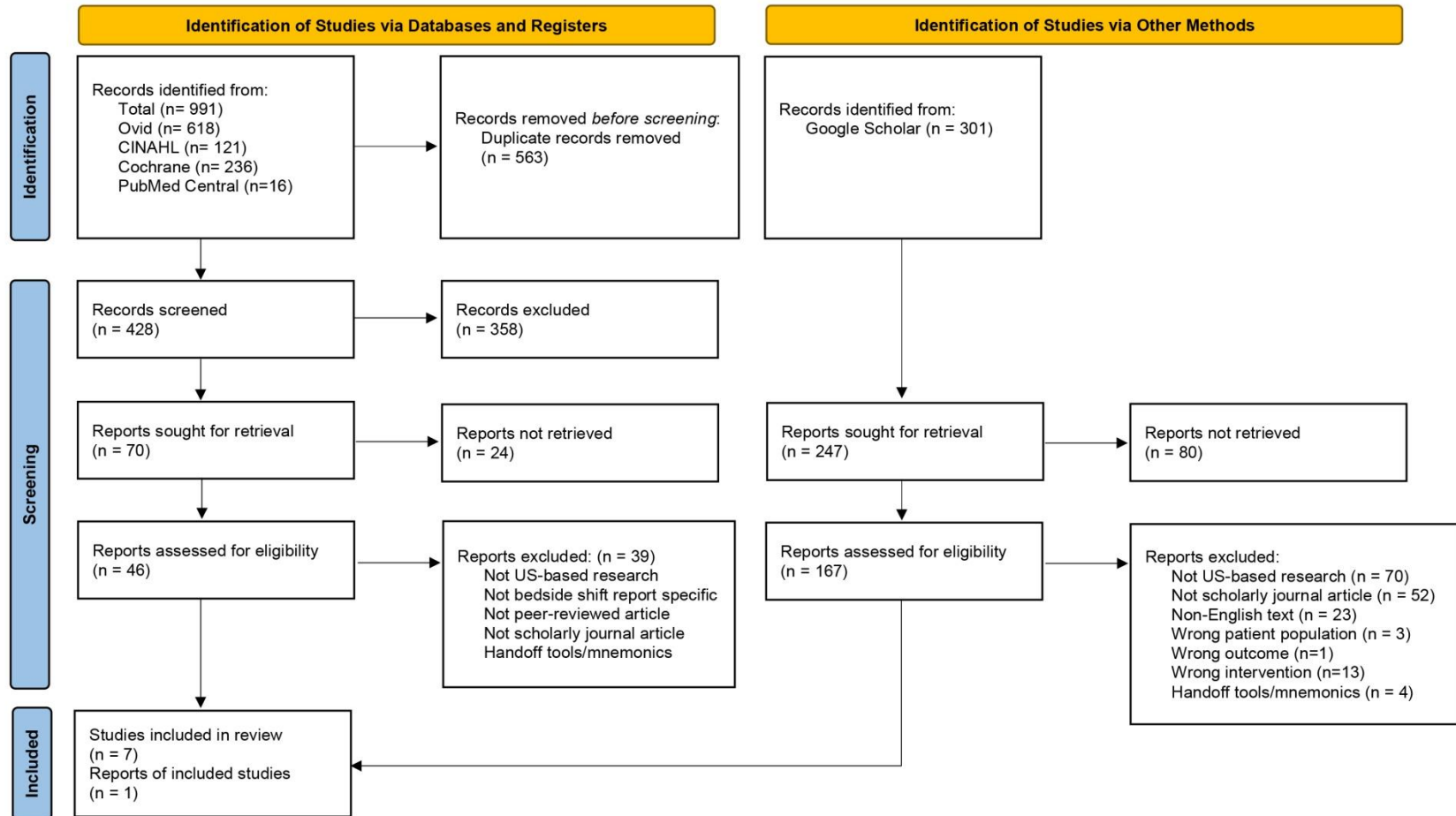
			<p>RNs Setting: 7 medical-surgical units (neurology/neurosurgery, orthopedics/plastics, trauma, medicine, surgical, medical-surgical step-down, and observation), in a large teaching hospital (West Virginia University Healthcare)</p>		<p>BSR implementation resulted in improved nurse perceptions of:</p> <ul style="list-style-type: none"> • Ensuring nurse accountability • Promoting patient involvement in care <p>Negative perceptions of BSR:</p> <ul style="list-style-type: none"> • Both patients and nurses noted that BSR was used inconsistently. • Nurses perceived BSR to be stressful and inefficient, but this was not supported since nurse overtime remained unchanged. 	<p>implementation. Nurse initial perceptions of BSR (narrative data):</p> <ul style="list-style-type: none"> • Narrative nursing survey containing 3 open-ended questions • Administered 1-month after implementation <p>Outcome measures at the time of shift change (at baseline and 3 months post-implementation):</p> <ul style="list-style-type: none"> • Medication errors for all units combined: from facility patient event databases • Number of patient falls/month for all units combined: from facility patient event databases • Nurse overtime: from unit employee time records, calculated for 10 shifts at baseline and 10 shifts at 3-months post-implementation 		
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<p>8</p>	<p>Small & Fitzpatrick, 2017</p> <p>Nurse perceptions of traditional and bedside shift report</p>	<p>Quantitative research, nonexperimental descriptive study design</p>	<p>Population size: 84 staff RNs</p> <p>Sample size: 55 RNs participated</p> <p>Setting: two 36-bed general medical-surgical units in a 504-bed academic community hospital in northeast Ohio</p>	<p>To measure nurses' perceptions (benefits/problems) with the current BSR process and to identify barriers to implementation at the study hospital.</p>	<p>Nurses found that BSR enhanced patient-centered care, improved patient safety, and improved nursing accountability.</p> <p>Nurses recommended changes to BSR delivery by:</p> <ul style="list-style-type: none"> • Requesting a blended BSR process that allowed for nurse communication outside patient's room due to patient confidentiality and avoiding/minimizing patient confusion and confrontation over care • Decreasing interruptions <p>Comparison of Nurse Assessment of Bedside Shift Report (NABSR) survey results with findings from a benchmark hospital that transitioned from traditional shift report to a blended BSR (Sand-Jecklin and Sherman's study) showed that BSR:</p> <ul style="list-style-type: none"> • Had a significant impact on increasing patient involvement, improving patient safety, and increasing accountability across both hospitals • Is considered more 	<p>Nurse perceptions of current BSR practices: a 17-item NABSR quantitative online survey using a 5-point Likert scale</p> <p>Qualitative data on nurses' attitudes about the BSR process: 2 open-ended survey questions were asked "What's going well with bedside shift reporting?" and "What needs to change with bedside report delivery?"</p>	<p>Surveys were based on self-reported data, where there is a possibility that participants may be providing socially acceptable responses.</p>	<p>Level III, Quality B (good quality)</p>
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					stressful than traditional shift report due to having direct patient involvement			
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Appendix B

PRISMA Flow Diagram of the Literature Search Strategy and Results



Appendix C

Annotated Bibliography

Boshart, B., Knowlton, M., & Whichello, R. (2016). Reimplementing bedside shift report at a community hospital. *Nursing Management*, 47(12), 52-55.

<https://doi.org/10.1097/01.NUMA.0000508265.42099.cc>

Boshart et al. (2016) describe the quality improvement project of reintroducing bedside shift reporting to 250 registered nurses within an eastern North Carolina community hospital where it had failed two years prior. One major cause of the failed implementation is due to the nursing staff's inadequate understanding of the rationale behind adopting bedside shift reporting. Hence, education sessions are provided to reintroduce this handoff method and to resolve concerns such as thinking that bedside shift reporting would take longer to conduct and the subject of patient confidentiality, which will help the nurses realize how bedside shift reporting can improve patient safety and satisfaction. Through the implementation process, nurses demonstrate satisfaction with bedside shift reporting because it is efficient, decreases overall reporting time, and increases accountability. The authors conclude that bedside shift reporting made nurses see the importance of patient involvement and perspective when providing care. The researchers do not fully state how information on nurses' and patients' perspectives is obtained. The results of this research study are relevant in that it contributes information on the barriers to bedside shift reporting and the positive outcomes this handoff method has on nurses and patients.

Brown-Deveaux, D., Kaplan, S., Gabbe, L., & Mansfield, L. (2022). Transformational leadership meets innovative strategy: How nurse leaders and clinical nurses redesigned bedside

handover to improve nursing practice. *Nurse Leader*, 20(3), 290-296.

<https://doi.org/10.1016/j.mnl.2021.10.010>

Brown-Deveaux et al. (2022) initiate a 3-month pilot handover project to implement a redesigned and standardized nurse bedside handover process on a neuroscience unit and an adult surgical unit which will test their hypothesis that bedside handover will reduce patient falls and improve patient experience in their hospital. A bedside handover education program consisting of a PowerPoint presentation, a video depicting the proposed handover process, and a simulation exercise to practice handover techniques are developed to underscore benefits and address concerns. Six months after implementation, the post-education handover questionnaire results show that nurses have an increased preference towards receiving handover at the bedside and that bedside handover prioritizes patient care, improves efficiency, decreases patient confidentiality concerns, and enhances communication between patients and families with the nursing staff. In addition, the authors find their hypothesis strongly supported by the post-intervention results on the neuroscience unit where there is a 60% decrease in patient falls and a 22% increase in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores in the patient experience domain pertaining to communication with nurses. The fall rate and HCAHPS scores remained unchanged post-intervention in the surgical unit. Based on the results, the authors demonstrate the importance of educational interventions and the direct involvement of nursing staff in adopting the bedside handover process. The findings from this study are relevant in that it discusses the nurses' perspectives regarding bedside handover and shows that bedside handover

improves the communication between patients and nursing staff, thereby enhancing patient satisfaction and safety.

Cairns, L. L., Dudjak, L. A., Hoffmann, R. L., & Lorenz, H. L. (2013). Utilizing bedside shift report to improve the effectiveness of shift handoff. *The Journal of Nursing Administration, 43*(3), 160-165. <https://doi.org/10.1097/NNA.0b013e318283dc02>

To improve the efficacy and efficiency of shift handoff report, Cairns et al. (2013) decide to redesign the process by utilizing the bedside shift report method. To evaluate its effects on a 23-bed inpatient unit, several indicators including call light usage, nurse end-of-shift overtime, nurse perceptions, and patient satisfaction are measured 3 months before and 3 months after bedside shift report implementation. Study results show a positive correlation between bedside shift report and the assessed indicators. The authors find a 33% decrease in call light usage and a 15% reduction in end-of-shift overtime. The decrease in the frequency of call light usage can be attributed to increased accessibility of the nurses who are by the patient's bedside during end-of-shift changes which can safeguard patients who are at risk for falls. There is also a positive impact on nurse perceptions about bedside shift report since nurses find that the report has become more concise and consistent, taking less time to complete, and improving nursing staff teamwork and accountability. In addition, due to patients being more involved in their care, an increase in patient satisfaction scores on the Press Ganey patient satisfaction survey is shown. This study is helpful in that it provides both quantitative and qualitative information that explores patient outcomes and both nurses' and patients' perceptions regarding bedside shift report.

Grimshaw, J., Hatch, D., Willard, M., & Abraham, S. (2020). A qualitative study of the change-of-shift report at the patients' bedside. *The Health Care Manager, 39*(2), 66-76.

<https://doi.org/10.1097/HCM.0000000000000291>

Grimshaw et al. (2020) conduct a qualitative study at a community hospital in Indiana to identify how acute care nurses' perceptions can influence the process of bedside change-of-shift reporting. Data from individual interviews of seven nurses working on the medical, surgical, and intensive care unit emerge into five themes including time factor, continuity of care, using a modified bedside report, visualization of the patient, and limitations when communicating confidential patient information. Nurses indicate that although bedside reporting takes longer to complete, it encourages patient involvement, promotes a healthy nurse-patient relationship, and enhances the quality of patient care. Additionally, nurses feel that bedside shift reporting allows them to visualize the patient and accurately relay patient information to the oncoming nurse, which can prevent patient or room number confusion. Based on the findings of the study, the authors deduce that nurses should be allowed to do a modified bedside report where a portion of the report is done outside the patient's room due to nurses feeling uncomfortable discussing sensitive issues in front of the patient or family members. This study contributes relevant information from nurses' feedback about the bedside reporting process and may offer insight as to why bedside change-of-shift report is inconsistently or infrequently applied.

Maxson, P. M., Derby, K. M., Wroblewski, D. M., & Foss, D. M. (2012). Bedside nurse-to-nurse handoff promotes patient safety. *Medsurg Nursing, 21*(3), 140-144.

The authors investigate how the effects of bedside nurse-to-nurse handoff can promote patient safety on an 11-bed surgical unit. A convenience sample of 60 patients (i.e., 30

patients preimplementation and another 30 patients postimplementation) is used in the study to determine if nursing bedside handoff can increase patients' satisfaction and perception of nursing staff teamwork. The researchers' second purpose is to examine whether bedside handoff will increase nursing staff satisfaction regarding communication and accountability. Both patients and 15 nurses completed investigator-developed surveys before and 1-month after bedside nursing handoff implementation. Based on the results, it is revealed that there is an increase in patients' satisfaction with being involved in their plan of care. As active participants in the bedside nursing handoff, patients can clarify any inaccuracies and decrease medication errors, thereby promoting patient safety. With bedside nursing handoff, nurses perceive an increase in satisfaction regarding accountability, medication reconciliation, and efficient communication with physicians. This handoff method enhances patient safety by allowing nurses to prioritize their workload and improve their awareness of patient needs. Additional studies using a larger sample size and further research in other hospital settings are needed to demonstrate the advantages and disadvantages of bedside nursing handoff. The authors discuss the positive impact bedside nursing handoff has on both patients and nurses by encouraging patient involvement, enhancing communication among healthcare providers, and promoting patient safety and quality care.

Radtke, K. (2013). Improving patient satisfaction with nursing communication using bedside shift report. *Clinical Nurse Specialist*, 27(1), 19-25.

<https://doi.org/10.1097/NUR.0b013e3182777011>

Patient satisfaction HCAHPS survey scores taken after discharge at a tertiary hospital show the need to improve nursing communication. Nurses are frustrated with the current

shift report practice of using a taped or centralized report done away from the patient at the nurses' station or in empty rooms as it can potentially lead to miscommunication and negatively affect patient outcomes. As a result, a pilot study utilizing bedside shift report is initiated on a 16-bed medical/surgical intermediate care unit to determine if it would help improve patient perceptions of how nursing staff communicated with them during hospitalization. Nursing staff and patients are interviewed one week after initiation for their perspectives on the process change. Both nurses and patients provide positive feedback; nurses like that they can visualize the patients right away and plan around their needs while patients feel more involved with their care. In addition, patient satisfaction focusing on nursing communication is monitored continuously for 3 months, resulting in a 12.6% increase (i.e., from 75% to 87.6% over a 6-month period). Although the goal of 90% satisfaction is not met, the authors conclude that bedside shift report can positively impact patient perceptions of nursing communication. Besides providing information about the benefits and offering solutions for overcoming potential barriers to adopting bedside shift report, this article demonstrates that bedside shift report is a successful approach to enhancing effective communication between nursing staff and building rapport between patients and nurses where there are improvements in patient experience and quality of patient care.

Sand-Jecklin, K., & Sherman, J. (2013). Incorporating bedside report into nursing handoff:

Evaluation of change in practice. *Journal of Nursing Care Quality*, 28(2), 186-194.

<https://doi.org/10.1097/NCQ.0b013e31827a4795>

A study conducted by Sand-Jecklin and Sherman (2013) moves a recorded change-of-shift report to a blended form of bedside shift handoff which includes both recorded and

bedside report across seven medical-surgical units. The researchers aim to evaluate both the blended bedside shift report process and outcomes from this process change. A modified form of the Patient Views on Nursing Care survey and the Nursing Assessment of Shift Report survey are used to gather patients' and nurses' perspectives of the blended bedside shift report. After bedside report implementation, patients perceive improvements in nurse communication and patient involvement in care. Nurses' perceptions of bedside report are positive citing improvements in ensuring nurse accountability and increases patient involvement. It is important to note that both patients and nurses indicate that bedside report has been used inconsistently. In terms of patient outcomes, there is a 35% decrease in the number of falls as fall rates decreased from 20 to 13 and medication errors decreased by 50% from 20 to 10, 3 months after implementation. Based on the results of this study, the authors suggest that bedside reporting can have a positive impact on patient safety while improving patient experience. This study is relevant in that it is one of the few studies that provide quantitative research regarding patient outcomes while also exploring patients' and nurses' perspectives regarding the bedside shift report process.

Small, D., & Fitzpatrick, J. J. (2017). Nurse perceptions of traditional and bedside shift report.

Nursing Management, 48(2), 44-49.

<https://doi.org/10.1097/01.NUMA.0000511921.67645.47>

Small and Fitzpatrick (2017) investigate the implementation of bedside shift report at an academic community hospital in Ohio intending to increase patient communication and involvement to improve patient satisfaction scores. However, 6 months after implementation, handoff inconsistencies are observed due to nurses being confused about

the expected handoff standards. To explore the reasons why nurses are not adhering to the new handoff process, the Nurse Assessment of Bedside Shift Report (NABSR) online survey with two open-ended questions to collect opinions is administered on two 36-bed general medical-surgical units to measure nurses' perceptions of the current bedside shift report process. The NABSR survey results reveal potential barriers to implementation such as nurses believing the current bedside shift report process to be stressful, ineffective at informing nurses about patient education needs or discharge/care plans, cannot be completed within a reasonable time frame, and does not help prevent delays in patient care and discharge. Responses to the open-ended questions provide suggestions to improve the delivery process which are the need for a blended report process that allows nurses to exchange sensitive information outside the patient's room and the need for a more standardized report format. One interesting aspect of this study is that the authors compare their study's post-bedside shift report implementation survey results with the results obtained from Sand-Jecklin and Sherman's (2013) study. The results from both studies reveal that nurses share similar perspectives about the benefits of bedside shift report in that it promotes patient-centered care which increases patient involvement, improves patient safety, and increases nursing accountability, which is consistent with the other research studies. It is important to note that the barriers and issues identified in this study may be different at other hospitals and that nurse feedback is necessary to improve and sustain the implementation of bedside shift report.