Author's response to reviews

Title: Managing change in the nursing shift handover from traditional to bedside handover - a case study from Mauritius

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Author's response to reviews: see over

Please find the issues raised by the reviewer addressed point by point
H Kassean
26/10/04
Reviewer's report
Title:Managing change in the nursing shift handover from traditional to bedside handover - a case study
from Mauritius
Version 1: Date: 30 August 2004
Reviewer: Elizabeth Manias
Reviewer's report:
General
This paper presents a very interesting and relevant issue relating to health care. The nursing handover is an
important means of nursing communication about managing and monitoring patients' care. The aim of the
paper was to describe the process of how the nursing handover was changed from a traditional to a bedside
format. At times, however, the paper lacked rigour and data findings were insufficiently described and
interpreted. Generally, the title and abstract reflected accurately the
intent of the study.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be
reached)
There were several typographical errors in the paper that require correction. It is suggested that the authors
should have the paper edited for English grammar, punctuation and sentence structure.
Proof read and errors corrected
For example, it is not appropriate to say in the Abstract that the clinical setting involved was "ward 2-3" in
Mauritius (p. 1). This phrase is meaningless to anyone other than the authors. A more appropriate term
would be to state that the study was undertaken in a gynaecological ward.
Correction done
Under Background there was no information about the sample comprising the evaluation part of the study.
Demographic details should be provided about the nurses and patients involved in this aspect of evaluation.
This study is undertaken in a 28 - bedded gynaecological ward catering for female patients aged 16 and
above. There are 21 qualified nurses based in this ward of whom 14 are qualified, with experience ranging
from 1 1/2 - 33 years. The sample size of patients involved in the evaluation part of the study was 58.
In implementing a change initiative, it is important to be cognisant of shared decision making involving all
major stakeholders of the initiative, including nurses and patients. Within the Unfreezing section of the

paper, it appears as though the change involved a top-down approach where the proposed initiative was
authorised and directed by the ward manager.
The first move therefore was to create awareness by communicating the proposed change to all those who
were going to be affected by the new practice: the nurses, patients and the ward manager so that they all
had a shared vision of an improved handover system.
Also related to this area, there was very little information about the role played by clinical nurses in the
Unfreezing process. It is important to know how they were included in the way in which change was
implemented.
This consultation phase allowed the nurses to discuss various clinical scenarios and analyse the constraints
and benefits of the new proposal in the local context. They were also involved in group work to identify and
make proposals on how to deal with some of the problems that we may encounter in our local context eg
ward rounds, patients too distressed to talk, emergency situations. See also p10-11 empowering staff which
deals with this area.
The authors stated that the desired change of the handover process was well supported by evidence-based
data, which included an analysis of the strategies used and the feasibility of resources required. They need
to provide details about this evidence-based information.
Research based articles citing the benefits of bedside handover were used to support this proposal of
change and that this approach would not involve any additional resources and simply a reorganization of the
way this process is carried out. A batch of senior 6 nurses who had experience in this particular area agreed
take turn to act as mentors in order to facilitate this process and offer support to their junior colleagues in the
first week until they become confident to carry out the process without supervision
The authors listed three options for handovers. There needs to be some explanation of how the various
options fitted in with the integral aim that patients were integral to the management of their own care.
The tape recorded handover would require a tape recorder being taken around to each of the patients and
the interaction recorded. An informal discussion with the patients revealed that this method was distractive
and the majority of them did not feel comfortable about their conversation being recorded. With regards to
the computer generated handover using information technology the patients felt that this system will not
enable them to be engaged fully in the process. It was also felt that since the first two options required extra

financial, technical resources for implementation, these would not be feasible in the first instance whereas
the bedside handover gained unanimous support from both patients and staff.
In the section detailed Selecting Strategies to Change, the authors stated that they implemented measures
to deal with confidentiality of patient information. Aside from stating that they relayed all confidential matters
in the office, there was no further information about the sensitivity involved in addressing privacy issues for
patients. For example, who decided what aspects of patients' care were confidential? Did the patients
comment on confidentiality issues in their patient satisfaction interviews?
Confidential issues related to matters that the patients brought up during the admission procedure and
during their stay, certain issues that were brought up during ward rounds and from the patients own
requests.
Information concerning data collection requires further clarification. The authors used a protocol in planning
the change, but there were no details about whether the protocol was piloted or assessed for validity and
reliability before the main study.
This protocol was piloted over 2 morning and 2 evening handover sessions to ensure validity and reliability.
There were no changes required to the protocol following the pilot study.
In relation to a similar concern, there was no information about the schedule used to collect non-participant
observations of handovers, how the schedule was derived and whether it was pilot tested.
Following a pilot handover session involving senior staff in a participant and an observer capacity over 2
morning and 2 evening handover sessions, which did not require any major changes, implementation of the
bed side handover was started on 8th of March 2003. For the first week, six senior staff who had experience
in this area volunteered and took turn to continue to be present in as many handovers as observers and
participants, to monitor and reinforce the established protocol step by step.
Questions used for semi-structured interviews with patients were documented, but again, there was no
information about how these questions were selected. Appropriate validation of the schedules used in
interviews and observations will enhance any results obtained.
Semi-structured interviews, using a questionnaire derived from a focus group of staff and patients as shown
in table 3, with 40 patients were carried out to get their perceptions of the new handover. This was done
randomly, consisting of both morning and evening handovers over a period of a week by a staff was

specifically chosen for this job from another ward to prevent bias from the hawthorn effects and ensure
validity.
The authors presented no specific evaluative analysis of the change initiative and this is the main weakness
of the article. They collected observational data on 10 handovers, and conducted semi-structured interviews
with 40 patients. Data analysis and interpretation pertaining to this collection of data should be presented as
a means of providing evidence of the benefits of bedside handover.
Results of observational data on 10 handovers
Result
1. Outgoing and incoming nurses meet in the office to get a report on confidential matters. 100%
2 Outgoing and incoming nurses then move on to the patient's bedside. 100%
3 Nurses introduce themselves to the patient and initiate handover from patient's him/herself at first. 100%
4 Patient's progress is reviewed as per care plan with a discussion of the future care of the patient.
100%
5 Any further queries from patient dealt with
100%
6 Session with patient concluded satisfactorily 90%
Table 2 : Check- list for participant and non-participant observation
Analysis of results of the observational data on 10 handovers as in Table 2 above show that the first 5
criteria were met at 100% and the 6th criteria at 90%. In one of the sessions, the nurse had left the patient
whilst the bedside handover was in progress to attend to another patient without explaining the reason for
this short absence to him which accounts for the 90%.
Results of semi-structured interviews with 40 patients
1. Do the outgoing and incoming nurse come to your bedside to handover in the morning and in the
afternoon during the change of shifts? 95% - yes
2. How do you feel about their presence at your bedside to discuss your care? 100% - ok and most of them
said it was a good thing
3. Do the nurses involve you in your care planning? 80% - yes, 10% - to a certain extent
4. Are you satisfied with the way information about your care is passed on and followed by the incoming
nurses? 100% - no problem
5. How do you feel issues of confidentiality are handled? 100% - sensitively
6. Any other comments you would like to make to improve on shift handovers? 1) Satisfied - 100%
Other comments
2) Doctors and other professionals to adopt this approach
3) Nurses to spend more time talking to them not during handover only
4) Would like this to happen in all wards

Table 2 Evaluation of bedside handover from patients' perspectives
Analysis of the results of semi-structured interviews with 40 patients are as shown above. A 96% overall
satisfaction level was therefore achieved. This was beyond our expectations, as we had targeted a success
rate to be 80% initially. We had to be cautious about the result for it could be either most of the staff had
accepted the change or just doing it in this euphoric phase.
Finally, the second paragraph on p. 13 contained information about nurses completing Bachelor of Science
(Honours) qualifications and assuming leadership roles. This paragraph does not appear to directly relate to
the context of the article. The paragraph should be therefore either removed or revised so that it does fit
within the remaining areas of the Discussion.
Removed
Conclusions should state implications for practice and provide information about the focus of future studies
in the area.
This new approach to handover can therefore be implemented in other areas of practice and evaluated to
ensure that they are meeting patients' satisfaction. Further studies can be undertaken to explore how the
multidisciplinary team could further consolidate this process.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author
can be trusted to correct)
Done
One major concern of the text is that the authors largely cited secondary sources for several of their
references. Secondary sources of information should be replaced with primary sources.
Unfortunately, this is the only thing I am having major difficulties to address - the books/resources are out
from the library and difficult to get hold of in all this time to include primary sources of references - but your
point is valid and I'll bear that in mind for next time - is this ok for this time?.
The authors incorrectly labelled tables as figures. All tables should be relabelled using the correct term in
the tables themselves and in the text.
Corrected
There were a number of quotes provided in the text and these should be supported by page numbers of
references from which they were obtained.
Done

Discretionary Revisions (which the author can choose to ignore)
Not applicable.

Unable to decide on acceptance or rejection until the authors have responded to the
What next?:
major compulsory revisions
An article whose findings are important to those with closely related research Level of
interest:
interests
Needs some language corrections before being published Quality of written English:
No Statistical review:
Declaration of competing interests:
None.