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PROCEDURE FOR THE HANDOVER: NURSES' PERSPECTIVE IN INTENSIVE CARE UNITS

PROCESSO DE PASSAGEM DE PLANTÃO: O OLHAR DE ENFERMEIRAS NAS UNIDADES DE TERAPIA INTENSIVA

PROCEDIMIENTO DE PASO DE GUARDIA: LA MIRADA DE LAS ENFERMERAS EN LAS UNIDADES DE CUIDADOS INTENSIVOS

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Objective: to understand the process of handover of nurses in Adult Intensive Care Units. Method: study with a qualitative approach, whose data collection was performed between October and December 2020, through non-participant observation and semi-structured interview conducted in five intensive care units of a public hospital in the state of Bahia, Brazil. Results: two main categories emerged: Praxis of the handover to improve care and barriers that impair communication during the handover. It was possible to understand the process of shift, based on the looks of intensive nurses, which have structural elements for effective communication that reverberate in the continuity of care. Final considerations: in the process of handover of nurses, structural and environmental conditions, such as parallel conversations, dispersion, lack of attention, interruptions, anticipated egress and noise were characterized as barriers that caused failures and interfered in the communication process.

Descriptors: Intensive Care Units. Health Communication. Nurses. Shift Work Schedule.

Objetivo: compreender o processo de passagem de plantão das enfermeiras nas Unidades de Terapia Intensiva Adulto. Método: estudo com abordagem qualitativa, cuja coleta de dados foi realizada entre outubro e dezembro de 2020, por meio de observação não participativa e entrevista semiestruturada realizada em cinco unidades intensivas de

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hospital público do estado da Bahia, Brasil. Resultados: emergiram duas categorias principais: Práxis da passagem de plantão para melhoria do cuidado e Barreiras que prejudicam a comunicação durante a passagem de plantão. Foi possível compreender o processo de passagem de plantão, com base nos olhares das enfermeiras intensivistas, as quais dispõem de elementos estruturais para comunicação efetiva que reverberam na continuidade da assistência. Considerações finais: no processo de passagem de plantão das enfermeiras, condições estruturais e ambientais, tais como conversas paralelas, dispersão, falta de atenção, interrupções, saídas antecipadas e ruídos foram caracterizadas como barreiras que causavam falhas e interferiam no processo de comunicação.

Descritores: Unidade de Terapia Intensiva. Comunicação em Saúde. Enfermeiras. Jornada de Trabalho em Turnos.

Objetivo: comprender el proceso de paso de guardia de las enfermeras en las Unidades de Terapia Intensiva Adulto. Método: estudio con enfoque cualitativo, cuya recopilación de datos fue realizada entre octubre y diciembre de 2020, por medio de observación no participativa y entrevista semiestructurada realizada en cinco unidades intensivas de hospital público del estado de Bahía, Brasil. Resultados: surgieron dos categorías principales: Praxis del paso de guardia para mejora del cuidado y Barreras que perjudican la comunicación durante el paso de guardia. Fue posible comprender el proceso de paso de guardia, con base en las miradas de las enfermeras intensivistas, las cuales disponen de elementos estructurales para comunicación efectiva que reverberan en la continuidad de la asistencia. Consideraciones finales: en el proceso de paso de guardia de las enfermeras, condiciones estructurales y ambientales, tales como conversaciones paralelas, dispersión, falta de atención, Las interrupciones, salidas anticipadas y ruidos fueron caracterizadas como barreras que causaban fallas e interferían en el proceso de comunicación.

Descriptores: Unidades de Cuidados Intensivos. Comunicación en Salud. Enfermeras. Horario de Trabajo por Turnos.

Introduction

About 4,000 passages of information about patients between shifts or hospitalization units occur per day in a hospital[1]. Effective communication is essential during the nurse's work process, especially during the handover, and can minimize events related to patient care. It is noteworthy that, in many cases, there is no standard instrument for this information to be transmitted and the handover process to be directed[2].

To ensure the provision of comprehensive and continuous care, the handover is used because it is an indispensable and routine communicative activity and inherent in the daily work, allowing the organization and planning of nursing interventions. It is a time of exchange of information between shifts, in which a valuable space is created for clarifying the evolution of the patient's health status and the pending issues in the work process and in the functionality of the unit[3-5].

Communication can be considered a basic instrument of nursing, being a powerful mechanism in the process of care and essential in the exercise of professional practice. Moreover, it serves as an element that contributes to patient safety, especially when the message to be transmitted happens in a complete, clear and objective manner, without barriers and noise among the members of the nursing team[6].

Considering communication as a process of care, when it occurs among the professionals involved, it must be clear and effective, so that it does not compromise any stage of care and does not cause serious harm to the patient. Effective communication is one of six international patient safety goals established by the World Health Organization (WHO) and advocated by the Joint Commission International (JCI). According to these institutions, safe care depends on effective communication between health professionals to promote continuity of patient care. The JCI suggests that communication failures contribute to the occurrence of half of the serious adverse events, which should never happen to a patient[7].

For this reason, developing communication skills in the nursing team is of fundamental importance. Therefore, the Nursing Care Systematization (NCS) is one of the instruments of the nurse's care process that can contribute

to ensure the quality of care, since it includes a range of tools that include communication, the interaction and articulation of the managerial and care dimensions[8].

In the case of the Intensive Care Unit (ICU), communication acquires great importance, since information is the basis for the decision-making process in interventions that can make the difference between life and death. In this scenario, the demand for quick and immediate actions and decisions requires, from the professionals who work in it, an almost uninterrupted communication[9].

Thus, it becomes essential to know the main problems that can interfere in the handover between nurses, cause harm to the patient and make the clarity of the message to be transmitted unfeasible. Among the main occurrences, it stands out: lack of punctuality, incomplete or omitted information, failures in the process of verbal and written communication, limited time, inattention and partial involvement of professionals, inadequate environment, model failure or absence of handover, interruption and frequent noise[10-11].

Understanding that the handover is inserted at a time when it is important to transmit information for care continuity, this study is justified by bringing a reflexive approach, concerning aspects of communication and relations, In order to value and optimize the systematization of care, with relevance to the active participation of nurses, by involving aspects of patient safety and quality of care.

Thus, this study aims to understand the process of handover of nurses in Adult Intensive Care Units.

Method

In order to achieve the proposed objective, the methodological design is based on a research with a qualitative approach of exploratory, descriptive nature. The writing of this study was guided by the tool Consolidated Criteria for Reporting Qualitative Research (COREQ), which is based on three domains, namely: Domain 1 – Research team and reflexivity; Domain 2 – Study concept; and Domain 3 – Analysis and results[12]. Thus, the research had as scenarios five adult intensive care units: General ICU 1, General ICU 2, Surgical ICU, Neurological ICU and Cardiovascular ICU. The large public hospital in the state of Bahia, Brazil, where the study was conducted, had 79 beds in the five ICUs. Data collection was performed in the nurses' workplace.

The participants in this study were chosen randomly. The inclusion criteria were: to be a nurse in the adult ICUs; participate in the handover process. The exclusion criteria were: being on vacation and/or leave during the period of data collection; not being part of the handover process. Data were collected until the perception of saturation of the responses. Thus, the final sample consisted of 20 care nurses.

Data were collected from October to December 2020, on random days, in the handovers from the night service (NS) to the day service (DS) and vice-versa, through two collection techniques: non-participant observation, using as an instrument a field diary – to record environmental characteristics, behaviors and attitudes of nurses during the handover, in addition to place, time and duration of activity, early egress, delays, speed in communication, parallel conversations, changes in tone of voice and interruptions - and semi-structured interview, conducted in private rooms available in the units, containing the following guiding questions: What is your nurse's perception of handover? Report how this process occurs in your daily practice. What information do you consider important during the handover? Is there any factor you think can interfere with communication during the handover?

The audios of the interviews were transcribed and analyzed following the path of content analysis of Bardin[13], composed of the stages: pre-analysis (transcription and organization of the collected material); exploration of the material (readings and extraction of central ideas); and construction of categories, which were written manually.

The ethical principles of research involving human beings were respected, according to Resolution n. 466/2012[14] of the National Health Council. The study was approved by the Research Ethics Committee (REC) of the Roberto Santos General Hospital, through the Consubstantiated Opinion n. 4,216,353 and Certificate of Presentation for Ethical Assessment (CAEE) n. 33841620.7.0000.5028. The acceptance of the participants was requested by signing the Informed Consent Form. Anonymity was guaranteed in this text by identifying the speeches with the letter N followed by the cardinal number that identified the order of the interview.

Results

Over the period of data collection, ten non-participant observations were performed, which happened between the handovers from the DS to NS and vice-versa, which unfolded on average 3 to 13 minutes each. In this period, information of 3 to 5 patients was passed per nurse.

As for the place where the handovers took place, eight were at the bedside, one in the corridor and one in the eating area of the unit. In general, communication by verbal means predominated. The records were performed in a standardized institutional instrument to organize the information, which contained data on diagnosis, age, allergies, neurological, respiratory, hemodynamic, diet, diuresis, dejections, devices, procedures, examinations, among others.

Some nurses did not complete the instrument or simply omitted important information, being questioned during the handover. The information was mostly transmitted clearly as to the tone of voice and objectivity of the data, as well as with opportunity of interaction between them for questioning and clarification of doubts.

The activity, in its majority, began with delays, due to the lack of punctuality, which, consequently, resulted in a rapid transfer of information. Early egress occurred in all ICUs, because the professionals had to work elsewhere. Still in relation to behaviors, nurses were attentive to the information provided. However, there were moments of dispersion and deviation of the handover, with the approach of unrelated subjects, which promoted these interruptions, by parallel conversations and reporting of non-relevant information, and caused the breakdown of the process, generating repetitions.

In addition to these factors, noise in the unit, parallel conversations, interruption by other professionals to question various topics, especially administrative issues, as well as personal matters not related to health care were also problems during the handover. In this sense, these aspects, which led to lack of attention and failures in communication, could result in losses for patients and break of care protocols.

Another important point observed was related to the ethical behavior of specific professionals in relation to the picture of some patient, evidenced by a speech with unnecessary comments and in a derogatory way about the health conditions of the person.

The application of the semi-structured interview, containing guiding questions about the perceived handover, the process of the handover in the daily practice, relevant information during handover and factors that could interfere with communication during this process, enabled the identification of two categories: 1 – The praxis of the handover to improve care; and 2 – Barriers that impair communication during the handover.

Category 1 – The praxis of the handover to improve care

In this category, the handover appeared as an important practice for the execution and continuity of care, so that communication became an indispensable element, favoring the sharing of information.

The narratives allowed showing that, in general, there was a perception that the handover was an important practice for the care and assistance to the patient in the ICU context.

> [...] *it's the most important moment of the beginning of the shift. It contains the main information about the patient, about their pending.* (N3).

> *For me, it's a very important instrument within our professional practice.* (N8).

> [...] *it's of great importance, especially for the nurse, because* [...] *he has to report to the person who's receiving the shift* [...] *very relevant things, especially patients in the intensive care unit, who are critical patients, who need constant attention from the team*. (N4).

Participants reported the handover as a method of communication in order to transmit and exchange objective information, in a complete and effective way.

> [...] *it's a method we use as a means of communication* [...] *it provides information exchange*. (N16).

> *It has to be clear, short [...] doesn't have to be boring* [...] *it has to be short, fast and very clear* (N15).

> [...] *we receive the shift in an organized way, clearly, effectively*. (N2).

As evidenced, the transmission of information between nurses, in most cases, occurred adequately as to the tone of voice, relevant and reliable data. On the other hand, particularly the lack of interest and objectivity of some nurses, revealed by questions, forgetfulness, lack of details and without notes in the printed registration instrument for handover, generated an erroneous and incomplete interpretation of communication.

Furthermore, in this category, the handover was seen as a resource to be used for the organization of work and, mainly, to ensure care continuity.

> *We continue that process without fail. We seek to follow up on that assistance in a more effective, continuous way. We have the necessary information to follow up*. (N2).

> *It is the first moment, it will help guide patient care, because, in it, you receive everything that happened with the patient and you will focus on the patient and your assistance as it will be during the day*. (N7).

In different contexts, another issue referred to the organization and dynamics of the handover. The nurses stated that good communication allowed a more comprehensive look at the patient's profile, clinical picture, complications, care provided and pending issues.

The nurses sought to contemplate information regarding the established diagnoses and the reason for hospitalization, health conditions, evolution of the picture, medication used. They also highlighted the notes regarding the tests to be performed, devices in use, drains, nutritional aspects and allergies.

> *So, attention, when receiving the shift, is essential. The person has to be 100% attentive to the information the colleague is providing* [...] *since the handover is at the bedside, it is important to be attentive to the patient's bed, how he's receiving, the medications he's using, monitoring issue* [...] *mainly how you are leaving your patient, pending issues* [...] *possible exams, procedures, referrals, surgeries*. (N12).

> *Here, the handover occurs at the bedside, with those involved, the nurses, what is leaving and what is arriving. We pass on everything that the patient had on the day, if he is undergoing an exam, a procedure, how he went through it, if the exams were altered, if there were any changes. We pass on to the colleague what was done with the patient*. (N14).

The handovers performed at the bedside had better alignment between shifts, avoiding loss of important information related to care, since nurses could visit all patients before starting their activities. Thus, they knew in advance those who were more serious and their priorities, according to the degree of individual complexity.

Category 2 – Barriers that hinder communication during the handover

In this category, the narratives showed how some factors acted negatively in the handover, and may be barriers in communication, thus compromising care continuity.

Aspects that concerned the intervening factors in the presented perspective are related to the parallel conversations, dispersion/lack of attention and interruptions.

> *Dispersion, environment, number of people in the place, lucidity of the patients who are involved in the place that can interfere in some way in the understanding of the handover*. (N6).

> *People's lack of attention. You are on a handover, then one arrives, a question, another says one thing, another says another. Then you disperse, and then, when you see it, you haven't absorbed everything the other wanted to tell you. So, I think that lack of attention is a factor that interferes in the communication of the handover*. (N8).

Other situations that interfered in the dynamics of the process were also narrated, such as those related to the delay of the professional who would receive the shift, as well as early egress.

> *I think it's delay, because it makes us rush things. We can fail to write down important information, we make it quickly, in an understandable way. I think it gets in the way.* (N2).

> *One of the most I observe in my routine is the rush. The rush to leave. One is always going to another hospital, and this rush, sometimes, makes us fail to pass on something important. The rush* [...] *for being close to leave. Then there is that agony.* (N13).

In addition to the points already highlighted, the noise gained prominence in the speeches, by negatively reverberating when the handover was performed in adverse conditions. This process was directly linked to the impairment in nurses' ability to concentrate and, generally, handovers used to gather greater movement and increase in the number of professionals in the unit.

> *Unit noise. Some people like to spend time at the bedside, but there is a lot of noise, there is a lot of movement, the patient is listening, sometimes the patient even talks, interacts and gets in the way. Sometimes there are several professionals at the same time.* (N18).

> *I think what can interfere the most is the noise, because sometimes we see a lot like this: we are talking and, because it's a very large, multidisciplinary team, and here we work a lot with interns, with technicians, with everyone, so sometimes we are trying to make the handover and, unfortunately, these external factors sometimes get in the way.* (N20).

It is important to encourage organized and uninterrupted communication between nurses, especially regarding the ICU. However, barriers in communication could harm the assistance during the handover.

Discussion

The first category exposes aspects about the importance of handover in the context of nurses' assistance in ICU, based on the understanding that it is necessary to share information relevant and necessary to the process of caring for handovers. Therefore, it is a fundamental activity for the organization of work, updating information about the patient and adequacy of actions.

The handover is a practice performed in order to transmit objective, clear and concise information about the events that involve direct and/or indirect assistance to the patient during a period of work, work processes and aspects of daily care[15].

Linked to this is the second international goal of patient safety, which aims to improve the effectiveness of communication between care providers, ensuring that verbal information regarding patients, as well as their form of registration are accurate and complete[16].

Based on the results, verbal and written modalities predominated in the exchange of information between the nurses' work shifts, being a determining factor to ensure that they were passed on in a relevant and reliable way. This type of communication reduces the possibility of omission of important issues and/or that can be forgotten if they are used alone[17].

A study[18] confirms the findings of the research, evaluating that the quality of the information passed on during the handover depends on the professionals' skill, the chosen modality, the time spent and the team's engagement in recording the data, the verbal and written forms are often used together.

Communication between health professionals is inherent in patient care, especially the critical patient, and happens at all times. This tool allows ensuring care effectiveness, its continuity and adequate planning. It also favors care integration, concerning the reasoning processes of nurses, added to the sequence of their activities in the care continuity and procedures. Learning exchanges also occur, which generate knowledge, change, as well as better work organization[15-19].

Added to this, in the nursing work process, the handover. This is the mechanism used to carry out the transmission of information, aiming, regarding care, to offer a structure able to meet individualized needs. Therefore, the transmission of information that occurs in the handover guides the process of clinical reasoning and diagnostic decision making of results and interventions, in the same way that standardizes the language, documents relevant information and facilitates communication with nursing and multidisciplinary teams[20-22].

Another aspect, regarding the handover in the ICU, is its performance near the patient's bed, since it is favorable for the communication process. In this circumstance, the information is transmitted in the best way, ensuring the understanding and good flow of information, in addition to reducing the chances of errors. Consequently, it ensures patient safety[9].

It is of great value to know information about patients' condition during their assistance, especially in intensive care, where many of them are hemodynamically unstable. This information is generated to subsidize the planning of care, allowing establishing the goal for the care to be provided[23].

A study conducted with nursing professionals listed some characteristics of the information passed during the handover, which included the patient's clinical status, recommendations on nursing care to be provided, significant changes in the patient's evolution, as well as procedures performed[24].

The second category of this study addresses the factors that negatively affect the handover, highlighting the barriers that directly affect communication and safe care. Therefore, communication failures have been one of the main factors that contribute to the occurrence of adverse events and, consequently, to the decrease in the quality of care[16,25].

Among the behaviors found that negatively influenced the effectiveness of the communication process, parallel conversations, lack of attention and interruptions were highlighted. These were limiting aspects that impaired the sequence of content transmitted. It corroborates the assertion of the results of a study conducted in a general ICU of a large university hospital in the city of Rio de Janeiro, which identified some intervening factors during handovers that could compromise communication among nursing professionals, such as equipment noise, parallel conversations, underuse of the standardized form, low voice tone of the rapporteur/transmitter of information and lack of objectivity in information[26].

Another study on handover approaches reaffirms that the main factors that interfere in this process in an ICU are related to the way information is transmitted and processed in the work environment itself, and related to side conversations between team members, interruptions by other people, accumulation of people in the unit during the handover, ringing phones, sounds of bells and alarms, delays of the professional who will receive the shift, as well as rushed exits[9].

As for the environment, a study found that a large number of professionals impaired concentration in the activity and interfered in communication during the handover, in order to generate the loss of essential information for the continuity of care. Thus, the environment must be quiet, so that this activity is performed with as few interruptions as possible[27].

Furthermore, noise prevents effective communication between professionals, since it hinders the understanding of the information provided, providing a discontinuous and unsatisfactory communication process[19]. Thus, communication during the handover under adverse conditions can lead to errors, due to interruptions that make it impossible for the professional to concentrate[27].

The research presented as limitations the interviews performed during the shift of work of the nurses, which may have resulted in the reduction of the availability of time for the answers. Moreover, the fact that it was performed in a single hospital, even if large, which limits the generalization of the results. However, the relevance of the study is highlighted by the fact that the theme provides subsidies for the organization of work, in addition to ensuring continuity of care to patients.

Final Considerations

This research allowed understanding that factors such as time spent on duty, place, attention to information, clear language, objective and concise information, complete notes, among other aspects, need to be considered for a proper handover.

Based on observations and interviews, there is the recognition of the shift as a relevant and necessary tool for the improvement of care, which contributes to the improvement of the nursing process, but requires security in the practice of communication. Therefore, the study allowed identifying structural and environmental conditions that caused failures in the communication process, characterized by barriers that interfered, such as parallel conversations, dispersion, lack of attention, interruptions, anticipated egress and noise.

These results should be used for the awareness and reflection of the nurses of the ICUs, to (re)direct their practice of handover, as well as to develop a more critical look at this communicative activity, in order to improve the quality of information, interference and guide the dynamics of care.

Collaborations:

1 – conception and planning of the project: Edivania de Jesus Amorim;

2 – analysis and interpretation of data: Edivania de Jesus Amorim and Ylara Idalina Silva de Assis;

3 – writing and/or critical review: Edivania de Jesus Amorim, Ylara Idalina Silva de Assis, Marília de Carvalho Santos and Tuane Ferreira da Luz Silva;

4 – approval of the final version: Edivania de Jesus Amorim, Raisa Noelia Sant'Ana Souza Santos, Jéssica da Silva Cruz and Mayara de Lima Fonseca.

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