

# Patient Participation in Nursing Bedside Handover

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## Abstract

Using research and QI projects allowed diverse findings to expand each other and identify gaps between research and heuristic knowledge. Our review showed the tension between standardising handovers and making them predictable for patient participation, while promoting tailored and flexible handovers. Further investigation of this issue is required, to understand how to train nurses and patient views.

**Keywords:** Patient

## Introduction

Our combined synthesis allowed identification of the most frequent barriers as well as practical strategies for addressing these barriers. We identified that barriers to patient participation in bedside handover are largely stated by nurses and further investigation of patients' perceived barriers are required. One common barrier between patients and nurses was whether nurses had a patient-centred manner. Our review highlights the complexity between standardised yet flexible handovers. Standardising handover may create predictability for patients; however, training nurses to be flexible in their approach towards confidentiality/sensitivity and each patients' situation and preferences may be required. To note, many of the strategies provided in this review, largely came from QI projects and must be interpreted with caution, as QI projects were mostly conducted at single sites and the strategies may only be appropriate to the local context. The strategies we uncovered suggest many approaches for individual patients and nurses, leaders improving bedside handover and future research. For patients, our review shows strategies that make patient roles explicit, could heighten their participation. For nurses, training may be required to build their capacity to enable patient participation. Both research and QI projects highlighted the importance of heightening nurses' confidence in communicating with patients, tailoring handover and dealing with sensitive and confidential information during bedside handover. For leaders improving handover, implementing and improving bedside handover locally requires consideration of many quality points, to ensure rigorous and successful improvement projects. Local and organisational leaders need to promote local expectations for handover, such as choosing standardized content tools that include explicit patient participation, while encouraging flexible approaches, and setting expectations of what constitutes confidential and sensitive scenarios. Further, leaders have a crucial role in monitoring handover and coaching staff accordingly, to show their active support for patient involvement in handover. For research, patients' roles in bedside handover identified in the present review should be further investigated for effectiveness and acceptability from patients' perspectives. Most notably, strategies described to make the patient's role explicit and prepare patients for handover, are largely from QI projects, which lacked patient input. Using research methods to investigate these locally applied strategies would help determine if these interventions work, and in what context the intervention is effective. Investigating strategies identified in QI projects using research methods could enhance confidence for others when using these to improve or implement bedside handover in their workplace.

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