

## A Preliminary Study on the Current State of Handovers among Nursing Students

Mi Yu<sup>1</sup>, Kyung-ja Kang<sup>2\*</sup>

<sup>1</sup>College of Nursing, Gyeongsang National University, Jinju, South Korea  
E-mail: yumi825@gnu.ac.kr

<sup>2\*</sup>College of Nursing, Jeju National University, Jeju, South Korea  
E-mail: kkyungja@jejunu.ac.kr

**Abstract.** This study aims to grasp the current condition of handovers of practical tasks among nursing students as well as specific items of handovers and the communication clarity. A questionnaire-based survey was conducted on handover experience among 137 individuals who had experience of clinical practice and were senior students at three nursing colleges located in A, B, and C districts. Among them, 27 were chosen for convenience sampling, and their statements were recorded for a descriptive analysis. The findings of this study indicate the necessity of education on handovers as part of the practical training for nursing students as well as efforts to enhance the clarity of communication in utilization of specific SBAR tools.

**Keywords:** Handover, Nursing, Student, Communication, SBAR

### 1 Introduction

Ineffective ways of communication negatively affect mortality rates, abnormal cases, near miss cases, and financial loss in healthcare fields as well as complaints among patients [1]. According to Collins [2], nurses who have graduated are required to develop capabilities to notify doctors of an emergency situation of patients, which requires assessment on importance of matters, skills of clear reporting, managing and predicting the order of emergency situations. These factors, however, have hardly been included in educational intervention for communication skill improvement among nurses. The approach of SBAR (Situation, Background, Assessment, and Recommendation) for handovers helps structuralizing given information [3] and improving knowledge and self-confidence among students practicing handovers in safe circumstances [4].

Accordingly, this study aims to grasp the current condition of handover communication that nursing students actually experience in clinical practice, analyze handover contents by means of SBAR, and thus provide the basis for the development of handover communication strategies and education programs in the future. Recently, it was reported by a domestic research that after an education program of SBAR was con-

ducted among nurses, their communication clarity, the medical staff's satisfaction, information organizing skills, and patients' safety were all improved [5].

This study is to grasp the actual experience of handovers communication in clinical practice among nursing students. Specific objectives are as follows:

## **2 Methods**

### **2.1. Study Design**

This descriptive study is designed to grasp the current condition of handovers communication in practical lessons for nursing students and to examine specific items of handovers and the degree of communication clarity. This study is conducted among senior students at three nursing colleges in A, B, and C districts who had experiences of clinical practice. They signed on the agreement of research participation voluntarily. 137 in total participated in the survey about handover experiences, and 27 were chosen in a way of convenience sampling for handover recording.

### **2.2. Measurements**

- 1) Current Condition of Handovers: The survey items are on the handover experience, demand for education, self-confidence in handovers, and opinions on patients' safety. The level of confidence in handovers was measured by visual analogue scale (VAS, 10-point scale)
- 2) SBAR Handover Items: This is an important process of information exchange to maintain the quality, safety, and continuance of nursing work [6]. In this regard, SBAR is a standardized form of process suggested to facilitate communication between medical teams. The major items are on the situation, background, assessment, and recommendation [7].
- 3) Communication Clarity: To assess communication clarity, this study adopts a version of the tool [8] revised by Cho [5] for nurses. Point 1 indicates 'Not at all,' and point 5 'Very much' in the Likert 5-point scale. It includes 8 questions, and the higher score, the higher level of communication clarity.

## **3 Results**

### **3.1. Communication Clarity**

126 of the objects were female (92%) and the average age was 21.6. Regarding hand-over-related education opportunities, 89.8% replied 'never' or 'I do not remember whether I had any.' 10.2% replied that they participated in a handover education program. Among 14 who replied that they had received handover education, 8 replied that they education session was 60-minute long. They also said that handover education was given mainly in a way of nurse observation. 57.7% had no experience of handovers, and 34.3% replied that they were aware of the necessity to improve the process of handovers in practical lessons. 58.4% replied that they were not sure.

Each average of 8 questions for communication clarity assessment is presented in Table 1: The total average was 2.30( $\pm$ 0.42) in the 5-point Likert Scale. The lowest score was 1.85 points ( $\pm$ 0.82) of No. 4 item.

**Table 1.** Analysis of Communication Clarity (N=27)

Items	Mean	SD	Min-Max. range(1-5)
1) A problem's urgency or appropriateness is stated	2.41	0.64	1-3
2) A patient's problem in urgency is clearly emphasized	2.33	0.62	1-3
3) Problems are properly emphasized and stated in a logical order	2.41	0.69	1-3
4) Vital signs are related	1.85	0.82	1-4
5) Important matters are clearly and simply summarized	2.30	0.72	1-4
6) Necessary treatments for a situation are clearly stated	2.74	0.66	1-4
7) Help or advice is asked for clearly and directly	2.37	0.88	1-4
8) Certain questions or instructions are asked for clearly	2.00	0.88	1-4
Total	2.30	0.42	1-4

## 4 Discussion

This study aims to grasp the actual condition of handover communication that nursing students experience in clinical practice, analyze handover contents by means of SBAR, and thus provide a basis for improvement of handover communication among nursing students and development of education programs for them.

Among the respondents, only 10.2% replied that they received handover-related education during the nurse training course for nursing students, and such education was given mostly in a way of observing existing nurses' handovers in clinical practice. 42.3% replied that they had personal experience of handovers but without specific

education on handovers. The level of self-confidence in handovers that the students felt was low down to 2.9 on average. This result corresponds to the finding of Collins's research [2], where it turned out that students were not aware of essential factors for an effective handover and that they lacked confidence in delivering information to others. 97.1% of the respondents felt that handover education should be provided to enhance their confidence.

Handover contents among nursing students were analyzed in reference to SBAR items. As a result, it turned out that more than 90% of the students delivered the information of patients' imminent problems in the area of situation. 88.9% included an introduction of oneself and 66.7% the information of the patient name, department, and doctor respectively. More than 70% of the students included the area of background in their handovers. In particular, treatment aspects were more frequently included than diagnoses or medical histories. More than 90% included in their handovers patients' symptoms and assessments in the area of assessment as well as the current treatment methods while 40.7% omitted the aspects of vital signs.

## 5 Conclusions

In conclusion, nursing students feel the necessity of handover education as part of a practical training course, and efforts need to be put forth into enhancing communication clarity by utilizing specific SBAR tools. Based on the findings of this study, suggested is a research on the development and application of an education program that utilizes simulations or role plays in connection with SBAR in order to improve the quality of handover communication among nursing students as well as related education methods.

## References

1. McMurray, A., Chaboyer, W., Wallis, M., & Fetherston, C. : "Implementing bedside handover: Strategies for change management," *Journal of Clinical Nursing*, Vol.19, pp.2580- 2589 (2010)
2. Collins, G. : "Using simulation to development handover skills," *Nursing Times*, Vol.110, No.8, pp.12-14 (2014)
3. Thomas, C. M., Bertram, E., & Johnson, D. : " The SBAR communication technique; Teaching nursing students professional communication skills," *Nurse Educator*, Vol.34, No.4, pp.176-180 (2009) doi: 10.1097/NNE.0b013e3181aaba54.
4. Jennifer, D. : "Structured communication : Improving patient safety with SBAR," *Nursing for Women' s Health*, Vol.13, No.5, pp.385-390 (2009)
5. Cho H. J. : "The effect of SBAR program education on a nurse' s communication clarify and self expression," Master's thesis, Yonsei university, Seoul. (2013).
6. Benson, E., Rippin-Sisler, C., Jabusch, K., & Keast, S.: "Improving nursing shift-to-shift report. *Journal of Nursing Care Quality*," Vol. 22, No.1, pp. 80-84 (2007).
7. Institute for Healthcare Improvement SBAR technique for communication: a insituational briefing model, (2012). Retrieved March 8, 2013, from

<http://www.ihl.org/IHI/Topics/PatientSafety/SafetyGeneral/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.htm>.

8. Marshall, S., Harrison, J., Flanagan, B. : “The teaching of a structured tool improves the clarity and content of interpersonal clinical communication,” *Quality and Safety in Health Care*. Vol.18, No.2, pp.137-140 (2009)