Implications for practice and research

- Person centred handovers can be a valuable way of enhancing patient participation in healthcare decision making and promoting the provision of high quality, safe person centred care.
- Consideration is needed to how person centred handovers are understood and implemented in clinical practice to ensure that they foster genuine participation and partnership working between nursing teams and patients.

Context

Nursing handovers are a routine form of communication and information exchange that occurs when one nurse hands over the responsibility of care for a patient to another nurse, for example at the end of a nursing shift.[1] In daily practice, different models of handover are used.[1] Evidence on nurses' perspectives of person centred handover (PCH) models, which incorporate and promote a greater degree of patient involvement than traditional professional-professional handover models, however, is sparse.[2]

Methods

In Kullberg et al's[2] study, nurses (n=11) working in one of two inpatient oncology wards in Sweden were interviewed about their experiences with PCH. In both wards, PCH were conducted at the patients' bedside at the change of the morning and evening shifts. The PCH began with introducing the patient, family members and the oncoming staff before inviting the patient to raise any concerns or questions. Once these were addressed, information about the patients' symptoms, concerns and their planned care was communicated to the group. The PCH aimed to avoid the use of medical jargon and offered repeated opportunities for patients and visitors to raise concerns or issues. Semi structured interviews aimed to explore perceptions of the benefits and disadvantages of PCH, its impact on their relationship with patients, patients' perspectives of the PCH and how PCH could be developed in the future. Interviews were analysed through qualitative content analysis.

Findings

Overall, the nurses expressed positive experiences with the PCH. PCH was perceived as more efficient than the previous handover style; helped nurses to get to know their patients quicker; strengthened team working; and offered an opportunity for learning and teaching across nursing teams. Involving patients' perspectives in the handover process was viewed as valuable for enhancing patient safety and facilitated the provision of individualised care. Concerns about the PCH included; how participation was conceptualised by all members of the team, the extent to which the patient understood their involvement in the PCH, impact on workload, and patient confidentiality.

Commentary

Patient and public involvement (PPI) in healthcare, service planning and health research has received significant attention over the past decade with proponents of PPI arguing that it can enhance the

quality and personalisation of service provision.[3] Encouraging greater patient involvement in decision making related to managing healthcare and supported self-management, for example, is seen as a marker of the provision of high quality and safe person centred care.[4-6] The challenges identified in Kullberg et al's study[2] resonate with the wider literature on patient participation and involvement where issues of uncertainty over what genuine 'participation' and partnership working looks like and how best to do this well in practice.[4-6] Power inequalities, previously highlighted in the wider literature,[6] were also identified in Kullberg et al's study, where nurses perceived that the PCH if conducted by staff who stood looking down upon the patient in a bed, could serve to reinforce hierarchical structures and make patients feel more inferior. Such findings continue to emphasise the challenges involved in the implementation of 'involvement' initiatives, such as PCH, in practice to ensure that these do not become at risk of tokenism. Furthermore, genuine participation and partnership working can only be achieved if all 'partners' are comfortable and informed about the purpose and nature of their involvement. The findings from Kullberg et al's study provide a novel insight into nurses' perspectives of the use of PCH. Further research in this area to conceptualise what 'successful' patient participation in the handover process looks like, and how this can be best achieved, from both patients' and professionals' perspectives would make a valuable contribution to the evidence base on PCH.

References

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