

## Evaluative Feedback regarding Handoff Process and Its Effect on Nurses' Safety Attitude

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### Abstract

**Background:** Handoff is a vital process for transferring data related to patient care that achieved through effective communication for purpose of ensuring the continuity of patient's care and enhancing nurses' safety attitude. **Aim:** Assess of evaluative feedback regarding handoff process and its effect on nurses' safety attitude. **Study design:** A quasi-experimental design with pre-post assessment was carried out in this study. **Setting:** The study was conducted in medical building departments/ units at Benha University Hospital. **Subjects:** 119 nurses out from 272 who had more than two years of job experience and selected randomly. **Tools:** Four tools were used namely, Knowledge Questionnaire Sheet, Observational Checklist, Audit Checklist of Handoff and Safety Attitude Questionnaire. **Results:** All studied nurses have satisfactory knowledge after implemented of evaluative feedback handoff process compared to less than one third of them had satisfactory knowledge before implementing the evaluative feedback. All of them had adequate level after implementing evaluative feedback, while about one third (33.6%) of the studied nurses had adequate level of performance before the implementation, more than half of them had positive safety attitude before implementing handoff process. While all of them had positive safety attitude after the implementation. **Conclusion:** Nurses knowledge and performance was improved after providing evaluative feedback regarding handoff process and had positively nurses' safety attitude. **Recommendations:** Who conduct training program for newly hired nurses about effective handoff process and application of evaluative feedback technique on various areas of patient care.

**Keywords:** Evaluative feedback, Handoff process, Nurses' Safety attitude.

### Introduction:

Communication is patient-centered, effective, and efficient during handoff, and the handoff template has been developed to include critical questions that health workers and client advocates must answer. A bedside report is a method that meets the criteria for safe reporting. It is a strategy of satisfying a patient's needs successfully by encouraging constructive participation in care (Fata & Tokat, 2023).

Patients assist with the reporting process by asking questions and evaluating information

such medical history, treatment plans, and lab findings. A bedside report is also an interactive method that allows nurses to interact directly with a nursing colleague and the patient. Nurses can think critically, confirm outcomes, and undertake brief evaluations to verify information provided during the bedside report (Tobiano et al., 2022).

Patient handoff is a crucial process in health care. It can be defined as the transfer of professional responsibility and accountability for some or all aspects of care for a patient or groups of patients to another person or

professional group on a temporary or permanent basis. Handoffs between nurses represent a common hospital process in helping to ensure effective and continuous care delivery and management across the care continuum (Kim et al., 2021).

A hand-off is a transfer and acceptance of patient care responsibility achieved through effective communication. It is a real-time process of passing patient-specific information from one caregiver to another or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient's care to solve problem and good understanding of positive attitude toward patient outcomes (Gan, 2021).

Feedback is providing formative information to improve performance regardless of the current performance and it is participatory for the nurses. Understanding the difference and ensuring nurses understand the difference can make negative feedback easier to give and receive. It's the important role for nurses to make evaluation feedback to ensure that the information that transfer to other nurses understand in correct manner (Ali et al., 2021).

Nurses' safety attitude is referred to any action nurses take in the process of hand off to ensure that the information is transfer correctly from and to the other nurses from shift to the next shift that will help the nurses be keep themselves avoid any illegal responsibilities. So, all nurses must follow the safety attitude to prevent any dinger for them and ensure that there is continuity of care for the patient that will make the patient have high level of satisfaction (Xie et al., 2021).

The interdisciplinary health care team faces a challenge in improving patient safety and continuity of care for critically sick patients. If adverse events occur, they must be properly documented through hospital reporting systems so that staff may learn from them,

devise remedies, and, most importantly, exchange best practices and, if required, establish new national guidelines. As a result, sustaining staff engagement for extremely good communication during shift change handoff and promote continuity of patient care involves everyone working together, supporting one another, and providing training (Round & Isherwood, 2021).

#### **Significance of the study:**

The researchers observed during round a lot of missing data in patient files due to inadequate handoffs in the study settings. The lack of updated patient information could have negative effects on patient progress and outcomes, and can jeopardize patient safety. This might be due to absence or lack of feedback provided to head and staff nurses about their performance (Abd El Kader, 2014) concluded that despite the majority of staff nurses had satisfactory knowledge regarding documentation they had inadequate performance regarding documentation in various nursing records in the patient file. While (Hassan & Badran, 2016). There is a statistically significant improvement of staff nurses' performance regarding documentation after using evaluative feedback Therefore, this study to assess the evaluative feedback regarding handoff process and its effect on nurses' safety attitude.

#### **Aim of the study:**

This study aimed to assess the evaluative feedback regarding handoff process and its effect on nurses' safety attitude.

#### **Research hypothesis:**

Nurses' knowledge and performance improved after providing evaluative feedback and will improvement positively safety attitude.

#### **Subjects and method:**

#### **Research design:**

A quasi-experimental design with pre-post assessment was used in this study.

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### **Study setting:**

The study was conducted at Benha University Hospital in medical departments / unit. The total bed capacity was 274 beds, Medical department include (14) unit divided into: (6) general medical unit, Pediatric (4) unit, Neurological and psychiatric (1) unit, Dermatology (1) unit, and Chest (1) unit and Rheumatic & Rehabilitation (1) unit.

### **Study subject:**

Total number of nurses were 272, the study sample size was 119 nurses. The simple random sample technique was used to select nurses who are working in the above-mentioned study setting. The main inclusion criteria were nurses who had one-year experience in their work setting and accept to participate in the study. The sample size calculated based on the following equation:

$$n = \frac{N}{1 + N(e)^2}$$

(n)= is the sample size (119).

(N)= is total number of nurses who are working in the above mention study setting (272).

(e)= is coefficient factor = 0.05 (**Emmel and Nickl, 2013**).

### **Tools of data collection:**

Four main tools were used for data collection, namely a Knowledge questionnaire sheet, Observational checklist, Audit checklist and Safety attitude questionnaire.

#### **1- Knowledge questionnaire sheet :**

A self -administered questionnaire, which adopted from **Atef, (2015)**. It aimed to assess nurses' knowledge about handoff process before and after the implementation of evaluative feedback. It consisted of two parts:

**Part (1):** Personal data and job characteristics of the nurses: It included age, sex, marital status, educational qualification, years of work experience, and attending training courses.

**Part (2):** It consisted of multiple questions 30 MCQs classified into 3 dimensions: Communication (12 questions), Shift report and handoff process (14 questions) and Patients' safety and security (4 questions).

### **Scoring system:**

Responses of subjects were scored one for correct answer and incorrect was scored zero for each question. Scores were summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into percent score.

### **The total score was calculated as following:**

- 60% or more was considered satisfactory knowledge.
- Less than 60% was considered unsatisfactory knowledge.

**2- Observational checklist:** This tool was adopted from (**Saad, 2014**). It aimed to assess nurses' actual performance during handoff process. It divided into 42 items under 3 dimensions distributed as the following:

### **Table (A): Observational checklist:**

Performance Dimensions	No. of items
Condition of handoff process	2
Criteria of oral handoff	7
Exchange content of handoff	33

### **Scoring system:**

For each item or step observed to be done was scored 1 and 0 if not done. The total score for each dimension and for the total performance were calculated by summing the scores. It converted into percent scores. Nurses' performance was considered adequate if the percent score was 80% or more and inadequate if score less than 80%.

### **The total score was calculated as following:**

- 80% and more of total performance considered competent.
- Less than 80 % considered incompetent.

**3- Audit checklist of handoff process:**

It adopted from Ali, (2019), It aimed to evaluate quality of handoff process as documented by the participants. It included (61 items) distributed as the following:

**Table (B): Audit checklist of handoff:**

Auditing dimensions	No. of items
1- Characteristics of written report	14
2- General information of the department	7
3-Patient’s background information	6
4- Patients’ health status	3
5- Code status	3
6- Primary health problem	2
7- Identifications of significant changes	4
8- New Physician orders	6
9- Diagnostic or laboratory tests	6
10 Fluid requirements	4
11 Patient’s allergies	2
12- Patient’s teaching needs	2
13-Patient’s safety needs	2

**Scoring systems:**

For each item or step observed to be done was scored 1 and 0 if not done. The total score for each dimension and for the total performance were calculated by summing the scores. It converted into percent scores. Nurses’ performance was considered adequate if the percent score was 80% or more and inadequate if score less than 80%.

**The total score was calculated as following:**

-80% and more was considered competent level of performance.

-Less than 80 % was considered incompetent level of performance.

**4- Safety Attitude Questionnaire (SAQ):** It

adopted from (Hassan & Elsayed, 2018). It aimed to assess safety attitude among nurses. It included (28 questions). Which classified into 6 dimensions: Teamwork climate (6

items), Safety climate (7 items), Job satisfaction (5 items), Work recognition (3 items), Perceptions of management (4 items) and Working conditions (3 items).

**Scoring System:**

Responses of participants were measured at 5 points Likert scale strongly disagree (1), disagree (2), natural (3), agree (4) and strongly agree (5). Total score was summed up and converted to percentage score.

**The total score was categorized into:**

- 60% and more was considered positive attitude.
- Less than 60 % was considered negative attitude.

**Validity of the tools:**

These four tools were standardized and the researchers is used without notifications.

**Reliability of the tools:**

It measured by Cronbach Alpha. The score was (0.83) for knowledge questionnaire sheet, (0.87) for observational checklist, (0.90), Audit checklist of handoff process and (0.88) for safety attitude questionnaire.

**Ethical consideration:**

An official written acceptance was obtained from Scientific Research Ethical Committee, Benha University (SREC) to conduct this study. The study was conducted with careful attention to ethical standards of research and rights of the participants. The respondent rights were protected by ensuring voluntary participation, so the informed consent was obtained by explaining purpose, potential benefits of the study, methods for collecting data and the respondent rights to refused or withdraw from the research study at any time. The respondent was assured that the data was be treated as strictly confidential; furthermore, the respondent anonymity was maintained. The study maneuvers had no actual or potential harms on participants. The study beneficence was clear in the improvement of performance of

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nurses, which would be reflected positively on their settings.

### **Fieldwork:**

Fieldwork was divided into four main stages, assessment, planning, implementation, and evaluation phases. The following phase were adopted to achieve the aim of the current study.

### **Assessment phase:**

Started from the May to the end of June 2022. The researchers introduced herself to the study subjects and explained the aim of the study. Before distributing the questionnaires sheet the researchers explained to the participants in the study settings ways to fill in the questions. The study questionnaires were distributed during morning shift in work unit of each nurse. The filed forms were handed back to the researchers who check its completeness. The researchers presented during the time of filling up the study tools for any clarification.

### **Planning phase:**

It started in July to end of August 2022. Based on the analysis of the data obtained from the assessment phase, the evaluative feedback was originated and constructed after review of related literatures; Then, the revision of the designed template related to handoff. The template aimed to record strength and weakness point of nurse's performance immediately after finishing handoff process. In addition, the researchers designed leaflet contains guidelines for effective handoff process this leaflet was distributed to each participant immediately after finishing evaluative feedback.

The schedule was set and the place to carry out the study, after agreement of the hospital manager, nursing director, head of each department units and coordination with the head of training and development center to check at documentation of handoff process for each unit in hospital.

### **Implementation phase:**

-It started from the beginning of September to December 2022. Generally, the evaluative feedback was given by the researchers to nurses, immediately after observing their performance during handoff process. The researchers discussed with them the strong and weak points regarding their performance.

-Constructive comments were provided to participants from the researchers based on their strength and weakness. The researchers met nurses in small group or individually. The researchers visited the departments 2 days/week at 8 am & 2 pm the time of handoff group interview took 20 to 30 minutes. The group interview started at 12: am. Some nurses asked to be interviewed personally to discuss the researchers weakness points and how to overcome.

### **Evaluation phase:**

It started from January to the end of February 2023. This was done using the same data collection tools used in the assessment phase. These tools were distributed to the nurses in their workplace and the researchers observe their performance and audit the sheet.

### **Statistical analysis:**

Data collected from the studied sample was revised, coded, and entered using the computer software PC. Data entry and statistical analysis were fulfilled using the statistical package for social sciences (SPSS) version 26. Data were presented using descriptive statistics in the form of frequencies, percentage for non- numerical data and mean, standard deviation (+SD) for parametric numerical data. Also, using analytical statistics in the form of chi square test to examine the relationship between two qualitative variables. Using student t-test to assess the statistical Significance of the difference of a parametric variable between means of two study groups (two independent group means) statistical significance was considered at  $P < 0.05$ . and tabulated using

number and percentage distribution and carried out using the Statistical Package for Social Sciences (SPSS) version 26. Appropriate statistical methods were applied (percentage, mean and standard deviation, paired t- test, Pearson correlation and multiple linear regressions). Regarding P value, it was considered that: non-significant if  $P > 0.05$ , Significant if  $P < 0.05$ , Highly Significant if  $P < 0.001$ .

**Results:**

**Table (1):** Demonstrates that, less than one third (33.6%) of studied nurses had age more than 40 years, two thirds of nurses are female and married (66.4%-67.2%) respectively. Furthermore, more than half (55.5%) of nurses had nursing diploma, meanwhile more than one third (36.9%) of nurses' years of experience ranged from 10- 15 years. slightly More than half (50.4%) of studied nurses is not attending training courses about handoff process.

**Figure (1):** Demonstrates that there was a highly statistically significant improvement of nurses' total knowledge after implementing evaluative feedback. When compared with before the implementation. 27.7% of nurses had satisfactory knowledge before the implementation which grow up reach to 100% after the implementing of evaluative feedback.

**Figures (2):** Displays that, there is a highly statistically significant improvement in studied nurses' performance regarding handoff process after implementing evaluative feedback. All nurses had adequate level after implementing evaluative feedback,

compared to (33.6%) before the implementation.

**Table (2):** Reveals that, majority (89.9%) of them have competent after implementing evaluative feedback, compared with (41.2%) of them have competent level before the implementation.

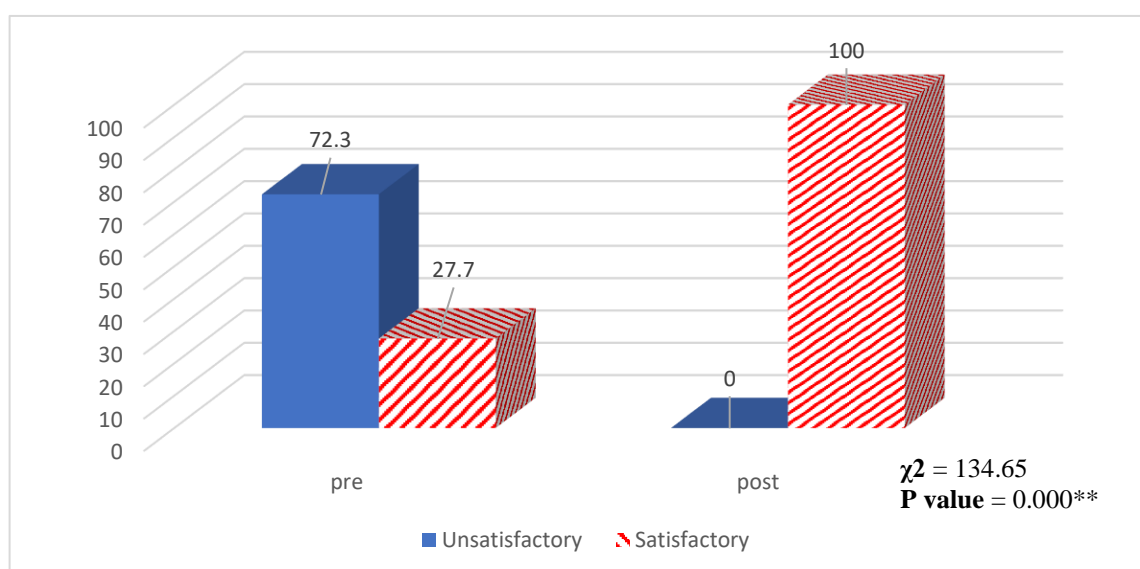
**Table (3):** Reveals that, all participants have positive attitude after implementing evaluative feedback, while (59.7%) of them have positive attitude before the implementation.

**Table (4):** Indicate that, there was highly statistically significant correlation between the studied nurses' safety attitude and total audit before implementing evaluative feedback. While there is no statistically significant correlation between the studied nurses' safety attitude and their total knowledge and total performance regarding handoff process before and after the implementation.

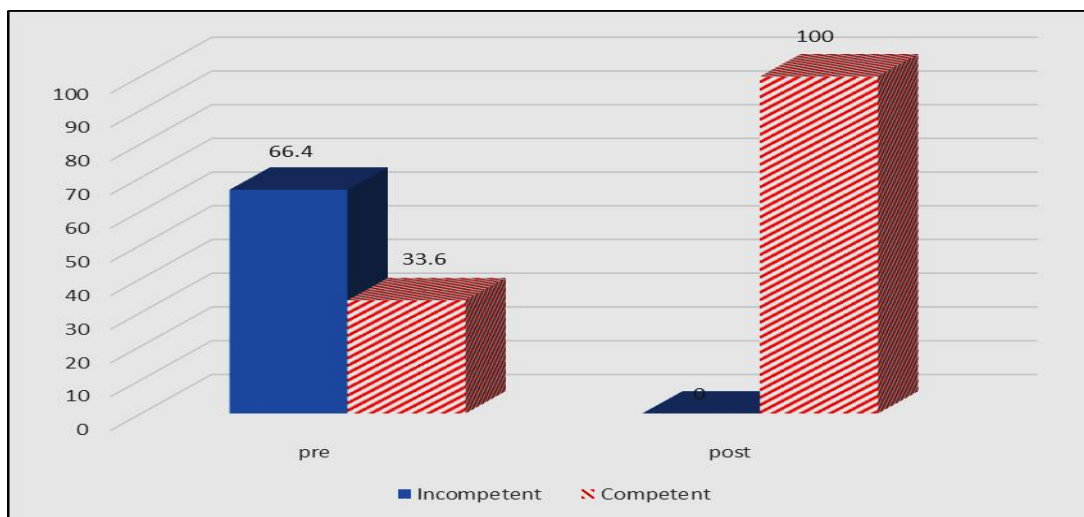
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**Table (1): Personal data and job characteristics of nurses at study setting (n= 119)**

Personal characteristics items	No	%
<b>Age</b>		
<30	40	33.6
30 – 40	40	33.6
>40	39	32.8
<b>Sex</b>		
Male	40	33.6
Female	79	66.4
<b>Marital Status</b>		
Married	80	67.2
Un married	39	32.8
<b>Educational qualifications</b>		
Nursing diploma	66	55.5
Associated degree in nursing	33	27.7
Bachelor degree	20	16.8
<b>Years of experience</b>		
<10	30	25.3
10 – 15	45	37.8
> 15	44	36.9
<b>Attending training courses about handoff process</b>		
Yes	59	49.6
No	60	50.4



**Figure (1): Total nurses' knowledge level regarding handoff process before and after implementing evaluative feedback (n=119).**



**Figure (2): Nurses total performance level of handoff process before and after implementing evaluative feedback (n=119).**

**Table (2): Total nurses’ performance of handoff process as documented by the participants before and after implementing evaluative feedback (n= 119)**

Performance	Done				$\chi^2$	P value
	Before		After			
	No.	%	No.	%		
Adequate + 80%	49	41.2	107	89.9	62.588	0.000**
Inadequate > 80%	70	58.8	12	10.1		

**Table (3): Total safety attitude before and after implementing evaluative feedback (n= 119)**

Total safety attitude	Before		After		$\chi^2$	P value
	No	%	No	%		
Positive + 60%	71	59.7	119	100.0	60.126	0.000**
Negative > 60%	48	40.3	0	0.0		

**Table (4): Correlation between nurses’ total knowledge, total performance, total audit and safety attitude before and after implementing evaluative feedback**

Variables	Safety attitude before		Safety attitude after	
	r	P value	r	P value
Total knowledge	r	-.006	r	-.009
	P value	.950	P value	.923
Total performance	r	-.023	r	-.078
	P value	.808	P value	.397
Total audit	r	.299**	r	.152
	P value	.001	P value	.098



### **Discussion:**

The present study showed that, there was highly statistically significant improvement in the studied nurses' knowledge regarding communication skills dimension after implementing evaluative feedback. From the researchers point of view, this result might be due to successful communication skills help in better understanding others and situations and overcome diversities, build trust and respect, and create conditions for sharing creative ideas and solving problems.

This result was in the same line with **Jorro-Barón et al., (2021)**, in the study which entitled (Handoff improvement and adverse event reduction program implementation in pediatric intensive care units in Argentina: a stepped-wedge trial), and concluded that the intervention resulted in an overall improvement in the quality of verbal and written handoffs. Also, this result was congruent with **Huth et al., (2021)** who studied (Implementing receiver-driven handoffs to the emergency department to reduce miscommunication), and reported that implementation of a receiver-driven intervention to standardize clinic-to-ED handoffs was associated with improved communication quality.

The current study findings revealed that total nurses' performance of handoff process before and after implementing evaluative feedback. All participants had adequate level after implementing evaluative feedback, while more than one third of the studied nurses had competent level slight before the implementation. From the researchers point of view, this result might be due to the performance of handoff is important in transferring critical data regarding patient condition and which is essential for continuity of quality care.

This result was in the same line with **El-Guindy et al., (2022)**, who reported that there was highly statistically significant

improvement in nurses' performance scores regarding handoff at post, follow up program as majority of them had satisfactory performance than preprogram. This result was disagreed with **Abd El-Hamed (2020)**, who showed that the majority of staff nurses had unsatisfactory level of performance regard continuity of care at preprogram while improvement to satisfactory at post program and follow up program evaluation.

The study revealed that, most of the studied nurses had adequate performance level of total audit of handoff process after implementing evaluative feedback, while more than two fifths of them had adequate level before the implementation. From researchers point of view, this result might be due to the importance of nursing handoff to achieve quality of care and preventing care missed or duplication. This result was compatible with **Sobhy et al., (2022)**, who studied (The Effect of Implementing the Training Program of Shift Handover Report on Nurses' Patient Handover), and revealed that the implemented of the shift report training program sessions had clear effect on nurses' knowledge and practice it was significantly effective as a method to improve the knowledge and practice of critical care nurses as regards nurses' handover shift report. This result also agreed with **Elhanafy & Hammour, (2014)** who revealed that there was significant difference between pre and post educational session of nursing hand off regarding to handoff interventions and nurse perceptions of handoff quality and impact on patient care.

There was highly statistically improvement in the studied nurses' safety attitude after implementing evaluative feedback. From researchers of view, this result might be due to improved handoff knowledge and practice after implementation which is effective in preventing errors and resulted in improved nurses' safety attitude.

Also, the concept of study had high concern in the last decade. The previous result supported by **Randmaa et al., (2019)**, who found that the implementation of the communication is greatly influenced by the attitude of the nurses. This result was in agreement with **Herawati et al., (2018)**, who studied (the Effectiveness of Coaching Using Communication Tool on Nursing Shift Handovers), and concluded that health worker' knowledge and attitude increased after the training.

The current study indicated that, there was highly statistically significant correlation between the studied nurses' safety attitude and their total audit before implementing. While, there was no statistically significant correlation between the studied nurse' safety attitude and their total knowledge and performance regarding handoff process before and after implementing. From researchers point of view, this result might be due to the knowledge improvement the attitude changes to better and nurses' practices improved which reflects on nurses' safety attitude.

This result was supported by **Sobhy et al., (2022)**, they revealed that there was highly significant positive correlation between total nurses' knowledge and their practice towards ISOBAR shift report at immediate post implementation of a training program. **Suryani & Said, (2020)** they revealed that there is no relationship between nurses' knowledge and attitude toward patient handover.

#### **Conclusion:**

There was highly statistically significant improvement in the studied nurses' knowledge and performance regarding handoff process after implementing of evaluative feedback. All studied nurses had positive safety attitude after evaluative feedback implementation. There was an obvious improvement of the safety attitude

among studied nurses after implementing of evaluative feedback. The study finding support the researchers hypothesis which was nurses' knowledge and performance will be improved after providing evaluative feedback and will improve positively safety attitude.

#### **Recommendations:**

- Continuously used evaluative feedback technique for improving nurses' performance.
- Conduct training program for newly hired nurses about effective handoff process.
- Hospital management have to encourage application of evaluative feedback by providing necessary resources and facilities.
- Apply evaluative feedback technique in different patient care area.
- Advanced techniques of handoff have to be involved in nursing curricula in different educational settings.

#### **Further researches:**

- Assessing the relationship between nursing workload and handoff process at health care setting.
- The effect of application of evaluative feedback regarding handoff process continuity of care.
- Replicate the study in other hospitals and generalized to the results.

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## التغذية الراجعة التقييمية فيما يتعلق بعملية التسليم وتأثيرها على سلوك سلامة الممرضات

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تعتبر عملية التسليم عملية حيوية لنقل البيانات المتعلقة برعاية المرضى والتي يتم تحقيقها من خلال التواصل الفعال لغرض ضمان استمرارية رعاية المريض وتعزيز موقف سلامة الممرضات. هدفت الدراسة إلى تقييم ردود الفعل التقييمية فيما يتعلق بعملية التسليم وتأثيرها على موقف سلامة الممرضات. وتم استخدام تصميم شبه تجريبي مع التقييم القبلي والبعدي في هذه الدراسة. وقد أجريت الدراسة في أقسام/وحدات المباني الطبية بمستشفى بنها الجامعي. وقد تضمنت الدراسة 119 ممرضاً وممرضة من أصل 272 ممن لديهم أكثر من عامين من الخبرة الوظيفية وتم اختيارهم عشوائياً. وكانت النتائج بأن جميع الممرضين الذين شملتهم الدراسة لديهم معرفة مرضية بعد تنفيذ عملية تسليم التغذية الراجعة التقييمية مقارنة بأقل من ثلثهم كان لديهم معرفة مرضية قبل تنفيذ عملية التغذية الراجعة التقييمية. جميعهم حصلوا على مستوى مناسب بعد تنفيذ التغذية الراجعة التقييمية، في حين أن حوالي ثلث (33.6%) من الممرضات الذين شملتهم الدراسة كان لديهم مستوى مناسب من الأداء قبل التنفيذ، وأكثر من نصفهم كان لديهم موقف إيجابي للسلامة قبل تنفيذ عملية التسليم. في حين كان لديهم جميعاً موقفاً إيجابياً للسلامة بعد التنفيذ. وقد لخصت الدراسة بانه تم تحسين معرفة وأداء الممرضات بعد تقديم ردود فعل تقييمية فيما يتعلق بعملية التسليم وكان لديهم موقف إيجابي بشأن سلامة الممرضات. وقد أوصت الدراسة من يقوم بإجراء برنامج تدريبي للممرضات المعينات حديثاً حول عملية التسليم الفعالة وتطبيق تقنية التغذية الراجعة التقييمية في مختلف مجالات رعاية المرضى.