



Perception and Satisfaction on Nursing Handover for Patient care Transitions among ICU Nurses in Ernakulam District, Kerala.

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ABSTRACT

The objectives of the study were to assess the perception on nursing handover for patient care transitions among ICU nurses, to assess the satisfaction on nursing handover for patient care transitions among ICU nurses, to find the correlation between perception and satisfaction on nursing handover for patient care transitions, to find the association between research variables on nursing handover for patient care transitions and selected demographic variables and to develop an ICU-to-ward handover checklist for the ICU nurses. The data was collected from 70 samples using convenience sampling technique in selected ICUs by Questionnaire and Likert scale. Data were analyzed using descriptive and inferential statistics. The result of the study revealed that, 38.6% of staff nurses had low level of perception, 32.9% had high level of perception whereas 28.6% had moderate level of perception on nursing handover for patient care transition. The level of satisfaction on nursing handover for patient care transition showed that majority of staff nurses 97.1% are satisfied, while remaining 2.9% are unsatisfied. All demographic variables except educational qualification ($F = 3.252, p = 0.045$) had no significant association with level of perception as the calculated p value is more than level of significance (0.05). On the other hand, there was no significant association between demographic variables and level of satisfaction at 0.05 level of significance. An ICU to ward handover form was developed, which improves the safety and efficiency of patient handover between ward and intensive care unit health professionals during ICU transfer. The study concluded that the nurses had low level of perception on nursing handover for patient care transition and satisfied with current handover practices.

Key words: transitional care; critical care units; perception on handover; satisfaction on handover

Introduction

Health is the most valuable gift that one could ask for in life. Without sound health, nothing can be achieved. It has therefore been rightly said that 'Health is Wealth'. The concept of 'Health' has been defined by Florence Nightingale, better known as the 'Lady with the Lamp', as "A state of being well and using every power the individual possesses to the fullest extent". World Health Organization (WHO) defines 'Health' as "A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity".¹ Wellness can be considered to be the precursor of health. It is an active process involved in making choices for a healthy and fulfilling life. It is a feeling experienced by a person about their health and quality of life. Wellness is multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment.²

A critical illness is a sudden, unexpected and often life threatening occurrence for both the patient and the family that threatens the steady state of internal equilibrium usually maintained in the family unit. It can be an acute illness or trauma, an acute exacerbation of a chronic illness or an acute episode of a previously unknown problem. A critical illness is an unplanned, significant and often life altering experience that affects each family member in one way. The patient's experience in an intensive care unit has ultimate meaning for the patient, family members and significant others. Although actual painful memories may be blurred by drugs and the minds need to forget, attitudes that are highly charged with feelings about the nature of the experience survive.³ Dependency in critically ill patients connotes a state of being vulnerable. It threatens the patients' identity and dignity, resulting in the loss of self, which is characterized by an inability to sense time, space and body.⁴ Care for the critically ill person, as well as treatment for the patient, is an essential human need and a professional responsibility for which critical care nurses must prepare and be accountable.⁵

Intensive care unit is designed and meant for the sickest patients with potential life threats and vital organs dysfunction; it requires advanced monitoring, technique, diagnosis, and treatments.⁶ Whittaker and Ball (2000) argue that it is important to perform the preparations for a transfer to the general ward accurately and correctly. If this is not done, the patient must be readmitted to the intensive care unit (ICU) and be exposed to further stress.⁷

Transition is a process or period in which something undergoes a change and passes from one state, form or activity to another. This care may be provided by intensive care unit nurses, acute care nurses, physicians and other health care professionals. It is an accepted part of the intensive care unit nurse's routine work, but also an important element of providing quality care.⁸ Communication is the core point of patient care. One of the most important communication process is the handover which is a transactional activity involving the outgoing and oncoming health professionals to establish continuity of care through a process that includes the exchange of information and transfer of accountability for patient care.⁹ Meibner et al in 2007 recognized that

the purpose of a handover in the health care setting is to ensure the proper transfer of information about the patient's health state and the plan of care responsibility transferred from one care giver to another.¹⁰ Intensive care unit nurses have an integral role in transition care from intensive care unit to ward, where the nurse not only support the patients and their families but also the ward nurses ensure the safe and timely transfer of patients.⁸

Statement of the problem

A study to assess the perception and satisfaction on nursing handover for patient care transitions among ICU nurses at a selected hospital, Ernakulam.

Objectives

- To assess the perception on nursing handover for patient care transitions among ICU nurses.
- To assess the satisfaction on nursing handover for patient care transitions among ICU nurses.
- To find the correlation between perception and satisfaction on nursing handover for patient care transitions.
- To find the association between research variables on nursing handover for patient care transitions and selected demographic variables.
- To develop an ICU-to-ward handover checklist for the ICU nurses.

Hypothesis

H1: There will be significant correlation between perception and satisfaction on nursing handover for patient care transitions among ICU nurses.

H2: There will be significant association between research variables and selected demographic variables of ICU nurses.

Materials and methods

Research approach: Quantitative research approach. Research design: Descriptive survey design. Setting of the study: This Study was conducted in Intensive Care Units of Lourdes hospital, Ernakulam. Study population: Registered nurses working in selected ICUs of Lourdes hospital, Ernakulam. Sample size: 70.

Conceptual framework

The conceptual framework for this study is based on Betty Neuman's Systems Model. It is a dynamic open approach to client care. This model considers the person as an open system which is having continuous contact with external environment.¹⁷

Tools and Techniques of data collection.

Data was collected from the participants by using Questionnaire (Tool-1) and Likert scale (Tool-2). The Tool -1 has two sections, section A and section B. Section A contains socio demographic variables comprised of five items which includes age in years, gender, educational qualification, experience in ICU and exposure to in-service education on transitional care. Section B: Questionnaire consists of 25 items of questions to assess perception on nursing handover for patient care transitions among ICU nurses. The Nurses' level of perception was rated as above 75% has high, 60 to 75% has moderate and below 60% has low level of perception. Tool 2: Likert scale consists of 20 statements to assess the satisfaction on nursing handover for patient care transfer among ICU nurses. The obtained maximum score is 100 and minimum score is 20. Nurses' level of satisfaction was rated as 70% and more were considered as satisfied and less than 70% were considered as unsatisfied.

Data collection procedure

After getting the approval from Institution Ethics and Research Committee. Permission obtained from Director and Nursing Superintendent of Lourdes Hospital on 22/12/2021. The participants were selected as per inclusion criteria and 70 ICU nurses were selected from ICU's using non probability convenience sampling technique. After the detailed explanation consent was taken from the subjects. Data collection was carried out using a structured Questionnaire and Likert scale to assess the perception and satisfaction respectively by paper and pen method. The subjects were informed that the confidentiality of data would be maintained and can terminate from the study at any point of study. Data were tabulated and analyzed using descriptive and inferential statistics.

Results

Description of socio demographic variables

When analyzing the demographic data, With regard to age, 34.3% (24) of the subjects are in the age group of 22 – 26 years, about 31.4% belongs to the age group of 27 – 31, 22.9% are included in the age group of 32 – 36 years and 11.4% belong to the age group >36 years. While considering the gender, among 70 sample 1.4% are male staff nurses and remaining 98.6% are female staff nurses. Based on the educational qualification, 34.3% of nurses had GNM Nursing diploma, 57.1% had BSc Nursing degree and 8.6% are PBBSc Nursing and none of them had MSc Nursing degree. Based on experience in critical care, 63% of critical care nurses were having 06 months - 05 years of experience in critical care, 30% had 5 - 10 years of experience, whereas

7% had > 10years of experience. While considering the exposure to in-service education on transitional care 32.9% of critical care nurses had an exposure to in-service education on transitional care where 67.1% of them had no exposure.

Objective 1: To assess the perception on nursing handover for patient care transitions among ICU nurses.

The study reveals that the level of perception on nursing handover for patient care transition among staff nurses working in intensive care units, 38.6% of staff nurses had low level of perception, 32.9% had high level of perception whereas 28.6% have moderate level of perception.

Objective 2: To assess the satisfaction on nursing handover for patient care transitions among ICU nurses.

The study reveals that the level of satisfaction on nursing handover for patient care transition, majority of staff nurses 97.1% (68) are satisfied, while remaining 2.9% (2) are unsatisfied.

Objective 3: To find the correlation between perception and satisfaction on nursing handover for patient care transitions.

The study interprets that no correlation exists between perception and satisfaction on nursing handover for patient care transition among ICU nurses because the obtained r value (0.135) is not statistically significant at 0.05 level of significance with corresponding p value (0.264). Hence the null hypothesis (H1) is accepted.

Objective 4: To find the association between research variables on nursing handover for patient care transitions and selected demographic variables.

Data shows that the level of perception on nursing handover for patient care transition has a significant association with educational qualification ($F = 3.252, p = 0.045$) F value interpreted by which is statistically significant at 0.05 level and corresponding p value is 0.045. Other demographic variables such as age ($F=0.869, p=0.462$), experience in critical care ($F=0.441, p=0.645$), exposure to in-service education on transitional care ($F=1.022, p=0.316$) had no significant association with level of perception as the calculated p value is more than level of significance (0.05). Based on age ($F= 0.009, p = 0.99$), educational qualification ($F = 0.901, p = 0.411$), experience in critical care ($F = 0.253, p = 0.77$) and exposure to in-service education on transitional care ($F=0.47, p=0.527$) had no significant association with level of satisfaction on nursing handover for patient care transition among ICU nurses. Therefore it interprets that there is no significant association between demographic variables and level of satisfaction at 0.05 level of significance. It is concluded that there is a significant association between perception and selected socio demographic variable. Hence the research hypothesis is accepted.

Objective 5: To develop an ICU-to-ward handover checklist for the ICU nurses.

Developed an ICU to ward handover checklist and validated by experts and have done the modifications as per their suggestions. The ICU to ward handover checklist puts specific points such as identification data of patient, pre transfer checklist which includes date and area of transfer, order for transfer, communication between recipient staff and ICU staff, arrangements needed for transfer, medication reconciliation, updation of pending reports and investigations, way of transferring, explanation of patient condition specifically chief complaints, undergone surgery/procedure, allergy, diet, iv cannula, tubing's and supports and handed over articles.

Discussion

The study was aimed at assessment of the perception and satisfaction on nursing handover for patient care transitions among ICU nurses at a selected hospital Ernakulum. A descriptive survey design was employed. The study was carried out in 70 nurses working in Intensive care units of Lourdes Hospital, Ernakulum. The sample were selected by non-probability convenience sampling technique. The tools used for the study were description of sample characteristics to assess the demographic profile, Questionnaire to assess the perception on nursing handover for patient care transfer among ICU nurses and Likert scale to the satisfaction on nursing handover for patient care transfer among ICU nurses. The result of the study revealed that, 38.6% of staff nurses working in intensive care unit had low level of perception, 32.9% had high level of perception and 28.6% had moderate level of perception on nursing handover for patient care transitions. While considering the level of satisfaction on patient care transitions, 97.1% staff nurses were satisfied, while remaining 2.9% were unsatisfied. The study showed that no correlation exists between perception and satisfaction on nursing handover for patient care transition among ICU nurses and there was a significant association with educational qualification and level of perception on nursing handover for patient care transition. Also revealed that there was no significant association with age, educational qualification, experience in critical care and exposure to in-service education on transitional care with level of satisfaction on nursing handover for patient care transition among ICU nurses.

Conclusion

Based on the findings of the study, it can be concluded that the nurses had low level of perception on nursing handover for patient care transition and satisfied with the current handover practices.

Nursing Implications

The findings of the study have several implications for nursing education, nursing practice, nursing administration and nursing research.

Nursing Practice

The practical contribution of the research to the critical care nursing environment when implemented effectively by the critical care nursing personnel in their respective critical care units can improve a better transition from Intensive Care Unit to ward. The study provides sufficient and convincing evidence that critical care nurses have low level of perception regarding transitional care. The development of a handover checklist would provide a potential driving towards affirmation of better transitional care.

Nursing Education

The second important outcome that has been derived from the present study is the development of an ICU to ward handover checklist. The checklist points to specific areas like pre-transfer process, transfer process and handing over. The teaching faculty and critical care nurses can widely use these checklist as they develop clinical skills in providing the optimum quality of care in the critical care units. The nursing students are to be educated academically and in practical setting. Therefore, this ICU to ward handover checklist can be used by the students which can help them to get introduced to a proper system of handing over the patient and respective documents while shifting the patient from ICU to ward.

Nursing Administration

The evidence of the present study call for a need for CNE programs on transitional care which can enlighten the nurse administrator to make decisions regarding conduct of such programs. The research indicates that a proper transitional care directly affects the patient's health aspects and also choice of recommending the hospital that take care of them during the critical period to the family and friends. A proper transitional care by critical care nurses proves that nursing is the most important factor that impacts on patient's satisfaction.

Nursing Research

The implication related to nursing research which arises from the present study is that which supports the findings of previous study in relation to transitional care. The present research puts forward an opportunity for nurse researcher to conduct quasi experimental studies to analyze the use of an ICU to ward handover checklist in patient care transition. Further research would conduct to assess the knowledge and practice on nursing handover for patient care transition. The study has contributed to the body of knowledge on transitional care with the development of an ICU to ward handover checklist regarding transitional care. The study can also prompt nursing management to request a study in the critical care units with the implementation of this ICU to ward handover checklist.

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