

Shift from Nursing Report on Nursing Station to Bed-Side Nursing Report

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### **Introduction**

Bedside shift reporting is one of the ways of reducing errors during patient treatment. Importantly, this system increases patient satisfaction, improves their safety, and enhances communication among nurses during shift changes (Gregory, Tan, Tilrico, Edwardson, & Gamm, 2014). Additionally, it has been shown that the use of bedside reporting increases patient's engagement, which enhances caregiver support and education (Sand-Jecklin & Sherman, 2013). Given the numerous advantages of bedside reporting over the contemporary use of nursing report in nursing stations, healthcare officers should embrace this method to improve the quality of their healthcare services.

In modern medical care, improved quality and safety and patient-centered care are the primary focus. In both cases, proper communication among the healthcare professionals and between them and the patient is essential for effective treatment. According to Judymae, Maura, and Stephanie (2015), there is usually a possibility of a breakdown in communication during patient handoffs, which can result in medical errors. Ordinarily, handoffs of the patient occur across care settings and from nurse-to-nurse during shift changes (Cairins, Dudjak, Hoffmann, & Lorenz, 2013). Therefore, the use of a bedside shift report can reduce errors and improve communication between patients and nurses.

### **Nursing Practice in my Work Place that Requires Change**

Currently, nurses give reports of patient's health conditions on nursing station instead of bed-side nursing report. The delivery of reports in nursing stations is not effective since some errors in the files cannot be easily detected, unlike in the case of a bedside nursing report. For example, the bedside nursing report enables healthcare officers to confirm the accuracy of the

previous shift's report, during handoffs, by visualizing the patient and performing a baseline assessment, which is not possible in a nursing station (Sand-Jecklin & Sherman, 2013).

Additionally, the use of a bedside nursing report encourages greater patient participation in his/her treatment. Therefore, there is a need for my workplace to shift from giving nursing reports in nursing stations to the use of bedside nursing reports.

### **Factors Influencing the Change from Reporting on Nursing Stations to Bedside Reporting**

There are various reasons why healthcare facilities should adopt bedside reporting over traditional methods. In particular, there has been an emergence of the Patient-Centered Nursing Philosophy, an increase in the demand for active patient participation, and the requirements of the Joint Commission Institute (JCI) 2008 guidelines.

According to Kusain (2015), the Institute of Medicine (IOM) made significant reforms in the delivery of healthcare services to patients in 2001, which aimed at making health care facilities more responsive to patient needs. As a result, the Patient-Centered Care framework was introduced in most facilities, which led to the shift to bedside nursing report. Importantly, the use of a bedside reporting enables most hospitals to have a patient-centered nursing care approach, which focuses at addressing the specific needs of each patient (Kerr, McKay, Klim, Kelly, McCann, 2014).

Another primary reason for the shift from reporting on nursing stations to the use of bedside nursing reporting is the new guidelines from the Joint Commission Institute (JCI) that blamed communication failure for resulting in sentinel events in the United States (Kusain, 2015). Following the report from the JCI, the Joint Commission on Health Care Accreditation (JCAHO) on National Patient Safety Goals established the following guidelines: improving effective communication among caregivers, enhancing the accuracy of patient identification, and

making communication among caregivers more effective (Kusain, 2015). There was also the improvement of communication during handoffs and the encouragement of patient participation in their treatment (Sprinks, Chaboyer, Bucknall, Tobiano, & Whitty, 2015). On the overall, the JCAHO policies encouraged for the establishment of bedside nursing reporting over health care officers making reports in nursing stations.

Recently, there has been an increase in the demand for consumers to be involved in their care. With these significant changes in healthcare process, there has been an increased need for nurses to use a reporting method that encourages patient participation. According to Kusain (2015), most patients are always willing to participate in their healthcare treatment by collaborating with healthcare providers. Gregory et al. (2014) note that the bedside nursing report helps patients to participate in the decision-making process, ask questions, and share information on their medical history.

The provision of bedside nursing has also been proven to provide a supportive, protective, and corrective mental and socio-cultural environment. Normally, the use of bedside reporting helps patients to know the nurses who are involved in their treatment and shift changes. Bedside handover makes nurses gather additional resources in diagnosis and treatment of the patient to prevent errors in patient management (Wakefield, Ragan, Brandt, & Tregnago, 2012). Furthermore, the incoming nurse always has the opportunity to confirm the accuracy of the previous shift's report by visualizing the patient and performing a baseline assessment (Kusain, 2015). Finally, the bedside report enables nurses to prioritize patient care, which makes them manage patient load more effectively and makes them more accountable in their duties.

Besides having many health benefits to patients, the bedside nursing report is also beneficial to nurses. This reporting method also gives nurses an opportunity to socialize by

sharing stories and experiences. The increased communication provided by this system also makes them provide emotional support to one another, and to also have an opportunity of mentoring one another. Additionally, the bedside nursing report helps health officers to form essential networking opportunities (Gregory et al., 2014).

### **Key Stakeholders and Their Role in Promoting Bedside Nursing Reporting**

#### **California Nurses Association**

California Nurses Association is a labor union for registered nurses. Besides playing a significant role in lobbying for its member rights and increase in salaries, it also plays a significant role in advocating for healthcare reforms. Accordingly, this union can play an essential role in requesting for compulsory use of bedside nursing reports in all healthcare facilities.

#### **California Nursing Student's Association**

California Nursing Student's Association is a constituent of the National Student Nurses' Association. This association's leading role is in seeking optimal education development and professional growth for its members. Accordingly, this stakeholder can play an important role in lobbying for the training on how to prepare bedside nursing reporting and its advantages, and also for its use in hospitals.

#### **California Association of Long Term Care Medicine.**

California Association of Long Term Care Medicine is the professional association for physicians, nurses, pharmacists, administrators, and other healthcare professionals working in long-term care. The union plays a significant role in advocating quality health care for patients, providing long-term care education, and influencing policies. Accordingly, this union is appropriately positioned to request its members to adopt the use of bedside nursing for patients

requiring long-term care. Additionally, it can influence the adoption of bedside nursing in all hospitals.

### **California Association of Health Facilities**

California Association of Health Facilities is a non-profit making trade association that represents skill nursing and intermediate-care facilities. This association is dedicated to the provision of quality care to elderly, intellectually disabled, and people with chronic mental illness. This stakeholder can play a major role in influencing all its members to install bedside nursing report system in their facilities.

### **California Medical Association**

California Medical Association is a large union that has members from various medical fields. The central roles of the union include serving its member physicians through economic, legal, and social advocacy. Importantly, the efforts of this union help patients to have access to doctors and other health professionals by championing for universal access to health care. It also advocates for the provision of accurate and transparent provider networks. Accordingly, this union can play a major role in influencing its members and healthcare facilities to adopt a bedside nursing report.

### **California Primary Care Association**

California Primary Care Association represents the interests of many health centers and their patients, especially those serving the low-income and uninsured Californians. This stakeholder can play a significant role in influencing its members to implement a bedside nursing report system in their healthcare facilities.

California State Government

The California State Government is an important stakeholder in the implementation of bedside nursing report. In particular, the State government can request all state-funded hospitals to implement this health care reporting system. Additionally, the state government can influence other health care facilities to implement this system by establishing state policies that require the use of bedside nursing report in all hospitals.

Evidence Critique Table

Full APA citation for at least 5 sources	Evidence Strength (1-7) and Evidence Hierarchy
<p>1. Gregory, S., Tan, D., Tilrico, M., Edwardson, N., &amp; Gamm, L. (2014). Bedside shift reports: What does the evidence say? <i>Journal of Nursing Administration, 44</i>(10), 541-5. DOI: 10.1097/NNA.0000000000000115</p>	<p>2 Synthetic Review</p>
<p>2. Judymae, O., Maura, B., &amp; Stephanie, C. (2015). Bedside shift report: Implications for patient safety and quality of care. <i>Nursing, 45</i>(8), 1-4. DOI: 10.1097/01.NURSE.0000469252.96846.1a</p>	<p>2 Synthetic Review</p>
<p>3. Sprinks, J., Chaboyer, W., Bucknall, T., Tobiano, G., &amp; Whitty, J. (2015). Patient and nurse preferences for nurse handover-using preferences to inform policy: A discrete choice experiment protocol. <i>BMJ Open, 5</i>(11), e008941. <a href="http://doi.org/10.1136/bmjopen-2015-008941">http://doi.org/10.1136/bmjopen-2015-008941</a></p>	<p>4 Research Paper</p>

<p>4. Kusain, T. (2015). Emphasizing caring components in nurse-patient-nurse bedside reporting. <i>International Journal of Caring Sciences</i>, 8(1), 188-194.</p>	<p>2 Synthetic Review</p>
<p>5. Cairins, L., Dudjak, a., Hoffmann, L., &amp; Lorenz, L. (2013). Utilizing bedside shift report to improve the effectiveness of shift handoff. <i>Journal of Nursing Administration</i>, 43(3), 160-165. DOI: 10.1097/NNA.0b013e318283dc02</p>	<p>1 Research Paper</p>

*Note: The evidence strength has a range from level 7 (lowest) to level 1 (highest). Evidence hierarchy reflects the research methodology (Expert Opinion [lowest] to Meta-Analysis [highest]).*

**Evidence Summary**

The Gregory et al. (2014) paper provides evidence on the effectiveness and challenges in the provision of bedside reports. The authors note that bedside reports are effective ways of reducing errors, enhancing communication between nurses, and increase patient engagement. The authors’ used peer-reviewed journals to make conclusions on this paper. The articles were from MEDLINE, PubMed, Ovid interface to Medline. This source of evidence is reliable for the paper since the authors made their observations based on other peer-reviewed papers. The major weakness is that the authors did not carry empirical research on the impact of bedside analysis, but instead fully relied on past studies.



The article by Judymae et al. (2015) gives detailed research on the importance of shifting from reporting in nursing stations to making bedside reports. In particular, the authors note that the use of bedside nursing report can improve the quality of services offered in health care facilities. They also assert that the use of bedside reporting can save lives and reduce cases of sentinel events. Judymae et al. (2015) paper mostly explained on the importance of bedside nursing report, and supported their views by citing works from other researchers. One major strength of the Judymae et al. (2015) article is the authors' use of peer reviewed journals in their literature review section, which enhanced the quality of their work.

The Sprinks et al. (2015) paper provides great insight on the benefits of bedside nursing report in the provision of patient-centered care. The authors use peer-reviewed journals in their literature review section, which enhanced the quality of their research. In the methodology section, Sprinks et al. (2015) use the discrete choice experiment (DCE), and the mixed multinomial logit regression analysis to estimate the final results. The main weakness in this paper is the authors' failure to give the findings of their research. However, they note that since theirs is an ongoing research, their findings will be delivered to the health care facilities that will participate in the research.

Kusain's (2015) paper gives an in-depth review of the nurse-patient-nurse bedside reporting. Importantly, the author uses peer-reviewed papers in his literature review section. Moreover, he arranges his work in a systematic and easy to follow manner. In the methodology section Kusain (2015) reviews journals from EBSCO, Biblioteca, Wiley Blackwell Online, and Conhecimento Online. Kusain (2015) paper was important in my research since he uses credible peer-reviewed academic journals, and he has arranged his work coherently. The only weakness

in this paper is Kusain's failure to carry an independent research, which would have enabled him to come up with independent conclusions based on his actual observations.

Carins et al. (2013) article provide an in-depth analysis of the effectiveness of bedside nursing reports in improving shift handoffs. The authors use peer-reviewed journals for their work, which enhance the quality of the paper. Additionally, the researchers' carry out a project to test the effectiveness of bedside shift reports in enhancing shift handoff, which enables them to have independent conclusions based on their observations. Their research establishes that there are significant and positive effects of the use of bedside nursing reports in healthcare facilities. Given the detail in the paper, and the proper organization of the researchers' work, this paper was important in providing me with information on the importance of bedside nursing report.

### **Best Practices Based on Evidence Summary**

From research findings, the best practice to be implemented in my hospital is the bedside nursing report. Importantly, the adoption of the bedside nursing reporting will improve the quality of healthcare service provided in the hospital due to the participation of patients in their treatment and reduce cases of errors and sentinels. It will also enhance communication between nurses and patients and among nurses, and provide a supportive, protective, and corrective mental and socio-cultural environment (Johnson, & Cowin, 2013).

Bedside nursing report enables nurses to provide healthcare services that meet the unique needs of each patient. Usually, there is greater interaction between a patient and his/her nurse, which makes the health care officer to understand the specific needs and characteristics of the patient. As a result, the healthcare officer can high-quality services, which increase the patient satisfaction. Further, the use of bedside reporting enhances patient safety due to the close monitoring of patients. Unlike the reporting in nursing stations, bedside nursing reporting

enables healthcare officers to confirm the accuracy of the previous shift's report by visualizing the patient and performing a baseline assessment (Kusain, 2015). Complementing this advantage is the fact that the close communication facilitated by this process makes patients to easily share their health performance, medical reactions, and history with their nurses, which lead to better treatment. Moreover, the close observation of a patient by his/her nurse makes the medic to make a quick response in case of an adverse reaction on the individual.

### **Advancing Research and Clinical Practice Through Close Collaboration Model (ARCC Model)**

#### **Justification of the Model**

The most appropriate change model for the institution is the Advancing Research and Clinical Practice Through Close Collaboration Model (ARCC Model). This model works by requiring the healthcare facility to build resources/capacity for its intended change and the training of mentors (senior nurses and health care officers), who will facilitate and sustain the new change at the point-of-care and in the entire organization (Wyant, 2017). This model has seven steps: enhancing the level of inquiry, asking PICOT-formatted clinical questions, collecting, appraising, integrating evidence with clinical expertise and patients' needs, and evaluating and disseminating practice change outcomes (Wyant, 2017).

#### **Application of the ARCC Model**

In the introduction of a bedside nursing report, the use of the ARCC Model will play an essential role in ensuring the change process is successful. In particular, this model encourages the facility first to build the needed capacity for the organization to implement the needed change. Since the healthcare will be changing from reporting in a nursing station to doing it at the patient's bedside, it will have to establish the appropriate infrastructure to facilitate this new

reporting. For example, there may be the addition of a portable desk that will be used by the nurse. This new infrastructure is essential for enabling proper reporting. Additionally, the ARCC Model is sustainable since it entails the training of mentors, who act as transformational leaders, who facilitate the successful implementation of the change (Wyant, 2017). The training of senior nurses on the importance of bedside nursing report will result in this knowledge being transferred to junior nurses. Consequently, it will lead to a successful implementation of the change.

Besides ensuring proper training and ease in the implementation of the change, the ARCC Model is based on principles that are in bedside reporting. For example, it enhances communication between patients and nurses by encouraging health care to inquire about the condition of the patient. Additionally, it encourages health care officers to address the specific needs of patients. Therefore, the use of the ARCC model will enable the healthcare facility to implement bedside nursing reporting sustainably.

#### **Possible Barriers to Successful Implementation of Proposed Change**

The barriers to bedside reporting are categorized into two: those perceived by nurses and those perceived by patients (Kusain, 2015). Among patients, the barriers to bedside reporting include tiredness and fatigue, lack of encouragement, difficulty in understanding the medical language used by nurses, and nurses concentrating more in medical files than on them. Regarding tiredness and fatigue, bedside reporting encourages socialization and more communication between the patient and nurses and in some cases between the patient and his/her relatives (Sandra, 2012). This extra social requirement on the patient can make him/her tired, which can undermine the importance of this method in enabling better care. Additionally, patients always have difficulty in formulating questions while some perceive their reporting sessions as being too short.

Among nurses, some restraining behaviors prevent them from effectively implementing the bedside reporting. In particular, some nurses are usually afraid of being accountable. Some lack confidence, while others think that bedside reporting can increase their daily tasks. Anderson and Mangino (2006) note that the lack of confidence and the extended period used in bedside reporting also act as hindrances to its successful implementation. Another major hindrance to the successful implementation of bedside nursing report is the failure among some nurses to leave old practices. As a result, there are always cases of pessimism, and cynicism among nurses, and a lack of a shared vision (Gregory et al., 2014). Even in cases where there is the implementation of bedside nursing, a nurse needs an average of 3-5 minutes to update the whiteboard, check the patient, and do an environmental check. This time is too long, especially for a nurse who has to check many patients per day (30 patients) and do other duties in the hospital (Baker & McGowan, 2010).

### **Ethical Implications When Implementing Change**

One of the significant ethical implication when implementing the change from reporting in nursing stations to bedside nursing reporting is the patient's loss of privacy. In medical practice, a patient's health information should not be shared with third parties. Unfortunately, the enhanced conversations between a patient and a nurse can result in the leakage of this information to third parties, especially if the hospital is small. When implementing change, the risk of the leakage of private and confidential patient's information is higher since nurses are not yet used to the system, and are therefore not aware with ways of limiting conversations that can lead to the unintended disclosure of a patient's information to third parties.

Another ethical implication of bedside nursing reporting is an increase in avoidable health care cost. Since the use of bedside nursing report requires a nurse to spend more time with

a patient, it inevitably results in a hospital requiring more nurses to attend to its patients.

Naturally, the increase in nurses results in an increase in healthcare costs to all patients. These added costs can result in most poor people, especially those who lack insurance cover from affording health care service. Therefore, the ethical implication of introducing a bedside nursing report is that it can result in an expensive healthcare cost, which can make some individuals not to access this essential services.

Finally, there may be issues with conflict of interest when implementing the change. Nurses can have a conflict of interests on how to treat influential people, family members, friends, or ordinary patients. They may also have a conflict of interest in determining the time to allocate to patients who are social and have great company versus those who are always complaining. When treating friends, family members, and influential people, it is possible for a nurse to want to spend more time with them than when dealing with ordinary patients. The differences in the allocation of time and effort on each patient, which is not based on the medical needs of the patients, is an ethical concern. In fact, this issue can affect the overall quality of health care offered in the hospital since some deserving cases may be overlooked.

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