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Study of the preliminary effects of an educational intervention aimed at introducing the practice of bedside nursing handovers from a patient partnership perspective

Submission date
12/05/2022

Recruitment status
No longer recruiting

Registration date
13/05/2022

Overall study status
Completed

Last Edited
18/03/2025

Condition category
Other

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims

Oral handovers are central to the organization of nursing care and ensure the continuity of patient care. However, according to the American Nurses Association, 80% of errors are attributed to poor communication between caregivers in general and particularly during handovers. The main errors are related to drug treatments and diagnostic delays.

To ensure effectiveness, research initially focussed on the quality of nurses' handovers using oral exchanges of information. Improvements were made by standardising the information passed on using instruments which guide how information is organised during handovers. Structured handovers using standardised instruments adapted to the relevant care setting helped reduce communication errors by improving the precision and reliability of the data transmitted between nurses.

Numerous studies have shown that oral handovers during team changes represent moments of vulnerability for patients. This is because the information transmitted may be false or incomplete or even omitted. Bedside communication reduces this type of error because the patient is present to correct the information. The transfer of nursing handovers to the bedside thus gives the patient the opportunity to participate fully in his or her care. In addition, as studies have shown, the use of bedside nursing handovers facilitates patient-centered care and improves safety and satisfaction for both patients and professionals. Bedtime nursing handover is a good way to ensure patient participation in decisions about their health. Bedtime nursing handovers gives the patient the opportunity to clarify certain points and even to correct errors concerning him or her.

Studies have revealed that training is an indispensable aid to supporting nurses as they transition from nursing handovers in their office to bedside nursing handovers: it is a prerequisite to introducing bedside nursing handovers. Before envisaging any new, large-scale experiment involving clinical nursing practices, it is essential that the planned intervention is standardised and based on scientific evidence.

The aim of this study is to design an educational intervention to strengthen nurses' skills in quality handover and to implement it at the patient's bed. The objectives are to evaluate the

feasibility and acceptability of the educational intervention in two wards in French-speaking Switzerland. In a second phase, the study will examine the preliminary effects of bedside nursing handovers on the quality of nursing handovers in general, from nurses' perspectives, and on patients' trust in their nurses.
This study is carried out in compliance with the requirements of Swiss legislation. The researchers also follow all internationally recognized guidelines. The study has been reviewed and approved by the relevant ethics committee. This study includes the patient's point of view.

Who can participate?
Nurses in the participating wards and patients hospitalized in the corresponding wards

What does the study involve?
From nurses the researchers will collect data during the observation of transmissions as they are currently practiced in the unit. This observation will be carried out by external experts made up of members of the research team and will be guided by a scientific grid for evaluating the quality of transmissions. Then the nurses will follow the educational intervention including two training sessions of 3.5 hours each. They will fill in a questionnaire 1 week before and 5 weeks after the intervention to measure its acceptability. Then the researchers will make another observation of bedside nursing handover. They will also conduct a few interviews to collect the nurses' experiences with the implementation of TLPs. This will be the subject of another information sheet.
If the patient decides to participate, he or she agrees to fill out a questionnaire regarding the evaluation of the quality of nursing care and some will meet with a researcher for a recorded interview of about 30 minutes to answer some questions regarding their experience with bedside nursing handovers.

What are the possible benefits and risks of participating?
There will be no direct benefit from participating in this study. The results obtained will contribute to the advancement of knowledge about bedside communication and its implementation. There are no major health risks associated with the study procedure. The only inconvenience the study may cause is the time spent answering the questionnaire.

Where is the study run from?
University of Applied Sciences and Arts Western Switzerland

When is the study starting end how long is it expected to run for?
March 2022 to August 2023

Who is funding the study?
University of Applied Sciences and Arts Western Switzerland

Who is the main contact?
Dr Maryline Abt
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Contact information

Type(s)
Principal investigator

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Protocol serial number
N° SageX : 113223

Study information

Scientific Title
Pilot study protocol of the feasibility, acceptability and preliminary effects of an educational intervention to introduce patient-partnered bedside nursing handovers

Acronym
IETLP_

Study objectives
Research question 1. How feasible and acceptable is the educational intervention to support the introduction of a system of bedside nursing handovers among the nurses on the participating wards?
Research question 2. Is there a difference between the overall quality of handovers before and after the educational intervention to support the introduction of bedside nursing handovers?
Research question 3. What are the levels of patient understanding, safety, participation and satisfaction vis-à-vis bedside nursing handovers following their introduction? (Quantitative question)
Research question 4. What were patients' perceived levels of trust in nurses before and after the introduction of bedside nursing handovers? (Quantitative question)
Research question 5. What are nurses' lived experiences following the introduction of bedside nursing handovers (including any eventual difficulties or benefits)? (Qualitative question)
Research question 6. What are patients' lived experiences following the introduction of bedside nursing handovers? (Qualitative question)
Research question 7. How do the qualitative data converge with or diverge from the evidence from the quantitative data with regards to the intervention's feasibility and acceptability among nurses and to patients' trust in their nurses? (Mixed question)

Ethics approval required

Old ethics approval format

Ethics approval(s)
Approved 04/03/2022, Cantonal Commission (VD) for Ethics in Human Research (Av. de Chailly 23, Lausanne, 1012, Switzerland; + 41 (0)21 316 18 36; scientifique.cer@vd.ch), ref: 2021-02462

Study design
Type-1 effectiveness–implementation hybrid study

Primary study design
Interventional

Study type(s)
Other

Health condition(s) or problem(s) studied
Nursing handovers

Interventions
The research protocol involves a sequential mixed-methods explanatory design that relies on a larger quantitative phase and a smaller qualitative phase (QUAN/qual). Quantitative data collection will be guided by a quasi-experimental research design using simple interrupted time series: three pre-intervention timepoints (T3, T2, T1) and three post-intervention timepoints. The qualitative phase consists of semi-structured post-intervention interviews with nurses and patients.

The intervention is to train nurses to do their handovers at the patient's bed. This training consists of two half days of theoretical and practical input (simulated patient).

From nurses the researchers will collect data during the observation of transmissions as they are currently practiced in the unit. This observation will be carried out by external experts made up of members of the research team and will be guided by a scientific grid for evaluating the quality of transmissions. Then the nurses will follow the educational intervention including two training sessions of 3.5 hours each. They will fill in a questionnaire 1 week before and 5 weeks after the intervention to measure its acceptability. Then the researchers will make another observation of bedside nursing handover. They will also conduct a few interviews to collect the nurses' experiences with the implementation of TLPs. This will be the subject of another information sheet.

If the patient decides to participate, he or she agrees to fill out a questionnaire regarding the evaluation of the quality of nursing care and some will meet with a researcher for a recorded interview of about 30 minutes to answer some questions regarding their experience with bedside nursing handovers.

Intervention Type
Other

Primary outcome(s)
1. Acceptability evaluated using the Treatment Acceptability and Preference Questionnaire (TAPQ) at 1 and 3 weeks after the intervention
2. Handovers and bedside nursing handovers evaluated using the Rating Tool for the Quality of

Patient Handoffs at Care Transitions (RTHQ) at 5, 3 and 1 week before the intervention and at 1, 3 and 5 weeks after the intervention
3. Patient point of view explored using the Trust in Nurses Scale at 5, 3 and 1 week before the intervention and at 1, 3 and 5 weeks after the intervention
4. Patient's point of view specifically on bedside nursing handovers explored by adapting an instrument developed by Ford and Heymann (2017) at 1, 3 and 5 weeks after the intervention
5. Nurse’s perception explored using qualitative data from semi-structured interviews at 3 and 5 weeks after the intervention
6. Patient’s perception explored using qualitative data from semi-structured interviews at 5, 3 and 1 week before the procedure and at 1, 3 and 5 weeks after the intervention

Key secondary outcome(s))
1. Nurses' sociodemographic data (age, gender, and work experience) collected using a self-administered questionnaire at the time of the intervention
2. Patients' sociodemographic data (sex, age, nationality, professional activity, family situation and level of education) and the duration of hospitalization and the number (if primary hospitalization or not) collected using a questionnaire at 5, 3 and 1 week before the intervention and at 1, 3 and 5 weeks after the intervention

Completion date
31/08/2023

Eligibility

Key inclusion criteria
Complete nursing teams (n = 46) working in both the participating wards:
1. Being a permanently contracted employee of the ward and having worked there for at least 3 months
2. Giving written informed consent to participate in the study

Patients hospitalised in the participating wards (n = 28 patients per week):
1. Giving written informed consent to participate in the study
2. Being capable of discernment
3. Being Francophone

Participant type(s)
Mixed

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
Patients:
Severe cognitive impairment diagnosed by a physician

Nurses:
No exclusion criteria are used to optimize recruitment

Date of first enrolment
15/09/2022

Date of final enrolment
15/01/2023

Locations

Countries of recruitment
Switzerland

Study participating centre
Clinique Cecil
Av. Louis-Ruchonnet 53,
Lausanne
Switzerland
1003

Study participating centre
Réseau Santé Balcon du Jura
Rue des Rosiers 29
Sainte-Croix
Switzerland
1450

Sponsor information

Organisation
University of Applied Sciences and Arts Western Switzerland

ROR
https://ror.org/01xkakk17

Funder(s)

Funder type
University/education

Funder Name
University of Applied Sciences and Arts Western Switzerland

Results and Publications

Individual participant data (IPD) sharing plan
The data-sharing plans for the current study are unknown and will be made available at a later date

IPD sharing plan summary
Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		14/03/2025	18/03/2025	Yes	No