

2020

## A Systematic Review of the Literature on Bedside Shift Reports

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Walden University

College of Nursing

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Dana Wickersheim

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Walden University  
2020

Abstract

A Systematic Review of the Literature on Bedside Shift Reports

by

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MS, Walden University, 2014

AS, Bryant & Stratton College, 2011

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

November 2020

## Abstract

In 2017, The Joint Commission issued a sentinel event alert regarding inadequate nurse hand-off communication. Inadequate hand-off communication can lead to medication errors, delay in treatment, falls, and wrong-site surgery. To help ensure safe handoff of care between nurses by involving the patient and family, bedside shift report was created. Bedside shift report was developed to help improve patient safety and quality, patient experience of care, nursing staff satisfaction and time management, and accountability between nurses. Despite the implementation of bedside shift report in nursing practice, it continues to be inconsistently applied, which poses risks to patients and can lead to unsuccessful sustainability of bedside shift report. The purpose of this systematic review was to determine whether the literature provides evidence that with successful dissemination and implementation, nursing bedside shift reporting reduces medical errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits in the acute-care setting. The theories used to guide the bedside nursing project included Peplau's theory of interpersonal relations and Lewin's theory of planned change. The systematic literature review included a comprehensive search outlined in a PRISMA flowchart to analyze and synthesize 15 relevant studies. The findings of this systematic review supported the importance of nursing bedside shift report but lacked research on how to support the sustainability of nursing bedside shift report after implementation. Consistent bedside shift report can result in a positive social change by improving nursing performance and promoting positive patient outcomes, but careful consideration to continuation of the practice change is necessary.

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## Dedication

I would like to dedicate this work to all the Veterans I've had the honor of providing care to throughout my nursing career. You have taught me more about life, and myself, than I ever thought possible. Your dedication to serve our country and fight for our freedom has given me the strength to fight for my dreams and never give up on myself. I would also like to dedicate this work to my fellow nurses starting their doctoral journey. The journey will not be easy but so worth it. As doctorate prepared nurses, we have the opportunity to create change and make a difference in the world, and I'm so grateful to be a part of this strong, hard-working, and inspiring group of nurses.

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## Section 1: Nature of the Project

### **Introduction**

Nursing shift report is an essential part of the clinical practice. It allows nursing staff to exchange necessary patient information to ensure continuity of care and patient safety. Traditionally, nursing shift report was done at the nurses' station or behind closed doors and did not involve the patient. These shift reports have often been repetitive, unstructured, and lacking consistency in the information communicated by each individual nurse. Inadequate hand-off communication can lead to medication errors, delay in treatment, falls, and wrong-site surgery (Joint Commission, 2017). According to Faloon, Hampe, and Cline (2018) "approximately 80% of sentinel events involve miscommunication between caregivers when patients are transferred or handed off" (p. 130).

In 2007, the Joint Commission addressed the problem by establishing a National Patient Safety Goal implementing a standardized approach to hand-off communication (Joint Commission, 2017). In 2017, the Joint Commission issued a sentinel event alert regarding inadequate hand-off communication. One of the actions suggested by the Joint Commission to improve hand-off communication was to conduct face-to-face hand-off communication in areas free from interruptions while also including members of the multidisciplinary team and the patient and their family (Joint Commission, 2017). To help ensure safe handoff of care between nurses by involving the patient and family, nursing bedside shift report was created (Agency for Healthcare Research and Quality [AHRQ], 2017).

According to Cairns, Dudjak, Hoffman, and Lorenz (2013), bedside shift report is defined as “the transfer of information as well as responsibility and authority during exchanges in care across the continuum; to include opportunities to ask questions, seek clarity, and confirm” (p. 160). Bedside shift report was developed to help improve patient safety and quality, patient experience of care, nursing staff satisfaction and time management, and accountability between nurses (AHRQ, 2017). Bedside shift report provides an opportunity for nurses to visualize the patient, get a baseline assessment to compare against changes during the shift, allow the patient to contribute to their plan of care, and permit both the patient and the nurse to ask questions.

At the Doctor of Nursing Practice (DNP) practicum site, there is no consistent or concise hand-off in place, which leads to inaccurate or missing information and the potential for errors. Each unit is currently taking their own approach to bedside shift report. The patient satisfaction Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) score at the practicum site is currently 62%.

This DNP project provides a systematic review of bedside shift report literature. The research findings will support best practices and the evidence base for bedside shift report and recommend future changes in practice for the management of bedside shift report at the practicum site hospital. Evidence gathered through the systematic review process on bedside shift report was compared with the organization’s current bedside shift report practices as the basis for a gap analysis report; this evidence supported the purpose, research question, and direction of this DNP project. The findings of this systematic review may translate into the adoption of standardized guidelines for bedside

shift report. The overall benefit of this DNP project is to develop methods to ensure consistent bedside shift report that improves nursing performance and promotes positive patient outcomes.

This DNP project can lead to social change through dissemination of evidence-based research on bedside shift report to the DNP practicum site to help improve human and social conditions by applying this research to nursing practice. According to the American Association of Colleges of Nurses (AACN, 2006), the DNP graduate must be skillful in quality improvement initiatives that not only create evidence-based change but also maintain those changes for improved outcomes and patient safety. This systematic literature review on bedside shift report allows the opportunity for the DNP practicum site to improve their current practice and increase the HCAHPS patient satisfaction scores, increase nurse communication scores, and improve the nurse-patient relationship while ultimately improving patient safety and decreasing health care costs.

The goal of this DNP project was to review and synthesize peer-reviewed, evidence-based research on bedside shift report and identify whether the implementation of bedside shift report reduces the risk of medication errors, adverse outcomes, treatment delays, and inaccurate or missing information while providing benefits within the acute-care setting. The research findings were expected to provide a basis for bedside shift report practice change, evidence to support these changes, and identification of priorities or next steps for implementing change at the practicum site.

## **Problem Statement**

### **Local Nursing Practice Problem**

In 2001, the Institute of Medicine's report *Crossing the Quality Chasm*, recommended "six aims for improvement." These aims included safety, effectiveness, equity, timeliness, patient-centeredness, and efficiency. These aims were intended to identify the fundamental domains that need to be addressed to improve the healthcare services delivered to individuals and populations (Slonim & Pollack, 2005). The research demonstrated that when nursing shift reports were conducted at the bedside, all six aims for improvement can be met.

Bedside shift report improves safety by (a) reducing falls and handoff errors, (b) increasing effectiveness by using a structured format for consistent communication and effectively transferring responsibility and accountability of care, (c) providing patient-centered care through an engaging informative and personal approach, (d) allowing patients to determine their level of involvement in care planning and exchange of information, (e) improving timeliness of communication, (f) reducing sentinel events due to poor handoff exchange, (g) improving efficiency by reducing overtime, and (h) improving equity by increasing nurse-patient communication and social interaction to benefit patients with lower communication skills or less familiarity with health care (Small, 2017).

Although there is significant research that supports the implementation and success of bedside shift report, current practice still demonstrates that bedside shift report is an area of poor performance. According to Dorvil (2018), challenges to successful

implementation and sustainability of bedside shift report include negative nursing feedback and emotions, lack of leadership or employee buy-in, inconsistency with the new reporting process, and lack of continuous process management practices.

The current local nursing practice problem at the DNP practicum site is that there is no specific implementation process or tool being used, causing inconsistent bedside shift report. Some units have a short group meeting at the nurses' station and then meet at the bedside, some units meet in a private conference room and then meet at the bedside, others just report in the hallway. According to Sherman, Sand-Jecklin, and Johnson (2013), some patient disadvantages of bedside shift report include lack of privacy, difficulty understanding medical jargon, anxiety from incorrect and/or too much information, anxiety about their illness, and tiring repetition of information. Barriers of bedside shift report identified by nursing staff included (a) uncertainty about what to say and do during bedside shift report; (b) concern that the oncoming nurse would become delayed or held up by a patient's questions and requests; (c) comfort with the existing process; and (d) concerns about discussing some patient issues in the presence of patients, family members, or visitors (Wakefield, Ragan, Brandt, & Tregnago, 2012).

Standardizing bedside shift report requires teamwork, planning, and education to encourage staff to accept the new practice. At the DNP practicum site, there was very little education provided prior to implementation. There was little follow-up and a lack of support from management for the practice change. Engagement of leadership and mentoring and empowering staff during the process will be crucial for success of the DNP project.



The need to address this problem is evident at the practicum site as errors continue to occur and information continues to be missed during patient hand-offs. The purpose of this systematic review is to look at different frameworks used to implement bedside shift report, and then apply the findings to recommend empirically based best practices associated with literature review.

### **Local Relevance**

While there is a great deal of research comparing outcomes of bedside shift report at different health care organizations, there are no evidence-based practice guidelines to help support the implementation and success of bedside shift report. Ferguson and Howell (2015) found that documenting best practices in the delivery of care regarding bedside shift report continues to be a challenge. Ineffective bedside shift reporting and communication between caregivers creates negative outcomes such as patient harm, delays, avoidable treatment, and prolonged length of stay (Reinbeck & Fitzsimons, 2013). Poor communication is not only a risk to the patient but can also be a financial burden to the hospital.

The purpose of bedside shift report is to help improve patient experience and ensure safe handoff of care between nurses by involving the patient and family (Faloon et al., 2018). For hospitalized acute-care patients, shift handoffs between the oncoming and off-going nurses must include all critical information about a patient's plan of care. Bedside shift report allows the nurse to assess wounds, observe the patient's general appearance, verify IV medications and pump settings, and encourage patients and families to ask questions.

This lack of clarity and direction regarding what constitutes best practices during bedside shift report negatively affects patient care outcomes. Numerous research findings provide evidence to support the integration of bedside shift report to promote practices relevant to improving patient care outcomes (Cairns et al., 2013; Dorvil, 2018; Gregory et al., 2014; Sand-Jecklin and Sherman, 2014). The AHRQ (2017) provides implementation tools and strategies to help facilitate bedside shift report, as well as examples and real-world experiences from hospitals that have successfully implemented bedside shift report.

A comprehensive review of bedside shift report included the nurses' and patients' perspectives on the importance of incorporating bedside shift report (Walsh, Messmer, Hetzler, O'Brien, & Winningham, 2018). Common themes found in the literature review included collaboration, work effectiveness, accountability, and empowerment. The findings from Tobiano, Bucknall, Sladdin, Whitty, and Chaboyer (2018) supported bedside shift report, confirming patients contributing information about their care and improvement contributed to a smooth transition of care and improved quality and safety. Ferguson and Howell (2015) confirmed that bedside report (a) enhanced good patient outcomes, (b) enhanced efficacy in delivery of patient care, (c) improved communication between patients and their direct care providers, (d) increased satisfaction with care delivery, and (e) enhanced accountability for nursing professionals. For these reasons, the lack of evidenced-based bedside shift report framework guidelines to support consistent bedside shift report in a hospital must be addressed.

### **Significance of Nursing Practice**

This DNP project holds significance to the field of nursing practice as it may encourage the DNP practicum site to create specific guidelines to improve the communication that occurs during handoff reporting. This project will help provide clear guidance and direction on the benefits of bedside shift report and the importance of consistency and sustainability, as well as address the problem of inconsistency and lack of guidance and structure on the delivery of bedside shift report at the DNP practicum site. This project is significant to nursing practice and research as it may help identify and communicate the effectiveness of bedside shift report when properly implemented and sustained.

Health care organizations have a responsibility to ensure that they are providing the best care possible and that the care provided is current and research based. Implementation of bedside shift report is significant to the organization to provide patient-centered, cutting-edge innovation at the bedside. Without proper support and follow-up, bedside shift report will continue to be improperly conducted and sentinel events will continue to occur. By providing the DNP practicum site with evidence-based research regarding bedside shift report, the nurse managers and educators can confront and overcome their current challenges and practice by incorporating and supplementing new evidence-based bedside shift report framework into practice guidelines and standards while improving their HCAHPS scores and patient outcomes.

## **Purpose**

The purpose of this project was to provide a systematic review of the literature to analyze the evidence that nursing bedside shift reporting reduces medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits and improving communication in the acute-care setting. Although there is significant research that supports the implementation and success of bedside shift report, current practice still demonstrates that bedside shift report is an area of poor performance for hospitals. At the practicum site, there is no consistent or concise hand-off in place, which leads to inaccurate or missing information and the potential for errors to occur. This project may contribute to the adoption of a structured and standardized handover process and a guideline to help improve compliance, patient outcomes, and sustainability, as well as decrease adverse events.

In the literature review I examine and summarize the benefits and effectiveness of bedside shift report and the best practices to support and sustain this practice. Few studies have provided the longitudinal results of the transition to bedside shift reports, and most of the data concern relatively short follow-up periods. This DNP project, therefore, will provide current evidence-based practice theory and guidelines related to the management of bedside shift report. Bedside shift report frameworks can provide leadership direction to ensure proper implementation of bedside shift report to ensure quality evidence-based patient care outcomes to aid in continuity of care, support for the exchange of patient information, opportunities to seek clarification, and promotion of patient safety (Bigani & Correia, 2018).

Because of the state of current practice of bedside shift report at the DNP practicum site, it is evident that nurse managers and nurse educators face a practice gap. This DNP project may provide a framework to develop, implement, and evaluate more effective ways to use bedside shift report that will directly affect patient care outcomes.

### **Practice Focused Question**

The practice-focused question for this doctoral project was:

PFQ: Does the literature provide evidence that nursing bedside shift reporting reduces medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits within the acute-care setting?

To address the gap in practice, buy-in from end users is critical to the success of bedside shift report. Without leadership support and holding nurses accountable for implementation of bedside shift report, nurses will slowly revert to the previous behavior of conducting shift report at the nurses' station (Faloon et al., 2018).

### **Nature of the Doctoral Project**

#### **Source of Evidence**

I performed a systematic review of the literature using Cochrane Database of Systematic Review, Cumulative Index for Nursing and Allied Health Literature (CINAHL), ProQuest, PubMed, and Ovid Nursing Journals Full Text. Terms used to explore these search engines included *bedside shift report*, *traditional shift report*, *standard shift report*, *risks of shift report*, *traditional shift report*, *standard shift report*, *risks of shift report*, *bedside report*, *handover*, *handoff*, *nurse*, and *guidelines*. The

literature selected for review was published between 2012 and 2020 in scholarly peer-reviewed journals and articles.

The literature review included articles on the evolution of bedside shift report and the theoretical frameworks for the implementation of bedside shift report. Literature from I also reviewed the AHRQ, the Joint Commission, the Health Research and Educational Trust, the Institute for Patient and Family-Centered Care, and the Consumers Advancing Patient Safety. The project involved collection of evidence that supports or rejects the effectiveness of bedside shift report in improving patient safety and increasing patient satisfaction and nurse communication scores on the HCAHPS.

### **Approach**

The purpose of this project was to identify whether or not the implementation of bedside shift report reduces the risk of medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits in the acute-care setting. In conducting the DNP project, I (a) followed the DNP systematic review manual, (b) defined explicit inclusion and exclusion criteria, (c) performed a comprehensive search evidenced by a PRISM flowchart to find relevant studies, (d) selected appropriate studies, applied established standards to appraise the study quality and reported results in an evidence table, (e) extracted and synthesized the study findings, (f) summarized and synthesized relevant studies, (g) interpreted the results and determined the applicability of results, and (h) disseminated the final results at the DNP practicum site.

## Significance

### Stakeholders

Major threats to successful implementation and sustainability of bedside shift report include lack of leadership or employee buy-in and lack of continuous process management practices (Dorvil, 2018). To make bedside shift report successful, staff education, buy-in, and support are needed (Faloon et al., 2018). Nursing leaders and managers have a crucial role in the success of bedside shift report. They must assess nurses' emotions, attitudes, and perceptions, establish effective and open communication, and defuse any negative work environment (Faloon et al., 2018). "If leadership does not believe in a process or does not have buy-in to an incentive, it will fail" (Radtke, 2013, p. 23). The support of organization leadership helps set the expectations and improve compliance with bedside shift report.

In addition to nursing leadership and management, nurses are also important stakeholders. Presenting the evidence supporting bedside shift report, addressing staff barriers, and educating nurses on the benefits of nursing bedside shift report are crucial to gaining staff buy-in. Nurses are responsible for ensuring that patient care is safely delivered and that no adverse events occur. As stakeholders in nursing bedside shift report, they need to feel supported and encouraged to have an open line of communication with leadership to address their questions and concerns.

Other stakeholders include patients, patients' family members, nurse educators, interdisciplinary team members, and hospital administrators. Bedside shift report presents the opportunity to affect individuals at multiple levels. The benefits can increase patient

satisfaction, produce better health outcomes, increase nurse satisfaction, improve patient safety, and enhance time management. Without the support of these stakeholders, bedside shift report will not succeed.

### **Contribution of the Doctoral Project**

Bedside shift report can be lifesaving. Since being implemented as far back as 1978, health care organizations have been putting their own unique stamp on bedside shift report to remain in compliance with the Joint Commission standards (Ofori-Atta, 2015). The goals of bedside shift report are to improve patient safety and give patients a better understanding of their condition and treatment plan. Literature reviews reveal that bedside shift report positively impacts patient satisfaction and nurse communication; however, challenges have been noted with the implementation of bedside shift report. Implementing change does not come without barriers and challenges. This project offers the foundation and direction for enhanced practice standards and nursing research.

In this project I examined evidence to support bedside shift report and determine the benefits of successful bedside shift report implementation. Based on this information, guidelines and evaluation strategies will be offered to support change and development of practice guidelines after the conclusion of this DNP project. This project can provide an evidence-based foundation to support hospitals that are struggling with successful implementation of bedside shift report.

One of the biggest challenges of bedside shift report is inconsistency due to a lack of nursing leadership support, failing to address staff barriers, not holding staff accountable, and an inadequate implementation plan (Scheidenhelm & Reitz, 2017).



Integrating findings from this systematic review into practice will help bridge the gap between inconsistent implementation and improving patient outcomes and satisfaction.

Due to the lack of resources surrounding implementing bedside shift report, nursing leadership and management do not have a clear standardized approach to ensure success of the practice change. According to Faloon et al. (2018), developing and implementing a standardized bedside shift report template or guideline increases efficiency by clearly defining the responsibilities from one caregiver to another. Recommendations in this project will help guide nursing leadership to gain knowledge, support, and feel confident to implementing bedside shift report.

### **Transferability**

As health care continues to evolve into a patient-oriented practice, transparency is expected when it comes to patient safety. Nurses today face the challenge of increasingly complex patient care and a higher workload. Successful implementation of bedside shift report can help address these issues. Evidence-based research provides a framework to help organizations develop, implement, and evaluate practice changes. These practice changes can provide decision making, clinical reasoning, and a method of knowledge transfer to improve patient care outcomes, reduce hospital cost, and improve the delivery and quality of patient care.

The findings from the nursing bedside shift report literature review may improve patient care and learning outcomes in hospitals nationwide. The results of this systematic review can be shared with hospitals, educational institutions, and community health care organizations to help improve communication and patient safety. This DNP project can

provide the groundwork for organizations to implement nursing bedside shift report successfully and increase nursing performance evaluations, patient performance outcomes measurements, and transferability to health care organizations throughout the country.

### **Social Change Implication**

This DNP project can lead to social change by improving hospital and community relationships while improving patient safety. Research has shown that the use of nursing bedside shift report increases patient satisfaction and nurse communication HCAHPS scores, improves the nurse-patient relationship, allows for a more concise and consistent report, and increases patients' perceptions that they are informed and involved in their care (Small, 2017). Health care settings that use bedside shift report may benefit from increased nurse job satisfaction, lower staff turnover, increased patient satisfaction, and reduced length of patient stay (Sand-Jecklin & Sherman, 2013). Improving human and social conditions by applying research to nursing practice will make a difference not only in the patients' lives, but also in the lives of the staff.

### **Summary**

Bedside shift report was developed in response to the Joint Commission's sentinel event alert regarding inadequate hand-off communication. The goal of bedside shift report is to help improve patient safety and quality, patient experience of care, nursing staff satisfaction, and time management and accountability between nurses. Unfortunately, despite the implementation of bedside shift report in nursing practice, it

continues to be inconsistently applied, which poses risks to patients and can lead to unsuccessful implementation.

According to Dorvil (2018), although there is a significant amount of research to support the benefits of bedside shift report, challenges to successful implementation and sustainability remain. These challenges include lack of leadership buy-in, lack of continuous process management practices, negative nursing feedback and emotions, and inconsistency with the new reporting process (Dorvil, 2018).

The evidence gathered from this DNP project will determine if bedside shift report reduces medication errors, adverse outcomes, treatment delays, and inaccurate or missing information. Based on this information, recommendations will be provided to design a process and guideline for bedside shift report practices to improve nursing practice. This DNP project can help create positive social change by improving hospital and community relationships. This change in nursing practice would affect the entire organization and reflect an increasing amount of evidence to suggest standardized nursing bedside shift report procedures can improve care outcomes.

The second section of this project provides an overview of the theories used to guide the systematic literature review of bedside shift report and their relevance to nursing practice. Topics to be discussed in Section 2 include how bedside shift report relates to nursing practice, the local background and context of bedside nursing, and my personal role in this project.

## Section 2: Background and Context

### **Introduction**

Bedside shift report is an important process in nursing practice as it allows nursing staff to exchange vital patient information to ensure continuity of care and patient safety. The literature identifies several benefits of bedside shift report; however, research also identifies several barriers to conducting bedside shift report. The overall goal of this project was to determine if the literature provides evidence that nursing bedside shift report reduces medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits in the acute-care setting.

This section presents the theories used to guide this project. These theories include Peplau's theory of interpersonal change and Lewin's theory of planned change. In this section I describe how these theories are related to nursing bedside shift report. This section provides a discussion of the importance of this project for nursing practice and the local background and context of the problem at the practicum site, clarifies terms used in the doctoral project, and includes the role of the DNP student in carrying out the project.

### **Concepts, Models, and Theories**

#### **Rationale for Concepts, Models, and Theories**

There is a direct link among theory, education, research, and clinical practice. According to Fitzpatrick and Whall (2005), "nursing theory guides knowledge development and directs education, research, and practice although each influences the others" (p. 41). The main function of theory is to define phenomena and guide research.

Nurses are actively generating, publishing, and applying research in practice to improve patient care and enhance nursing's scientific knowledge base.

The theories used to guide bedside nursing project were Peplau's theory of interpersonal relations and Lewin's theory of planned change. Peplau introduced the theory of interpersonal concepts in 1952. Peplau's theory is based on the use of a therapeutic relationship between the nurse and the client (Berman, Snyder, Kozier, & Erb, 2008). When using this theory, nurses aim to establish a therapeutic and trusting relationship during interactions with patients (Berman, Snyder, Kozier, & Erb, 2008). Lewin's theory of planned change was introduced in the 1940s and represents a very simple and practical model for understanding the change process (Radtke, 2013). Both theories are essential to the successful implementation and sustainability of the practice change to bedside shift reporting.

Peplau's theory of interpersonal relations evolves in four phases: orientation, identification, exploitation, and resolution. In the orientation phase, the patient seeks help and the nurse assists the patient to identify and understand the problem and the extent of the need for help (Berman et al., 2008). During the identification phase, the patient assumes a posture of dependence, interdependence, or independence in relation to the nurse while the nurse's role is to assure the patient that they understand the interpersonal meaning of the situation (Berman et al., 2008). In the exploitation phase, the patient derives full value from what the nurse offers through the relationship and uses available services based on needs and self-interest (Berman et al., 2008). In this phase, power shifts from the nurse to the patient. In the final stage, resolution, old needs and goals are

replaced with new ones. When using the interpersonal relations model, the nurse assumes many roles to help patients fulfill their needs. Some of these roles include teacher, surrogate, stranger, leader, resource person, and counselor. Bedside shift report can help promote a therapeutic relationship and help build patient satisfaction and trust in the nursing care provided.

Lewin's theory of planned change involves three stages: unfreezing, moving, and refreezing. This theory is useful in strategically planning and executing organizational change initiatives and can be used as a foundation to facilitate and implement education for staff about the importance of bedside shift report as a fundamental handover practice. The first stage, unfreezing, involves getting ready for change. In this stage, the need for change is recognized, driving and restraining forces are identified, alternative solutions are generated, and participants are motivated to change (Berman et al., 2008). The second stage, moving, is "the process of change in thoughts, feeling, and/or behavior that is more productive" (Faloon et al., 2018, p. 132). The third and final phase, refreezing, is establishing the change as a new habit so it now becomes the standard of practice (Faloon et al., 2018). Without the refreezing phase, change is difficult to sustain. This theory provides the framework to ensure the success of bedside shift report.

### **Related Synthesis**

According to Coopey, Nix, and Clancy (2006), systematic literature reviews are used to "identify what we know about a specific clinical problem by evaluating the scientific evidence that has been generated about a particular question" (p. 196). Nursing research is a vital component in the effort to improve patient care. Evidence-based

theories help facilitate the process of translating research into nursing practice and evaluating the effectiveness of implementation. Peplau's theory of interpersonal relations and Lewin's theory of planned change are both frameworks that can be used to improve practice guidelines.

Peplau's theory of interpersonal relations and Lewin's theory of planned change provide the framework to reintroduce bedside shift report. Peplau's theory defines the relationship between a nurse and patient as therapeutic, based on trust, understanding, open communication, and goal setting (Radtke, 2013). During bedside shift report, the nurse introduces the patient to the oncoming nurse, reviews pertinent history and progress, identifies the needs of the patient, and discusses the plan of care with the patient. This hand-off leads to an improved trusting relationship. The theory of interpersonal relationships is crucial to nurses' assessing, planning, and advocating on behalf of their patients. This theory works with the patient, putting context behind the care the nurse provides to the patient (Radtke, 2013). Bedside shift report can promote a therapeutic relationship and can help improve patient satisfaction and trust in the care they receive.

Lewin's theory of planned change is useful in hardwiring the bedside shift report process. This theory is crucial to the implementation of practice change. In the first phase, unfreezing, staff need to be presented with evidence behind bedside shift report and educated on the impact bedside shift report has on patient satisfaction, patient safety, nurse satisfaction, and patient care outcomes. During this phase, nursing leadership and management should conduct simulations of this process, seek staff feedback, and address

staff barriers. During the second phase, moving, bedside shift report should begin with support from nursing leadership and management. This phase requires extensive education, monitoring, and support. In the final phase, refreezing, bedside shift report is now hardwired every shift; bedside shift report now becomes the standard practice.

Changing practice can be a difficult task that involves realizing a change is required and accepting that it will bring improvement. In a time when it feels as though health care is constantly changing, it is important to not make change for the sake of change, as it is often not sustainable and leaves participants frustrated and resistant. Nursing research is a vital component in changing practice to improve patient care. According to Pyle (2006), evidence-based research often results in the development of clinical practice guidelines. Having an effective implementation plan will increase the chances that nursing staff will adhere to guidelines.

### **Clarification of Terms**

*Bedside nurse:* A person educated and licensed in the practice of nursing; one who is concerned with the “diagnosis and treatment of human responses to actual or potential health problems” (Bedside nurse, 2009). The terms nurse, staff nurse, and direct care nurse are used interchangeably with bedside nurse.

*Bedside shift report:* A nursing intervention from the Nursing Interventions Classification (NIC) defined as exchanging essential patient care information with other nursing staff at change of shift (Bedside shift report, 2009). The terms shift report, change of shift, nursing handover, and patient-handoff are used interchangeably with bedside shift report.



*Change of shift:* A time for report between the off-going and oncoming nurse when responsibility and accountability for care of the patient are transferred from one nurse to another (Griffin, 2010).

*Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS):* A standardized survey instrument and data-collection methodology for measuring patients' experiences at United States hospitals (Herrin, Mockaitis, & Hines, 2018).

*Patient-centered care:* Delivery model that brings all services and care providers to the client (Berman et al., 2008).

### **Relevance to Nursing Practice**

Miscommunication during shift report has been a long-standing issue in health care and is the leading cause of sentinel events in the United States (Laws & Amato, 2010). Multiple safety goals have been set by the Joint Commission to address this issue. In 2007, the Joint Commission issued a patient safety goal to improve the effectiveness of communication among caregivers (Evans, Grunawalt, McClish, Wood, & Friese, 2012). In 2009 and 2010, the Joint Commission included a requirement that encouraged patients to become actively involved in their plan of care and for hospitals to implement a standardized process for handoff communication whenever a provider change occurred (Maxson, Derby, Wroblewski, & Foss, 2012). In 2011, one of the goals set by the Joint Commission was once again to improve the effectiveness of communication among caregivers (Radtke, 2013). In 2015, this same goal was listed along with encouraging patients to play an active role in their own care (Ofori-Atta, 2015). Finally, in 2017, the

Joint Commission issued a sentinel event alert regarding inadequate hand-off communication.

According to Bigani and Correia (2018), change-of-shift report is vital to health care as it involves the exchange of patient information and the transfer of responsibility of care from one nurse to another. In 2012, a study conducted by the AHRQ concluded that nearly 53% of health care professionals surveyed felt that valuable information is lost during handoff reporting (Bigani & Correia, 2018). Ineffective communication can lead to delays in treatment, readmissions, omission of care, medication errors, falls, and adverse and sentinel events (Joint Commission, 2017). According to the Joint Commission (2017), as many as 80% of medical errors are attributed to ineffective communication. Implementation of bedside shift report is an important safety measure that can improve communication and promote collaboration.

Not only is ineffective communication a risk for patients, it can also be a financial burden to health care systems. Since 2007, Medicare reimbursement has been linked to HCAHPS scores. Additionally, in 2010, the Patient Protection and Affordable Care Act was developed, which specifically included HCAHPS performance in the calculation of the value-based incentive payment in the Hospital Value-Based Purchasing program (Faloon et al., 2018). It is important to improve the communication between nurses and patients to increase patient satisfaction and receive full reimbursement.

This systematic review of bedside shift report may provide nursing leaders and managers information to implement a successful standardized bedside shift report practice in the hospital. This project could lead to a state and national level change to

support guidelines for all health care centers to use. A standardized approach would help bridge the communication gap in health care delivery and promote collaboration between nurses, patients, and families.

### **Current State of Nursing Practice**

The current state of nursing practice for management of bedside shift report is based on the implementation approach determined by nursing leaders and managers, not often guided by a specific implementation process or tool to ensure successful implementation. Although bedside shift report has been a widely discussed topic in health care, sustaining this practice in real-world settings continues to be a challenge. According to Scheidenhelm and Reitz (2017), some of the challenges related to bedside shift report include lack of support from leadership, not holding staff accountable, inconsistency in frequency and quality of bedside shift report, failing to address staff barriers, and an ineffective implementation plan.

There are several evidence-based articles that provide recommendations to improve bedside shift report. According to Wakefield et al. (2012), the transition to bedside shift report requires an implementation plan, formed by examining the existing shift report process, surveying and talking with staff, developing a conceptual model for change, identifying potential barriers, and pilot testing. Radtke (2013), suggested developing a process for change, identifying potential barriers prior to initiation, and providing clear expectations and interventions to assist with the implementation. The literature also suggests the use of a standardized tool to increase the effectiveness of bedside shift report. One frequently used tool to enhance nursing communication is the

situation, background, assessment, and recommendation (SBAR) communication tool. This tool can be adapted for bedside shift report by using SBAR plus T; the plus T standing for thank (always thank the patient). According to Ofori-Atta (2015), using a standardized format reduces the risk of miscommunication because it overcomes different communication styles.

### **Previous Strategies**

Previous strategies for change-of-shift report include taped patient report and centralized patient report. Taped patient report was often completed 1 to 2 hours prior to the end of shift. Taped report was often drawn out, information was dependent on the nurse, and the practice lead to redundancy in care (Radtke, 2013). The oncoming shift nurse would listen to the taped report, gather information from the patient's chart, and then make introductions with the patient, often times never seeing the previous nurse.

The other strategy previously used was centralized patient report. This report took place at the nurses' station, conference room, alcove, or in empty rooms. This type of report was also often drawn out, information was dependent on the nurse, and was often interrupted by phone calls and requests from families, visitors, and other health care staff (Radtke, 2013). Neither of these strategies include a face-to-face hand-off communication with the patient, family, or members of the multidisciplinary team in an area free from interruptions.

These previous strategies allowed for a gap in communication; for vital, pertinent patient information to get lost; and the opportunity for errors to occur. The implementation of bedside shift report bridges the gap in communication between nurses,

patients, and their families. Bedside shift report would enhance the provision of patient-centered care and the use of evidence-based practice at the bedside.

### **Local Background and Context**

#### **Summary of Local Evidence**

The DNP project practicum site serves the adult population in a large Midwestern community. The practicum setting comprises three units (88 beds) on the ground floor of the medical center. The medical center promotes an environment of learning and teaching and offers one of the largest education and training programs in the area. Despite being recognized as 5-star facility 6 years in a row, there has been a downward trend in systemwide performance in nurse communication scores and patient satisfaction scores. One solution to improve patients' perceptions of nurse communication and overall experience of care was to implement bedside shift report.

Care at the site is provided 24 hours a day, 7 days a week. The care provided includes skilled nursing care, medical management, pharmaceutical and laboratory services, intravenous therapies, radiation therapy, rehabilitation services, end-of-life care, respite care, and geriatric evaluation and management. The average length of stay is approximately 30 days. The patients have complex medical management problems requiring rehabilitation and medical management and have an individualized plan of care developed by an interdisciplinary geriatric team including primary care providers and representatives as appropriate from nursing; nutrition and food service; occupational, physical, speech, and recreational therapies; dental care; and social work, pharmacy, and chaplain services.

Due to the complexity of these patients' health conditions, effective bedside nursing shift report is essential for ensuring safe patient care. The three units currently conduct bedside shift report in different ways. There is no consistent or concise hand-off in place, which leads to inaccurate or missing information and the potential for errors to occur. The current HCAHPS score at the practicum site is 62%, which leaves a lot of room for improvement.

### **Institutional Context**

The mission of the practicum site is to provide exceptional health care that improves patient's health and well-being. The practicum site is one of the largest and most active research programs in the health care system with over 150 investigators conducting more than 500 research projects. The practicum site's research program is affiliated with a local university. Research is currently being conducted in the areas of pain management, suicide, frail surgery patients, and antibiotic use. There is no research being conducted on bedside shift report. There is no theory or protocol that guides the current bedside shift report practice.

### **State and Federal Context**

In the United States, there are many research and development agencies that support research to improve the quality, effectiveness, accessibility, and cost effectiveness of health care. These agencies include: National Institutes of Health, the Center for Medicare and Medicaid Innovation, the AHRQ, and the Biomedical Advanced Research and Development Authority. In 2013, the AHRQ developed the Guide to Patient and Family Engagement in Hospital Quality and Safety, an evidence-based

resource guide to help hospitals work with patients and families to improve patient safety and quality of care (AHRQ, 2017). This guide included a Nurse Bedside Shift Report Implementation Handbook, which gives an overview of and a rationale for bedside shift report and provides a step-by-step guide to help hospitals develop and implement bedside shift report, as well as address common challenges.

In addition to federal agencies, each state has its own National Council of State Boards of Nursing (NCSBN), which conducts research that supports evidence-based regulatory decisions to keep patients safe and to protect the public. The Boards of Nursing are jurisdictional agencies that are responsible for ensuring the safe practice of nursing and the regulation of nursing practice. This DNP project will ensure that bedside shift report guidelines follow the Board of Nursing Practice Act to improve quality, safety, and delivery of care in the state's hospitals.

### **Role of the Doctor of Nursing Practice Student**

#### **Student Professional Context**

I currently practice as a registered nurse at the medical center in the state where this project will occur. Within my role, I proficiently problem solve case management, symptom management, and crisis situations that arise. I participate as a member of the interdisciplinary team to plan and provide quality care to patients and families. My role includes developing collaborative care plans with the patient, family, and interdisciplinary team, providing comprehensive nursing assessments, and demonstrating leadership through clinical practice and teaching. Registered nurses have the capacity to

implement measures to correct inadequacies noted in the quality of patient care administered throughout the hospital.

### **Student Motivation**

As a registered nurse, I see firsthand the challenges involved in hand-off communication and bedside shift report. This DNP project has allowed me the opportunity to grow in my profession as I prepare to become an advanced practice nurse by promoting evidence-based research, improved communication, quality improvement and integrating best evidence-based strategies to improve patient safety and quality of care. Nurse leaders are the driving force behind influencing change in health care. This DNP project has encouraged me to develop the knowledge and skills to influence change in bedside shift report.

Many nurses at the practicum site have expressed a lack of understanding about how bedside shift report should be conducted. All the nurses understand that bedside shift report should be used during every shift change but could not identify how to initiate the process. Due to the poor understanding of the practice change, and the fact that an evidence-based change model was not applied to guide the process, bedside report is inconsistently performed. I am motivated to research the benefits of bedside shift report when implemented successfully and how to facilitate the adoption of a standardized tool and guideline to ensure consistent bedside shift report that improves nursing performance and promotes positive patient outcomes.



### **Summary**

Bedside shift report can play a significant role in improving communication, patient safety, and continuity of care. Peplau's theory of interpersonal relations and Lewin's theory of planned change help guide the process of bedside shift report. Previous strategies used to conduct change-of-shift report included taped and centralized report. These options were often drawn out and repetitive and did not include face-to-face handoff. The recommendation of this DNP project may help bridge the communication gap in health care and result in a standardized approach to bedside shift report.

The third section of this project proposal reviews the practice-focused question, identifies the sources of evidence used to address the practice-focused question, and provides an overview of the collection and analysis of evidence to be used for this DNP project.

### Section 3: Collection and Analysis of Evidence

#### **Introduction**

Inadequate hand-off communication is a critical concern in health care that can lead to medication errors, delay in treatment, falls, and many other adverse events. To help ensure safe hand-off communication, bedside shift report was created. Significant research supports the success of bedside shift report, yet current practices still demonstrate that this is an area of poor hospital performance. The purpose of this project was to research, examine, synthesize, and analyze evidence from current research articles to determine if the literature provides evidence that bedside shift reporting reduces the medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits in the acute care setting.

To help guide nursing bedside shift report project, I used Peplau's theory of interpersonal relations and Lewin's theory of planned change. These theories can provide the framework to reintroduce nursing bedside shift report and help hardwire the change of practice. Bedside nursing shift report is vital to health care as it involves the exchange of crucial information and the transfer of care from one nurse to another. Shift report practices that have been used in the past included taped report and centralized report. These practices lacked patient involvement and allowed for pertinent information to get lost. Due to the poor implementation of nursing bedside shift report at the practicum site, it continues to be inconsistently performed. This DNP project may facilitate the adoption of a standardized tool and guidelines for nursing bedside shift report to improve nursing performance and patient satisfaction and promote positive patient outcomes.

This section identifies the sources of evidence used to address the practice-focused question, the relationship of this evidence to the purpose of this project, the databases and search engines used for this project, the key search terms, and the scope of this review. This section will also include the systems used for recording, tracking, organizing, and analyzing the evidence, the procedures used to assure the integrity of the evidence, and the analysis procedure used to address the practice-focused question.

### **Practice-Focused Question**

The practicum site is comprised of three units (88 beds). The patients on these units have complex medical problems requiring an individualized plan of care and rehabilitation and medical management. Due to the complexity of these patients, effective bedside shift report is essential for ensuring safe patient care. Currently, the three units conduct bedside shift report in different ways. Due to the lack of consistent and concise hand-off, the potential for errors is present. The practice-focused question for the DNP project was:

PFQ: Does the literature provide evidence that nursing bedside shift reporting reduces the medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits within the acute-care setting?

This evidence-based DNP project is expected to bridge the gap in communication among patients, family, and nurses by providing recommendations to improve the current practice based on the evidence found in the systematic review.

### **Clarifying the Purpose**

The purpose of this doctoral project was to provide a systematic review of the literature to analyze the evidence that nursing bedside shift reporting can reduce medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits and improving communication in the acute-care setting. The project aligns with data collection that will be used to support recommendations for best evidence-based nursing bedside shift report guidelines and practices.

### **Sources of Evidence**

I completed a meticulous literature search using multiple search engines. Literature reviews can be based on information found in scientific journals, books, academic dissertations, electronic bibliographic databases, and the internet. The sources of evidence used for this DNP project included scholarly peer-reviewed journals published between 2012 and 2020. These sources were: PubMed, ProQuest, CINAHL, Agency for Health Care Research and Quality, the Cochrane Database of Systematic Review, Allied Health Literature, the Walden Library, and Ovid databases.

### **Relationship of the Evidence to the Purpose**

The purpose of this project was to provide a systematic review of the literature to analyze the evidence that nursing bedside shift reporting can reduce medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits and improving communication in the acute-care setting. The evidence gathered from this systematic literature review provides the framework needed to guide

the recommendation of a revised standardized nursing bedside shift report practice and dissemination of this research evidence to the practicum site. There is currently no standardized approach being used to sustain nursing bedside shift report. The evidence from this literature review will clarify the benefits of nursing bedside shift report and provide evidence to support the implementation of a specific communication tool and development of a practice guideline.

### **Evidence to Address the Practice-Focused Question**

The steps of the systematic literature review were to (a) identify the scope of review, (b) define explicit inclusion and exclusion criteria, (c) perform a comprehensive search evidenced by a PRISMA flowchart to find relevant studies, (d) select appropriate studies, (e) apply established standards to appraise the study quality and report results in an evidence table, (f) extract and synthesize the study findings, (g) summarize and synthesize relevant studies, interpret the results and determine the applicability of results, and (h) disseminate the results at the practicum site. The findings from this systematic review will play an important role in the future success of nursing bedside shift report at the practicum site. The evidence found in this review will determine the benefits of nursing bedside shift report and provide recommendations to implement and sustain best-practices.

### **Databases and Search Engines**

I used a thorough and systematic review of multiple databases during the literature review, which included searching PubMed, ProQuest, CINAHL, the Agency for Health Care Research and Quality, Cochrane Database of Systematic Review, Allied

Health Literature, Walden Library, and Ovid databases. The search key words and filters in the databases were related to the benefits of nursing bedside shift report, successful implementations of nursing bedside shift report, and barriers to nursing bedside shift report. The database search was comprehensive and extensive as I used a variety of databases and key search terms to address the practice-focused question. Key search terms used to explore these search engines included *bedside shift report, traditional shift report, standard shift report, risks of shift report, traditional shift report, standard shift report, risks of shift report, bedside report, handover, handoff, nurse, and guidelines.*

### **The Scope of this Review**

The purpose of this systematic literature review was to provide evidence that supports the benefits of nursing bedside shift report, as well as evidence that supports change of practice for nursing bedside shift report. The data collected for this review came from works published from 2012 to 2020. Key search terms used in this literature review were related to the research question and aided in the collection of evidence to recommend a change of practice. Key terms were related specifically to nursing bedside shift report to avoid any bias. To reduce the number of published studies to be reviewed, I identified article selections based on the following inclusion and exclusion criteria.

Characteristics of articles included in the search criteria were as follows:

- articles including nursing bedside shift report,
- articles including benefits of bedside shift report,
- articles including nursing bedside shift report implementation,
- articles published between 2012 and 2020,

- articles that were peer-reviewed, and
- articles published in English.

Characteristics of articles excluded from the criteria were as follows:

- articles that did not include or mention nursing bedside shift report,
- articles that did not mention benefits or implementation of nursing bedside shift report,
- articles published prior to 2012,
- Articles that were not peer reviewed, and
- Articles not published in English.

### **Search Exhaustive and Comprehensive**

Due to the variety of key search terms used, the combination of search terms, and the diversity of sources of evidence used, this systematic research review was exhaustive and comprehensive. The articles selected provide a detailed, comprehensive summary of current evidence to answer the research question and provide recommendations to facilitate the adoption of a standardized tool to ensure consistent nursing bedside shift report. Systematic literature reviews are not just compilations of easily accessible research that should be taken lightly. Systematic literature reviews are often critical to decision making in medical care, clinical trials, and strategic directions of health care systems. Because these reviews are so critical to health care systems, the reviews must be as accurate and as unbiased as possible.

## **Analysis and Synthesis**

### **Systems Used for Recording, Tracking, Organizing, and Analyzing the Evidence**

The research articles used for this DNP project were extensively researched and evaluated to determine if bedside shift report reduces medication errors, adverse outcomes, treatment delays, and inaccurate or missing information. The articles were gathered from multiple databases using a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram and checklist. The flow diagram represents the flow of information through the different phases of a systematic review and the checklist helps identify pertinent information.

To evaluate the research documented in the PRISMA flow diagram, the Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0) was used to review the identified literature. The level of evidence was identified using the Hierarchy of Evidence for Intervention Studies. The literature was organized in a table, following the Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0), and included the study title, author and date of publication, problem description, aim of the study, setting and sample, study design and intervention, ethical considerations, results, limitations, conclusions, level of evidence, and analysis and synthesis of relevant studies.

### **Analysis Procedure**

The analysis phase of this project determined if the review of literature addressed the project's practice-focused question. This phase provided a summary of the strengths and weaknesses of the current literature and confirmed that a gap exists in nursing



bedside shift report. The analysis procedure resulted in recommendations clearly related to nursing bedside shift report and how these recommendations may improve clinical practice and patient safety.

To avoid ethical problems when conducting a systematic literature review, it is important to ensure integrity and avoid misconduct. Ethical issues considered included transparency, accuracy, avoiding plagiarism, and avoiding duplicate publication. Prior to initiating the project, approval for the project was obtained from the Walden University Institutional Review Board (approval number 03-02-20-0384720). This DNP project adhered to the Manual for Systematic Reviews of the Literature. Because no data were collected from human subjects for this project, no ethical issues were anticipated.

### **Summary**

The purpose of this DNP project is to complete a systematic literature review to determine if nursing bedside shift reporting can reduce medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits and improving communication within the acute-care setting. The objective of this systematic literature review is to provide evidence that supports the use of nursing bedside shift report and to address the lack of an evidenced-based bedside shift report guideline to support consistent bedside shift report at the practicum site. The outcomes of this systematic literature review may contribute to the adoption of a structured and standardized handover tool to help improve compliance, patient outcomes, sustainability, as well as decrease adverse events. The systematic literature review will identify the scope of review and inclusion and exclusion criteria, included a comprehensive search

outlined in a PRISMA flowchart to analyze and synthesize relevant studies, interpreted the results and determined the applicability of results, and will continue to disseminate the results at the practicum site.

The fourth section of this project paper will discuss the findings and recommendations of this systematic literature review. The section will focus on the findings that resulted from analysis and synthesis of the collected evidence, the unanticipated limitations, the implications resulting from the findings, and the proposed recommended solutions that could potentially address the gap in nursing bedside shift report.

## Section 4: Findings and Recommendations

### **Introduction**

Nursing bedside shift report is an exemplary model for patient-centered care. Bedside shift report promotes continuity of nursing care and safety by involving the patient, their family members, and both the off-going and oncoming nurses. Although recent literature confirmed the benefits of nursing bedside shift report and the influence on clinical outcomes, current practice still demonstrates that nursing bedside shift report is an area of poor performance. According to Dorvil (2018), some difficulties of nursing bedside shift report include lack of privacy, inconsistency with how the nursing bedside shift report is conducted, patients not understanding the report and medical jargon, and anxiety over incorrect information or too much information.

The current local nursing practice problem at the DNP practicum site is the lack of specific guidelines or protocols and tools to ensure a successful and sustainable nursing bedside shift report. Due to the lack of guidelines and structure, each unit is conducting nursing bedside shift report differently, causing ineffective and inconsistent hand-off communication.

A gap in nursing practice arises when evidence-based guidelines to support the success of bedside shift report are not being used or available. Leadership support is essential to the success of bedside shift report. If nurses are not held accountable for the implementation of nursing bedside shift report, they will slowly revert back to the previous practice of conducting shift report at the nurses' station (Faloon et al., 2018).

The purpose of this systematic review was to provide analysis and synthesis of literature on nursing bedside shift report to determine whether the implementation of nursing bedside shift report reduces the risk of medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits in the acute care setting. This review may provide nursing leadership and management across health care settings with evidence to support changes in practice guidelines and assist with developing and implementing a standardized bedside shift report guideline and template.

Databases searched included PubMed, ProQuest, CINAHL, the AHRQ, Cochrane Database of Systematic Review, Allied Health Literature, and Ovid databases. Nursing bedside shift report was cited in 1,284 relevant articles from 11,794 articles when *benefits* and *implementation* were used in the search engine; ProQuest and Allied Health combined produced 754 relevant articles, CINAHL and Medline combined produced 3 relevant articles; PubMed produced 13 relevant articles; and Ovid databases produced 514 relevant articles. I also utilized the AHRQ, Cochrane Database of Systematic Review, and the Walden Library during the literature review, but they did not produce any relevant articles. Based on the extensive review and screening process, 739 articles were screened for eligibility. The 15 articles included for synthesis and analysis in this review met the relevant review inclusion and exclusion criteria for the review selection procedure (see Appendix A).

Articles retrieved from the databases were analyzed for the quality and strength of evidence using the level of evidence pyramid hierarchy created by Melnyk and Fineout-

Overholt (2011; see Appendix B). The majority of the articles were qualitative and descriptive studies measuring nurses' and patients' experiences and perceptions of nursing bedside shift report and the effects of nursing bedside shift report on effectiveness and efficiency measured by the number of falls, medication errors, overtime, frequency of call light use, adverse outcomes, inaccurate or missing information, and successful implementation. According to Creswell (2007), qualitative research studies are often used with socially complex phenomena, which describes nursing bedside shift report and the poorly understood process of using it to keep patients safe.

### **Findings and Implication**

The findings of this review produced one article that scored Level II and one that scored Level IV according to the evidence pyramid hierarchy. Most of the articles used in this systematic review scored at levels IV and V on the hierarchy grading system related to the strength and quality of the data (see Appendix B). The findings in all the articles in this review were positive and consistent and supported the use of nursing bedside shift report. Most of the articles were consistent in supporting similar findings, recommendations, and the quality of data to make recommendations to support the standardization of nursing bedside shift report.

The literature supported the importance of nursing bedside shift report and the significant improvements in patient outcomes and patient and nursing satisfaction it provides. The importance of nursing bedside shift report in clinical nursing practice was reported in the literature to have increased nurses' awareness of the impact of

communication on patient safety and satisfaction. The evaluation of nursing bedside shift report is necessary to ensure the process is implemented correctly. According to Sand-Jecklin and Sherman (2014), the proper implementation of nursing bedside shift report can result in improved patient and nursing satisfaction, decreased patient falls, and decreased medication errors and nursing overtime.

Several articles found that when using nursing bedside shift report, nurses felt that patient safety, nurse accountability, and patient involvement in care was greatly improved. Sand-Jecklin and Sherman (2014) reported findings that supported the use of nursing bedside shift report for more patient involvement in care, better nurse-to-nurse communication, and more involvement in shift report and staff making sure that patients knew who their nurse was. In another study by Gregory, Tan, Tilrico, Edwardson, and Gamm (2014), nurse satisfaction increased due to receiving report and being able to ask questions without delays, assessment of the patient and environment occurring in real time, and receiving accurate handoff information without distractions. A similar article by Dorvil (2018) reported high nurse satisfaction with nursing bedside shift report due to visualizing patients and the ability to prioritize care, enhanced individual patient care and documentation practices, and improved report efficiency, teamwork, and satisfaction with patients being involved.

Several articles reported the benefits of a reduction of end-of-shift overtime minutes. According to Cairns et al. (2013), one hospital reported a decrease of 61 overtime hours per year. This represented a reduction of \$95,680 to \$143,520 in salary expense, or 23% of the hospital's salary budget (Cairns et al., 2013). In a similar article

by Sherman et al. (2013), one hospital reported a savings of \$8,000 in 2 months due to a reduction in overtime. This reduction was due to a decrease in report time from 40 minutes to 10 minutes. Articles by Jeffs et al. (2013) and Grimshaw, Hatch, Willard, and Abraham (2020) mentioned a reduction in overtime but did not offer specific data.

All of the articles reported reductions in patient safety incidents, such as falls and medication errors due to accuracy of reporting. Grimshaw et al. (2020), reported these reductions were a result of having a visualization of the patient. Nurses completing nursing bedside shift report have the opportunity to check IVs, review safety measures, assess pain control, and develop a plan of care for the upcoming shift (Sand-Jecklin & Sherman, 2013). Patients also strongly supported nursing bedside shift report, reporting feeling more informed about their care, having more involvement in their plan of care, and experiencing improved nurse-patient relationship and over-all satisfaction (Dorvil, 2018).

Several studies found that a two-step nursing shift report was more effective than a one-step shift report. Sand-Jecklin and Sherman (2013) found that using a recorded report at the beginning of the shift and then meeting the patient at the bedside gave the opportunity to exchange sensitive information privately and avoided tiring patients with long and repetitive reports day after day. The recorded portion followed an SBAR format to reduce the length of the recorded portion by omitting excessive detail on the assessment that was not essential. A training video was made for nurses that included examples of bedside reports for different patients representing those on their units. The nurses were required to watch the training video and were provided handouts describing

what to include in the recorded and bedside reports. This practice change led to decreased medication errors and falls and improved patient perceptions of nurse communication and involvement in care (Sand-Jecklin & Sherman, 2013). In a similar study by Grimshaw et al. (2020), the findings recommended that nursing shift report be divided into two sections for patient satisfaction and nurse convenience. The main report with sensitive data could be completed outside that patient's room and afterwards the oncoming and off-going nurse could complete nursing bedside shift report by introducing the oncoming nurse, visualizing the patient, and allowing the patient the opportunity to discuss the plan of care. The results from this study found that a modified form of nursing bedside shift report, or 2-stage reporting, promotes the nurse-patient relationship in addition to saving time (Grimshaw et al., 2020).

### **Limitations/Potential Impact on Findings**

All of the studies used in this systematic review confirmed the importance of applying nursing bedside shift report to nursing practice. The evidence supported the positive influence nursing bedside shift report has on reducing medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits including nurse empowerment, patient-centeredness, patient satisfaction, and increased communication. The findings of this systematic review provided evidence to support short-term improvement in patient safety and communication but lacked further research and development to support the sustainability of nursing bedside shift report after implementation.



There were limited research findings regarding the sustainability and consistency of bedside shift report. Additional limitations addressed in this systematic review included: limited participant sampling, inconsistent longitudinal results of nursing bedside shift report, duration of projects, limited quantitative studies, and data collection concerns. The research findings for this literature review were based on the lower end of the Hierarchy of Evidence. Additional quantitative studies on nursing bedside shift report would help provide objective and conclusive answers to the benefits of nursing bedside shift report. With statistically significant sample sizes, the results could be generalized to an entire target group versus a limited sampling. These limitations compromise the integrity of the nursing bedside shift report outcomes, resulting in the need for additional research with adequate sample sizes and determination of statistical significance.

An article by Maxson et al. (2012) stated that nursing bedside shift report increased nurses' awareness of the impact of communication on patient safety and satisfaction and had the potential to decrease medication errors and enhance communication among nurses, physicians, and patients and their families. These findings were limited by a small sample size from an 11-bed unit, which does not represent the average size of a hospital unit. This study used a convenience sample of 60 patients, 30 before the practice change and 30 after the change; however, the findings failed to mention the duration of the study.

In a similar study conducted by Manges and Groves (2018), findings included a decreased number of falls, medication errors, and report length, but again, reported a small sample size of 47 patients on a 31-bed inpatient unit with data collected over 7

months. This study's generalizability was limited due to the relatively small group of similar patients from one inpatient unit.

Sand-Jecklin and Sherman (2013) confirmed the benefits of nursing bedside shift report. The findings included improved patient perceptions of nurse communication and involvement in care, improved nurse perceptions of nurse accountability and patient involvement in care, and a decrease in both medication errors and patient falls. The limitations associated with this study included the lack of limitations imposed on the number of surveys submitted, as it may have been possible that one nurse may have completed more than one survey during the baseline or postimplementation data collection, and inconsistencies in nurse implementation process were reported (Sand-Jecklin and Sherman, 2013).

Cains et al. (2013), Jeffs et al. (2013), Chaboyer, McMurray, Johnson, Hardy, Wallis, and Chu (2009), Groves, Manges, and Scott-Cawiezell (2016), and Wakefield et al. (2012) all reported findings that supported the use of bedside shift report but were all limited to findings from small sample sizes from one hospital. Because the length of projects ranged from 3 to 6 months, it was difficult to identify actual trends in patient satisfaction scores and the ability to obtain responses from a larger sample size was limited.

The evidence supported how nursing bedside shift report contributes to improved patient outcomes and increased nurse and patient satisfaction, but the research lacks validated assessment tools to support long-term sustainability on patient care outcomes in acute care settings. The research is narrow and limited to the implementation process and

the perceptions of patients and nurses 3 to 6 months postimplementation. According to Sand-Jecklin and Sherman (2014), nursing bedside shift report can result in improved patient and nursing satisfaction and patient safety outcomes, if properly implemented. Unfortunately, the research and guidance on the proper implementation is vague. The findings in this systematic review offered support and recommendations for the use of nursing bedside shift report as best practice guidelines to provide the best patient care but offer few tools for successful implementation and sustainability. These limitations have important implications for the success of nursing bedside shift report.

### **Implication for Social Change**

This systematic literature review supported the need for nursing bedside shift report to increase patient satisfaction and nurse communication scores, improve patient safety and nurse-patient relationships, and increase patients' perceptions that they are informed and involved in their care (Small, 2017). Adapting to nursing bedside shift report can lead to social change by improving hospital and community relationships, while also improving patient outcomes.

As doctorate prepared nurses, we have enhanced our skills and knowledge to be effective agents of social change. Successfully implementing nursing bedside shift report offers the opportunity to engage nurse managers, nursing leadership, nurses, and the interdisciplinary team in becoming more effective change agents of social change by committing to an ongoing process of accountability and improvement to enhance patient safety and outcomes. This systematic literature review supports the need for further

evidence-based research on the sustainability to improve patient care outcomes, interdisciplinary communication, and collaboration.

### **Recommendations**

The findings from this systematic review to the practicum site provide a foundation for improving patient safety, outcomes, and communication by successfully implementing and sustaining nursing bedside shift report. Recommendations from this review have significance for nursing practice, nurses, patients and their family's members, and future research at the DNP practicum site. According to an article by Gregory et al. (2014), there is clear evidence to support the multiple benefits of nursing bedside shift report. The findings from the study by Gregory et al. (2014) suggested that the standardization of nursing bedside shift report increases compliance, nurse and patient satisfaction, decreases report time, and provides a more accurate report. Despite strong evidence supporting the benefits of bedside shift report, issues still remain regarding sustainability after implementation and further research is recommended to further analyze the postimplementation data.

Articles by Jeffs et al. (2013), Grimshaw et al. (2020), Sand-Jecklin and Sherman (2014), Cains et al. (2013), and Bressan, Cadorin, Pellegrinet, Bulfone, Stevanin, and Palese (2019), all stated that nursing bedside shift report is an exemplary model for patient-centered care and, with proper implementation and sustainability, will ultimately improve the safety and outcomes at local hospitals and health care settings. Cains et al. (2013), Jeffs et al. (2013), and Bressan et al. (2019) recommended that nursing bedside shift report models should be designed and conducted under a theory of organization

change, tailored to the patient population, with data collection covering at least a year. In addition, nurse leaders need to engage staff in the development; provide consistent reinforcement, communication and education throughout the implementation process; and recruit several change champions on each shift to promote and support nursing bedside shift report.

To address some of the challenges of nursing bedside shift report, such as maintaining patient privacy and confidentiality at the bedside, Grimshaw et al. (2020), recommended dividing change-of-shift report into two sections. The main report with all the intricate nursing details and sensitive issues can be completed outside the patient's room and afterwards the off-going nurse can introduce the oncoming nurse and visualize the patient and answer any questions. Further research is needed by the DNP practicum site to obtain staff feedback, determine the patient population needs on each unit and decide which model of nursing bedside shift report would best suit their needs.

After analyzing and synthesizing the data collected from this systematic review to the DNP practicum site, it was recommended that the project would have a significant influence on improving communication, patient safety, and continuity of care. The findings of this systematic literature review can be used to address the gaps in related to nurses' comfort level with nursing bedside shift report, compliance, and the implementation process. The recommendations revealed from this systematic literature review support the need for further studies on the long-term results of nursing bedside shift report and the effects in hospitals and health care settings.

**Plan to Extend Beyond Doctor of Nursing Practice Project**

This DNP project will continue beyond the doctoral project phase at the practicum site with nurse managers and nursing leadership by using the findings of this systematic literature review to develop a standardized nursing bedside shift report model specific to the patient population, providing consistent reinforcement, and collecting outcomes data for at least 1 year. Proper implementation and sustainability of nursing bedside shift report will require considerable time and strategy. It requires time to develop nursing bedside shift report models specific to each unit, time to train nurse educators and change champions, to pilot the project, and evaluate the effectiveness for 1-year postimplementation.

**Contributions of the Doctoral Project Team**

The final doctoral project was presented to the nurse managers on the CLC units at the DNP practicum site during a PowerPoint presentation. The current problem, benefits, and findings from this systematic literature review were discussed at the practicum site. The nurse managers' role in this final recommendation included an opportunity to provide feedback and recommendations based on their experiences and shared expertise related to nursing bedside shift report. The nurse managers' role in this final recommendation is vital to their acceptance of the recommendations of this systematic literature review and the DNP project.

**Strengths and Limitations of Doctoral Project**

The strengths of this DNP project included the knowledge, evidence, and awareness gained throughout the process of this project that will be transferred into acute

care hospital settings. There was strong evidence to support the recommendation for nursing bedside shift report with positive patient safety outcomes, nurse and patient satisfaction outcomes, and enhanced communication. The recommendations from this project can provide nurse managers and nursing leadership with the core principles to develop and implement nursing bedside shift report models that will focus on reducing the risk of medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits within the acute care setting. There was little evidence and research in the literature regarding the sustainability of nursing bedside shift report and the long-term impact on patient care outcomes and nurse and patient satisfaction. The research strongly supported the use of nursing bedside shift report; however, the standardization of nursing bedside shift report is necessary for proper implementation and sustainability.

Only one study in this review was inconclusive regarding the benefits of nursing bedside shift report. In the study completed by Sand-Jacklin and Sherman (2013), the authors reported that both medication errors and patient falls decreased, although the changes were not statistically significant. Both nurses and patients reported inconsistencies during nursing bedside shift report and nurses reported the process to be less efficient. They also reported no significant differences in overtime between baseline and postimplementation. Sand-Jecklin and Sherman (2013) reported several significant outcomes, including improved nurse perceptions of nurse accountability and patient involvement in care and improved patient perceptions of nurse communication; however, there was more negative feedback from nurses in this study than others have reported.

The findings from this review supported the need for further research due to the variation of sample sizes, surveys, and data collection. Nursing research must continue to explore and measure patient care outcomes and nursing feedback to develop nursing bedside shift report models that can positively influence patient care and nurse and patient satisfaction and identify those that are effective and ineffective.

Another limitation was the number of barriers identified in several studies. These barriers include fear of violating patient privacy and confidentiality, discomfort with the new process, worry that medical jargon increased patient anxiety, concern that interacting with the patient increased report time, and uncertainty of what to say in front of the patient (Manges & Groves, 2018). These barriers ultimately led to the failure of nursing bedside shift report. Articles by Sherman et al. (2013), Grimshaw et al. (2020), and Manges and Groves (2018), addressed these limitations by recommending a blended, or hybrid, reporting process, with part performed in private and part performed at the bedside.

The evidence and recommendations provided from this DNP project can guide nursing leadership and nurse managers in acute care settings with the decision-making on initiatives and guidelines that will provide the best patient care outcomes based on their patient population needs. The limitations of this project include limited research regarding the sustainability and consistency of nursing bedside shift report; small participant samples; barriers such as patient privacy, report length, and staff resistance; and the short duration of projects and data collection. The focus on nursing bedside shift



report sustainability and consistency was limited but can offer nurses and researchers insight into future research and development.

### **Recommendation for Future Projects**

The analysis and synthesis of this systematic literature review provided evidence and research for nurse managers and nursing leadership to begin developing guidelines for nursing bedside shift report specific to their patient population. The findings of this systematic review support conduct of additional research on nursing bedside shift report, specifically, the implementation process and the sustainability of the process. Findings from this systematic review may spark further interest in nursing bedside shift report within the DNP practicum site. Further research will be needed to improve the ability to generalize these research findings. Studies on other units would be beneficial to determining the impact of nursing bedside shift report in other hospital settings.

There were numerous studies describing successful transitions from traditional bedside shift report to nursing bedside shift report, how to design and implement nursing bedside shift report, and the effectiveness of nursing bedside shift report. However, in order to provide strong evidence to support the daily practice of nursing bedside shift report, future studies should reflect a more scientific approach by recruiting a sample size adequate for statistical analysis of outcomes, describing the theoretical frameworks and the structure and process of implementation; and measuring the outcomes in different institutional, cultural, and professional contexts (Bressan et al., 2019). Future research projects are necessary to improve the impact on improving patient care outcomes and nurse and patient satisfaction scores. The next section will discuss the plans to

disseminate the research findings. The completion of this project, challenges, solutions, and insights gained are explored and discussed in this section.

## Section 5: Dissemination Plan

### **Introduction**

Nursing research is defined as a scientific process that confirms and enhances existing knowledge and creates new knowledge that directly and indirectly influences the delivery of evidence-based nursing (Grove, Burns, & Gray, 2013). According to the American Nurses Association (2012), nursing research is needed to generate knowledge about human responses and the best interventions to promote health, prevent illness, and manage illness. Using nursing bedside shift report in the acute care setting has many benefits, yet it remains challenging due to limited resources and published guidelines.

The limited resources and lack of clarity and published policies and/or guidelines present further challenges for nurse managers and nursing leadership to successfully implement nursing bedside shift report. The purpose of this project was to review and synthesize peer-reviewed, evidence-based research on nursing bedside shift report and identify if the implementation of nursing bedside shift report would reduce the risk of medication errors, adverse outcomes, treatment delays, and inaccurate or missing information, while providing benefits in the acute-care setting. The findings of this research project supported the need for nursing bedside shift report and provided evidence to support the adoption of a standardized tool and guidelines for nursing bedside shift report to improve nursing performance, patient satisfaction, and promote positive patient outcomes. The analysis and synthesis of the DNP project and systematic review disseminated to the nurses, nurse managers, and nursing leadership at the practicum site provided evidence to support changes in practice.

### **Audiences for Dissemination**

The primary audience for this research project dissemination comprised nursing leadership, nurse managers, and nurses who provide bedside care to improve patient care outcomes. The major stakeholders involved in supporting this practicum project include nursing leadership, nurse managers, staff nurses, patients, patients' family members, and hospital administrators. The final project findings were presented to the primary audience in a PowerPoint presentation to help disseminate knowledge transformation, the findings of the project, and recommendations.

The findings of this research project may support and promote changes in nursing bedside shift report by providing nursing leadership and nurse managers with the knowledge, support, and confidence to successfully implement nursing bedside shift report, which may improve patient care and learning opportunities in health care facilities nationwide. The results of this systematic review can be shared with education institutions, hospitals, and community health care organizations to help improve patient safety and communication. The findings from this review provided the groundwork for organizations to implement nursing bedside shift report and increase patient performance outcomes, nursing performance evaluations, and transferability to health care organizations throughout the country. Future promotion and support of the findings of this doctoral project will include a submission of an abstract to nursing education journals and nursing journals and a poster board presentation at local hospitals. The synthesis of this project's results disseminated to the practicum site through the literature review

process and project provided the foundation for future practice changes and guidelines for bedside reporting.

### **Analysis of Self**

#### **Challenges/Solution/Insights Gained**

I started the doctoral nursing practice program with the goal to gain knowledge and skills to help further my career as an advanced practice nurse and nurse educator. As a registered nurse and clinical nursing instructor, I saw firsthand the challenges of nursing bedside shift report and the struggles with transitioning to nursing bedside shift report without any clear guidance or direction. I wanted to promote nursing bedside shift report by researching the benefits using theory and evidence-based research. This research ultimately led to researching evidence-based practice guidelines, or lack thereof, and digging deeper into the ways to implement and sustain bedside shift report to help bridge the communication gap in health care delivery and promote collaboration between nurses, patients, and families.

Prior to beginning this program, my experience with evidence-based practice guidelines and systematic research studies was limited. I have gained a great deal of respect for research, theory, and evidence-based nursing practice after completing this project. This DNP program not only allowed me to develop and grow professionally, but also personally. It allowed me the opportunity to gain evidence and knowledge as a registered nurse and clinical nurse educator of the importance of evidence-based practice and the direct effect it has on patient care outcomes and nurse and patient satisfaction. This experience has prepared me for my upcoming role as an advanced practice nurse.

My goal throughout this program was to assist in identifying gaps in knowledge related to nurses' comfort level with nursing bedside shift report, compliance, and the implementation of the process itself. Changes in health care can be challenging and met with resistance. Because of this practicum project and DNP program, I have gained the confidence and skills to address barriers of resistance to change in a professional manner. This has not come without its challenges. Due to personal circumstances, the time it took to complete this project was much greater than I anticipated, yet it taught me to remain resilient and to never give up on my goals.

### **Summary**

The implementation and sustainability of nursing bedside shift report is challenging in health care settings, yet it greatly influences patient care outcomes, patient safety, communication, and nurse and patient satisfaction. Despite the implementation of nursing bedside shift report in nursing practice, there continues to be lack of leadership buy-in and it continues to be inconsistently applied, which poses risks to patients and can lead to unsuccessful implementation. This systematic literature review and evidence-based recommendations can provide nursing leadership and management across health care settings with evidence to support changes in practice and assist with developing and implementing a standardized bedside shift report guideline and template. Further research is needed to support and contribute to the implementation and sustainability of nursing bedside shift report. This systematic review substantively addressed the research question and will contribute to the successful implementation of nursing bedside shift report. The nurse managers and nursing leadership at the practicum site will continue to explore and

measure patient care outcomes and nursing feedback to develop nursing bedside shift

report models that can positively influence patient care and nurse and patient satisfaction.

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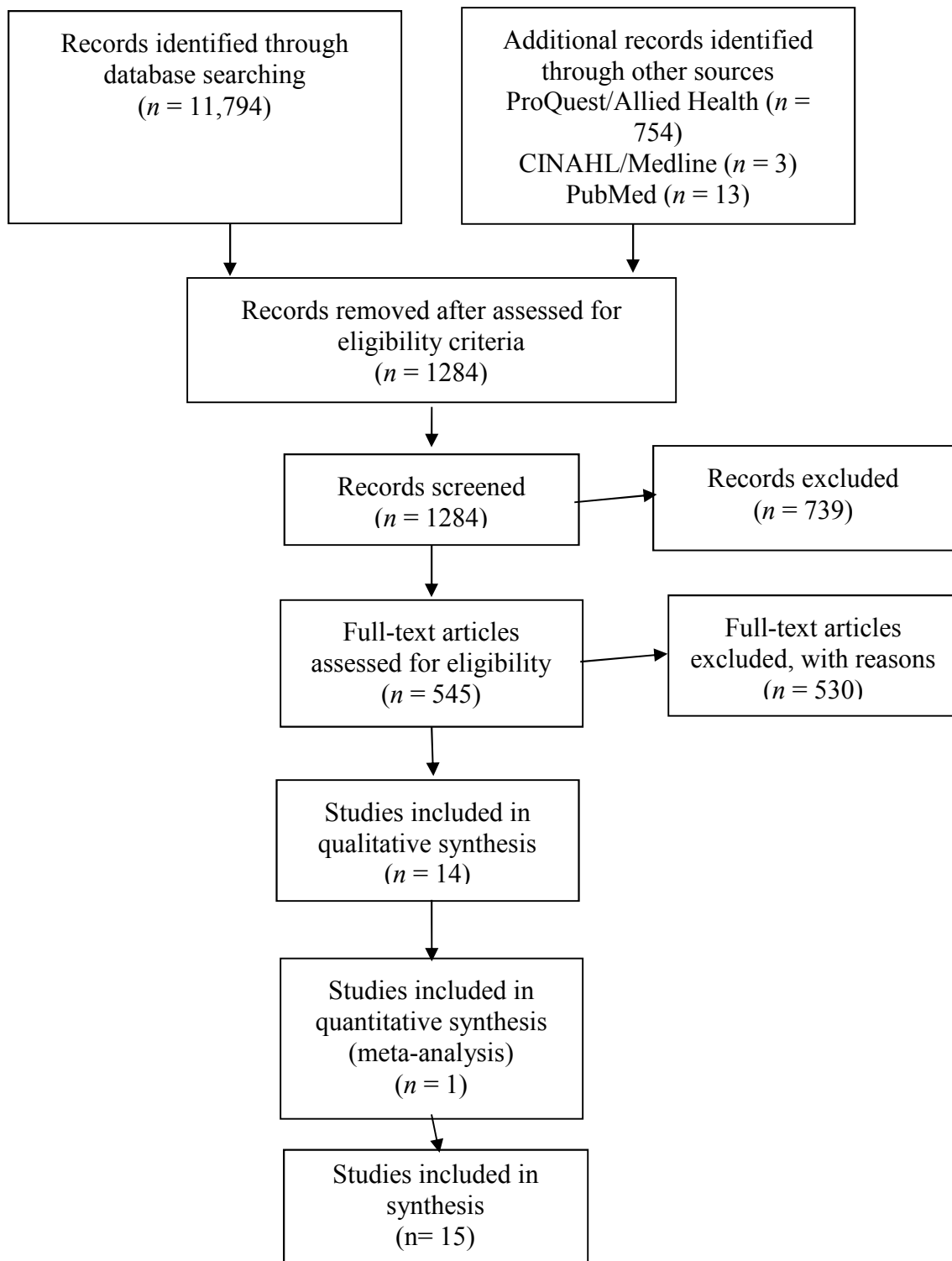
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## Appendix A: PRISMA Flow Diagram



## Appendix B: Level of Evidence Hierarchy

Level I: Evidence from a systematic review of all relevant randomized controlled trials (RCT's), or evidence-based clinical practice guidelines based on systematic reviews of RCT's

Level II: Evidence obtained from at least one well-designed Randomized Controlled Trial (RCT)

Level III: Evidence obtained from well-designed controlled trials without randomization, quasi-experimental

Level IV: Evidence from well-designed case-control and cohort studies

Level V: Evidence from systematic reviews of descriptive and qualitative studies

Level VI: Evidence from a single descriptive or qualitative study

Level VII: Evidence from the opinion of authorities and/or reports of expert committees

Appendix C: Research Analysis and Synthesis Matrix

Author/ Date	Purpose	Setting	Analysis & Results	Conclusions	Implications for Future research	Level of Evidence
Bressan et al., 2019	To map the research method, framework, structure, process, and outcome investigate to date when implementing a nursing bedside shift report.	Scoping review including quantitative studies written in English and retrieved from five databases in 2018.	Studies reported positive trends in patient involvement, satisfaction and safety, with the exception of one study where falls increased. They reported a positive trend in nursing with the exception of issues related to confidentiality and privacy.	Describing successful transitions from traditional methods of handover to bedside shift report and studies aimed at improving evidence in the clinical setting in order to document bedside shift report implementation process and outcome	Nursing bedside shift report should be designed and conducted under a theory of organizational change and clinical nurses should be trained and supported in the transition from the traditional shift report to the bedside shift report.	IV
Cairns et al., 2013	To evaluate the effects of redesign of shift handoff on effectiveness and efficiency measured by the amount of end-of-shift over-time, frequency of call light usage during change-of-shift times, patients' perception of being involved in their care, and staff's perception of its effects on limitations identified in the existing method of automated shift report.	A 23-bed inpatient trauma unit in a large tertiary academic hospital in southwestern Pennsylvania	The total number of end-of-shift overtime minutes in the 3-month time period before implementation was 6194 minutes compared to 5281 minutes after implementation, a reduction of 23% of the salary budget. Call light usage decreased by 33% and there was an increase in the mean patient satisfaction scores.	Positive outcomes included reductions in shift overtime and call light usage and an increase in patient satisfaction.	Extending the data collection phase to include a larger volume of patient responses over a longer period of time is recommended to demonstrate sustained impact on the identified indicators.	V



Chaboyer et al., 2009	A quality improvement study aimed at improving patient-centered care by implementing nursing bedside shift report.	This project took place in a regional public hospital in Queensland, Australia with 330 beds and 454 full time nursing staff.	Patients' perception of nursing bedside shift report was positive. The 3 benefits that ranked the highest in a 6-month post-implementation survey included support from shift coordinator and team leaders (59%), improved patient safety (44%), and improved patient out-comes through discharge planning (44%).	Nursing bedside shift report was successfully implemented because it was driven by staff dissatisfaction with their current process of hand-over and should be considered as one strategy to trans-form and improve nursing care and promote patient-centered care.	This study was completed in one hospital. More research is needed with a larger population.	V
Dorvil, 2018	A literature review on nurse bedside shift report implementation and strategies that may lead to successful practice sustainability.	A systematic literature review included 25 articles published between 2006 and 2016 that had quantitative or qualitative results in relation to patient satisfaction, nursing satisfaction, and and/or incidental overtime.	Studies reported that implementing nurse bedside shift report can improve patient experience with care as related to nursing communication. They concluded that 49% of the articles reported an increase in patient experience with care and 2% decrease in patient complaints. They found nursing overtime at end-of-shift decreased by 10 minutes per day.	Implementing nursing bedside shift report is a time-consuming process that requires careful examination of the current unit	None	V
Evans et al., 2012	A medical-surgical nursing unit's journey to improve the process of nursing bedside shift report and the evaluation of effectiveness on nursing job satisfaction and time spent delivering report.	A university hospital and health center unit 5B, a 32-bed medical surgical unit with 42 full-time registered nurses, 12 nursing aides, one nursing supervisor, one educational nurse coordinator, one clinical nurse specialist, and a nurse manager.	Results suggested increased nursing satisfaction, helped nurses prioritizing workflow, and decreased the time for report. However, concerns remained regarding the sustainability and patient confidentiality.	A team-developed intervention to relocate shift-to-shift nursing report to the patient bedside resulted in improved satisfaction for nurses and increased direct care time to patients.	Additional research is needed to explore various models of nursing assignments to promote patient continuity and team-work, and address acuity concerns.	V

Gregory et al., 2014	This article summarizes a systematic review of bedside shift reports and relates the support for improving quality of care, patient safety, and patient-centered care.	A computer-assisted search using MEDLINE, PubMed, and Ovid databases produced a total of 33 studies that met all inclusion criteria.	Patient satisfaction scores significantly improved after implementation of nursing bedside shift report. Patient safety was improved and led to avoidance of adverse patient events. Patient falls at shift change and medication errors were reduced. Patients reported feeling safe when experiencing shift report at the bedside.	Evidence in the literature suggested standardizing nursing bedside shift report models provided greater accuracy, increased patients' and nurses' satisfaction, and saved nurses' time.	The challenge for nurse managers and nursing leaders is to identify a model for their organization and patient population, ensure consistency in practice and implementation, set measurable indicators, and adjust models as appropriate to attain and sustain the outcome. This evidence should be used as a foundation in future studies.	V
Grimshaw et al., 2020	To identify factors and acute care nurses' perceptions influencing the frequency and consistency of change-of-shift report at the bedside.	A community hospital in northern Indiana with current medical/ surgical and intensive care unit nurses.	The recommendations from this study were that the change-of-shift report be divided into 2 sections for nurse convenience and patient satisfaction. The main report with nursing details and sensitive information can be obtained outside the patient room and then the off-going nurse can introduce the oncoming nurse to the patient.	Nurses agreed that that nursing bedside shift report improved patient and family satisfaction, nursing quality, and patient safety; however, related anxiety associated with the process.	Further research could be aimed at the modified bedside report across a larger scale of nurses in different settings and at quantifying how many times nurses do a modified bedside report among nurses of a different institution.	V
Groves et al., 2016	To describe how bedside nurses can use nursing bedside shift report to keep patients safe.	A 31-bed pediatric unit with an established nursing bedside shift report system at a Midwest academic medical center.	Data analysis and interpretation were guided by grounded theory. NVivo 9 software was used for data organization and analysis. Data were collected from 2014 to 2015 with bedside nurses in a pediatric unit with an established nursing bedside shift report process.	The primary process by which bedside nurses use nursing bedside shift report to keep patients safe is by reducing risk of harm from shift to shift. A bedside perspective is key to reducing risk of harm, supports the nurses' ability to subsequently	This study examined one means of conducting nursing bedside shift report, with nurses on one pediatric unit in an academic medical center. Further research is needed with other types of participants and units in other settings to	VI

				identify and address risks and can impact patient safety.	increase ability to generalize results.	
Jeffer et al., 2013	To explore nurses' experiences and perceptions associated with implementation of bedside nurse-to-nurse shift handover reporting.	An inner-city, acute care teaching hospital.	By implementing nursing bedside shift report, nurses were able to clarify missing information with outgoing nurses and patients, detect deteriorating patient status, and intercept errors from becoming harmful to the patients.	Nurses viewed the change to nursing bedside shift reporting as improving patient safety and being a more efficient reporting structure. It enables nurses to visualize their patients and prioritize the plan of care.	The findings were limited to one hospital and although the majority of responses were positive, that may not hold true in other health care centers.	VI
Manges et al., 2018	To describe the latent functions of nursing bedside shift report from the perspectives of frontline nurses.	A single inpatient unit at a Midwestern academic medical center with an established and sustained nursing bedside shift report system.	The latent functions of nursing bedside shift report were examined using thematic analysis. A total of 23 interviews from 13 nurses were examined. Nurses used nursing bedside shift report as a performance, ritual, and sense-making opportunity.	This study provided further evidence that nursing bedside shift report serves multiple important social-cultural functions within the nursing environment.	The relatively small homogeneous group of participants from one inpatient unit limited the ability to generalize study's findings. Future studies should examine these functions in various patient populations and inpatient unit types.	V
Maxson et al., 2012	To determine if nursing bedside shift report increases patient satisfaction with the plan of care and increases perception of teamwork and staff satisfaction with communication and accountability.	An 11-bed unit on a surgical floor.	Fifteen nurses with a mean of 2 years in the profession completed the pre- and post-survey. A majority of the staff members were not satisfied with the current change-of-shift report but statistically significant improvement was achieved after implementing nursing bedside shift report.	Nursing bedside shift report increases nurses' awareness of the impact of communication on patient safety and satisfaction; has the potential to decrease medication errors and enhance communication among members of the health care team to promote and encourage patient safety and quality.	This 11-bed unit may not represent the average size of a hospital unit. Further research is needed to improve the ability to generalize these findings.	V

Sand-Jecklin and Sherman, 2013	To evaluate both the process and outcomes of a blended nursing shift report in terms of effective-ness, efficiency, patient and staff satisfaction, and impact on patient safety.	Seven medical-surgical units at West Virginia University Healthcare.	Of the 241 comments on the postimplementation survey, 42% were positive, 10% indicated that nursing staff did not use nursing bedside shift report, 8% felt that it improved information flow, 4% commented that it promoted good communication among staff, and there were only four negative comments about nursing bedside shift report. The number of falls decreased from 20 to 13, medication errors decreased from 20 to 13, and there was no significant change in overtime from pre to 3 months postimplementation	Based on the findings of this study, it is recommended that a blended form of recorded and nursing bedside shift report may improve patient perceptions of communication among nurses and involvement of accountability and patient involvement in care, without increasing nurse overtime. It may also reduce the frequency of medication errors and patient falls at shift change.	Additional studies on the outcome of a blended process containing both recorded and nursing bedside shift reports are needed to provide additional evidence for best practices in nursing shift report.	V
Sand-Jecklin and Sherman, 2014	To quantify quantitative outcomes of a practice change to a blended form of bedside nursing report.	Seven medical-surgical units in a large university hospital.	Almost all of the 34 survey items indicated some improvement from baseline to 13 months postimplementation ;the change was not significant. Nurse attitudes significantly rebounded on many issues from the 3 months postsurvey to the 13 months postsurvey. There was a decrease in falls.	Based on the findings of this research study, it was suggested a blended form of recorded and nursing bedside shift report be used. A blended report may improve patient perceptions of accountability and promotion of patient safety, without significantly impacting nurse overtime.	Future research should include monitoring for at least a year postimplementation of the practice change and have several change champions on each shift to promote and support the move to nursing bedside shift report.	II
Sherman, Sand-Jecklin, and Johnson, 2013	To investigate advantages and disadvantages of nursing bedside shift report.	A systematic literature review was completed using 12 articles that met inclusion criteria. Two tools were developed for changing to	Out of the 12 articles, only 4 contained quantitative data concerning changes in patient satisfaction. Eight of the articles	The articles reviewed in this research study contained highly positive data to support nursing bedside shift report; however,	Little research has been done to compare the benefits and disadvantages of various shift report methods. Data should be	V

		bedside shift report, which guided nurses through the nursing bedside shift report process. Patient advantages included feeling more informed and involved in their care, improved nurse/patient relationships, general patient safety, improvements in safety, decreased falls, and faster discharge times.	reported either occurring in private or the nurse reviewing a written report along with the bedside nursing. Three of the articles contained data concerning nursing satisfaction with bedside report.	all had either small sample sizes where statistical significance had not been determined or provided only qualitative support. This literature indicated organizations are finding the best type of report is a combination of bedside shift report with a private nurse-to-nurse report or written report to convey sensitive information.	collected from patients and nurses with adequate sampling sizes and quantitative results. A detailed description of the reporting process before and after the practice change should also be included in any publication.	
Wakefield et al., 2012	To provide longitudinal results of nursing bedside shift report.	An inpatient stepdown 20-bed nursing unit in a Midwestern academic health center.	For the first 6 months following implementation of nursing bedside shift report, there were significant increases in six nurse-specific patient satisfaction scores. The scores increased by 8.7 points and the percentile rankings increased from the 20 <sup>th</sup> to the 90 <sup>th</sup> percentile. Longer-term results reflected subsequent declines and substantial month-to-month variations.	Although the transition to nursing bedside shift report was met with resistance, the transition was made smoother by extensive planning, training, and a gradual implementation process. Based on the results of the pilot study, the decision was made to adopt nursing bedside shift report in all inpatient nursing units in all five hospitals.	The data reported for this study pertained to only one nursing unit in an academic medical center. Further research is needed to determine if other inpatient nursing units may have important differences in their unit culture, socialization, and/or communication practice, which could affect the process for implementation.	V