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Greater accountability in nursing handover

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Abstract

Nursing handover exemplifies both the nurse's professional ethics and the profession's integrity. The article by Yetti et al. acknowledges the critical role of structure and process in handover implementation. At the same time, they emphasised the fundamental necessity to establish and update handover guidelines. I assert that effective patient handover practices do not simply happen; instead, nurses require pertinent educational support. It is also pivotal to develop greater professional accountability throughout the handover process. The responsibility for ensuring consistent handover quality should be shared between nurse managers and those who do the actual handover practices.

Keywords

nursing handover; professional ethics; social responsibility; accountability; patient care

Letter to the Editors

The letter aims to draw attention to a recent article published in the Belitung Nursing Journal that sheds light on nurses' narratives in the implementation and evaluation of handover. I read the article "Nursing handover in the Indonesian hospital context: Structure, process, and barriers" by Yetti et al. (2021) with great interest. This fundamental aspect of nursing is receiving more attention, and it represents an important example of an effort to address the issue of patient safety and continuity of care. Patient or clinical handover entails more than just providing information about what happened to patients during the previous shift. It displays the nurse's professional ethics and the integrity of the profession. When Yetti et al. (2021) observed that some nurses were absent during the handover time, I was unconvinced that this was a one-time narrative that could potentially lead to communication failures. According to some evidence, one of the leading causes of reduced safety and quality of services and patient discontent is a lack of communication between incoming and outgoing nurses during the handover process (Raeisi et al., 2019). Communication quality embraces all interpersonal behaviours that lead to improved conversation and productive relationships among colleagues, not just the transmission of technical facts (Balka et al., 2013).

Several of the findings from Yetti et al. (2021) also hold interest. First, their insights about the importance of having clear guidelines are relevant because it helps nurses structure their handover communication to a greater extent. A good handover, however, needs more than just providing guidelines. Effective patient handover practices do not simply happen; they require education, training, practice, assessment, and feedback. Universities, for example, have a responsibility to guarantee that good clinical handover practice is adopted (Cowan et al., 2018). Educational intervention may

only be the first step in establishing a long-term culture of professional communication based on mutual support (Losfeld et al., 2021). However, patient handover training and practice may not always be prioritised because of constraints within the university curricula and hospital training (Burgess et al., 2020).

Second, I believe that perceived barriers associated with the handover, which has been widely criticised as ineffective and time-consuming, are still a significant area of concern (Bruton et al., 2016). Thus, it is understandable that some nurses are overwhelmed by the handover practice. However, this does not have to be the case. It may be asserted that handover only becomes taxing when perceived as an additional set of tasks. Furthermore, if the handover is considered one of many "routine" tasks, it may lose its importance and value in daily nursing care. Subsequently, a strong focus outside of the handover procedure is required, emphasising professional accountability for all staff involved. For example, during the handover process, the outgoing staff should be able to first and foremost offer accurate information.

On the other hand, upcoming staff members have a professional obligation to inquire about any discrepancy, gap, or incomplete information obtained. This cross-examination session implies a dual obligation, especially if the patient care and needs can potentially be misinterpreted. One of the key factors contributing to inaccurate handovers is a lack of opportunities to ask questions and clarify information (Ginsburg, 2015). Thereby, having the opportunity to ask questions and receive updated information during handover would have a significant indirect connection with the quality of handover, owing to its ability to completely understand a patient's health and care plan (Pun, 2021).

Furthermore, while Yetti et al. (2021) propose reinforcing the importance of supervision, which I completely agree with, I believe that the responsibility for maintaining consistent handover quality should fall not just on nurse managers but

also on those who perform the actual handover activities. In summary, this crucial article sheds light on nurses' narratives in the implementation and evaluation of handover. As nurses carry out their professional obligation to ensure safe and effective handover, it appears that there are still areas of nuance within aspects of handover that could be carefully considered and improved. We learned about the consequences of a substandard handover and the impact on patient safety and well-being. As a result, nurses must not only ruminate their greater professional accountability throughout the handover process, but they must also maintain a high standard and quality of handover. This fundamental duty is built on the premise that nurses will carry out their responsibilities competently and without compromising the patient's safety.

Declaration of Conflicting Interest

The author declares that they have no conflict of interest in this study.

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Author's Contribution

YZ is the sole author of the paper.

Author's Biography

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Data Availability

Not applicable.

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