



The Influence of Handover on the Quality of Service in the Hospital

Asmirajanti M* and Iase A

Department of Nursing, Faculty of Health and Sciences, Esa Unggul University, Indonesia

*Corresponding author: Mira Asmirajanti, Department of Nursing, Faculty of Health and Sciences, Esa Unggul University, Jakarta 11510, Indonesia, Email: miraasmirajanti@esaunggul.ac.id

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Abstract

Introduction: Handover is a nurse activity that must be carried out so that there is continuity of nursing care. A handover is a form of effective communication between one nurse and another nurse with different shifts, different types of services, or between nurses and other professions. Ineffective communication when carrying out patient handovers can result in unexpected events. Handover implementation can affect patient safety and service quality. The purpose of this study was to find out how the effect of handover on the quality of service in the hospital inpatient room.

Methods: This research is descriptive quantitative research with a cross-sectional approach. The research sample was nurses in the inpatient ward of GK Jakarta Hospital with a total of 80 participants taken by purposive sampling technique. The data collection instrument used a questionnaire with 30 statements. The study was conducted on January 4 – 17, 2020. The data analysis consisted of univariate analysis using frequency distribution and bivariate analysis using chi-square statistical test.

Results: The results of this study indicate that the participants were nurses with 76.3% of them aged between 20-29 years. Professional nurses, nurses are still 21.3%, and 51.3% have more than 3 years of service. Handover implementation at Hospital GK Jakarta is very good at 72.5%. Quality of service, which is 56.2%. In the bivariate analysis, there was no effect of handover on service quality at Grha Kedoya Hospital, with a p-value of 0.850.

Conclusions: in the research is the implementation of Handover in GK Hospital is very good and has no effect on the quality of service. Suggestions for hospitals to maintain the quality of service by developing the quality of nurses.

Keywords: Handover; Nursing care; Service quality

Introduction

The quality of service in hospitals is closely related to the quality of nursing services because the most human resources who interact directly with patients in hospitals are nurses. So that the quality of nursing services can be assessed as an indicator of good or bad service quality in hospitals [1]. Quality and safety are rooted in the daily work of all staff in the service unit. Such as clinical staff assessing patient needs and providing services [2]. Nurses as nursing care providers need to know what are the guidelines in providing nursing care to patients. The guidelines will provide direction to nurses on how to provide nursing care that should be given to patients and their families in their condition as holistic human beings. Efforts to provide nursing care to patients are

carried out through the nursing process cycle.

In carrying out nursing care, nurses do not only interact with fellow nurses but also interact with other professionals. Handover is one of the activities carried out so that service continuity can run well. The handover is carried out in all types of services in the hospital, for example, patients are transferred from the intensive unit to the regular care unit, from the emergency unit to the treatment unit, or the operating room. Handovers are also carried out during service time exchanges. The morning service nurse transfers the management of the patient to the next official nurse, regarding the nursing care that has been carried out and will be carried out on the patient. The correct implementation of handovers can improve the quality of service, minimize

potential risks to patients, and also serve as a guide for nurses who are tasked with carrying out correct nursing care. Of course, understanding will be realized if there is good and correct communication during the handover [3]. Handover carried out with good communication to help identify unexpected errors.

Poor communication when carrying out patient handovers, 58.4% of failures in information transfer and 41.6% lack of understanding, can result in adverse events or sentinel events. Good standardized communication between patients, patient families, and service providers can improve patient safety [4]. Effective communication during the handover will affect the quality of service. The quality of nursing services is a process of activities carried out by the nursing profession in meeting the needs of patients in maintaining the patient's biological, psychological, social, and spiritual conditions [5]. The implementation of handovers that were not carried out optimally at RSUDZA Banda Aceh, according to [6] has caused 2 times the cancellation of the operation because the patient defecated on the operating table. The doctor as the operator had to reschedule the surgery schedule and wait in line again.

Preliminary research results are taken from monitoring quality indicators in July 2019 in one of the inpatient rooms at GK Hospital. Where unexpected events occur due to handovers that are not up to standard. 15 new patients did not undergo a complete initial assessment and 15 patients did not reassess the risk of falling so that 1 incident fell. There are occurrences of delays in giving therapy, double laboratory or radiological examinations, causing patient complaints. Some nurses do not master the data and patient history at the time of surgery. Improper handovers also occurred between emergency room nurses and inpatient nurses, which resulted in patients experiencing longer days of treatment and increasing treatment costs. Handover is only carried out by the implementing nurse, not accompanied by the nurse in charge of the head of the room. to the implementing nurse without a responsible nurse or room leader.

Based on the things above, the authors are interested in knowing how the effects of handovers on the quality of service in the inpatient ward of GK Hospital.

Methods

This research is a descriptive quantitative study with a cross-sectional approach to determine the relationship between independent variable: handover and dependent: service quality. The research sample was taken by total sampling, namely all nurses who worked in the inpatient room, as many as 80 participants. The sample must follow the research according to the direction of the quality monitoring

department of nursing services. This research was conducted at GK Hospital on January 4 – 17, 2020. Data were collected using a questionnaire sheet containing participant characteristics and 60 statements which were divided into 4 parts, namely handover, SBAR communication, TBaK, and service quality. Each part of the questionnaire consists of 15 statements. The 60 statements in the questionnaire are standard operating procedures used in handovers in inpatient rooms and have been approved by the highest hospital leadership. Data analysis was carried out univariate and bivariate to find out how the effect of handover on service quality. Bivariate analysis using correlation test, chi-square test (χ^2).

Results

A total of 80 participants have filled out the distributed questionnaires. From the data analysis that has been done, the research results can be seen in the tables below:

Variable	Statistics	
	Amount	%
Age		
20-29 years old	61	76.3
30-39 years old	17	21.3
40-49 years old	2	2.5
Education		
Diploma	63	78.8
Bachelor	17	21.3
Length of working		
1-2 years	39	48.8
3 years	41	51.3

Table 1: Characteristics of participants.

Participants' ages ranged from 20-49 years. Most age is 20-29 years (76%). In terms of age, the nurses in the inpatient room at GK Hospital are of productive and energetic age. Education most participants are Nurse Diploma (78.8%) with the most work experience > 3 years (51.3%).

Variable	Statistics	
	Amount	%
Handover Implementation		
Well	22	27.5
Very good	58	72.5
Service Quality		
Well	45	56.2
Not good	35	43.8

Table 2: Handover Implementation and Service Quality at GK Hospital.

The handover implementation in the GK Hospital inpatient room was very good, namely 98.8%, meaning that the average nurse on duty in the inpatient room understood the handover process. The quality of service is good, reaching 56.2%. The effect of handover on service quality.

Handover	Service Quality				P- value
	Well		Not good		
	N	%	N	%	
Well	12	54.5	10	45.5	0.85
Very Good	33	56.9	25	43.2	

Table 3: Effect of Handover on Service Quality at GK. Hospital

From table 3 above, Handover does not affect the quality of service in the inpatient ward of the GK Hospital. p-value: 0.850 which means H_0 is rejected.

Discussion

This research was conducted in the inpatient room of GK Hospital. The participants of this study were nurses with 76.3% of them aged between 20-29 years. Professional nurses, nurses are still 21.3%, and 51.3% have more than 3 years of service. The age of the participants is productive and energetic, so they can provide good service to patients because they are still enthusiastic about working to build a career [7]. Good service can improve the quality of service and needs to be complemented by professional education. The professional education of nurses which is still below 50% needs management attention. Professional nurses are nurses with a minimum education of Nurses [8]. Education is the process of changing the attitudes and behavior of a person or group of people in maturing humans through teaching and training. Education will be meaningless if it is not accompanied by work experience. Participants' length of work > 3 years is a good enough work experience to be able to provide standardized nursing care. Standards as a reference in work so that the quality of service is good [9].

Handover Implementation

Handover is communication between nurses for the handover of patient responsibilities due to a change of duty or shift. At the turn of the duty of the nurse, there will be a transfer of responsibility through the exchange of information about the condition of the patient between the nurse who has finished carrying out the task and the nurse who will carry out the task. The handover process consists of handing over the condition of the patient at the nurse station and traveling to the treatment room to find out the condition of the patient being handed over. The nurse who has finished carrying out the task explains the progress of the patient, the problem, and

the plan of care that must be carried out [10]. The results of the study illustrate that the nurse handover has been carried out very well because it has been carried out by almost all nurses in the inpatient ward of the GK Hospital.

Handovers that have been carried out very well must continue to be monitored. The nurse manager should endeavor to guide and monitor the implementation of the handover [11]. Handover can be implemented properly if using effective communication. Communication between nurses and nurses regarding nursing care, communication between nurses and doctors regarding collaboration in patient care, communication between nurses and patients informs about the patient's health condition [12]. Communication failures can lead to unexpected events. The SBAR (Situation, Background, Assessment, and Recommendation) communication method is the preferred communication method that provides a logical sequence, is organized, and improves the communication process to ensure patient safety and improve service quality [5].

Service Quality

Quality health services and patient satisfaction are the ultimate targets of health care providers in hospitals. Service quality is the level of good or bad health services provided to individuals or communities, based on professional expectations and knowledge [13]. Improving the quality of service is the degree to provide services efficiently and effectively by professional standards, service standards that are carried out thoroughly according to patient needs, utilizing appropriate technology and research results in the development of health services to achieve optimal health degrees [14].

Based on the results of the study, nurses in the inpatient ward of the GK hospital were still not good at understanding service quality. The condition of nurses who do not fully understand the importance of service quality will have an impact on nurses' attitudes in providing nursing care. Nurses may not work wholeheartedly, work not according to standards which will have an impact on patient safety. Therefore nurses must be provided with knowledge that can be provided formally or informally. Supervision must also be carried out continuously so that the quality of service can be maintained and improved [15].

The Effect of Handover on Service Quality in the inpatient room at GK Hospital

The hospital as a health facility for the community is a place that has a high risk so it must strive to improve the quality of service [16]. Nursing services are one of the scopes of health services which are the core of services in hospitals. So that the role of nurses in carrying out health services is often

used as a measure by customers as a picture of service in the hospital as a whole [12]. Nursing services provided 24 hours continuously require a solid team. Therefore, there is a need for handover from one shift to another. The success of the handover will affect the quality of service [17].

But based research results informed that the handover does not affect the quality of service in the inpatient ward of the GK Hospital. That matters different from the opinion [18] that the quality of service is influenced by the effective communication of nurses in handover. Handover is one of the service standards that must be obeyed by nurses. The handover informs the activities that have been carried out and will be carried out by the nursing care plan [19]. Nurses also when handover must collaborate and coordinate every action that will be given to the patient because the patient is the focus of service. Standardized handovers will improve patient safety and service quality [20].

Conclusion

The GK Hospital inpatient room has carried out the handover very well. Nurses must always carry out handovers according to standards. The room manager is responsible for the implementation of the handover. Monitoring the room manager should be an integral part of his duties. Monitoring of the implementation of nursing care and handovers must be carried out continuously so that patient safety and service quality are maintained.

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References

1. Asmirajanti M, Hamid AYS, Hariyati RTS (2019) Nursing care activities based on documentation. *BMC Nurs* 18: 32.
2. Sutoto M Kes (2017) Standar Nasional Akreditasi RS Edisi 1. Komisi Akreditasi RS. Komisi Akreditasi Rumah Sakit (KARS).
3. Müller M, Jürgens J, Redaelli M, Klingberg K, Hautz WE, et al. (2018) Impact of the communication and patient hand-off tool SBAR on patient safety: A systematic review. *BMJ Open* 8(8): e022202.
4. Umberfield E, Ghaferi AA, Krein SL, Manojlovich M (2019) Using Incident Reports to Assess Communication Failures and Patient Outcomes. *Jt Comm J Qual Patient Saf* 45(6): 406-413.
5. Stewart KR, Hand KA (2017) SBAR, communication, and patient safety: An integrated literature review. *Medsurg Nurs* 26(5): 297-305.
6. Kamil H (2011) Handover Dalam Pelayanan Keperawatan. *Handover Dalam Pelayanan Keperawatan* 2(3).
7. Syatriawati (2018) Hubungan Supervisi Kepala Ruangan dengan Kinerja Perawat Pelaksana di Rumah Sakit Grand Medistra Lubuk Pakam. *J Pembang Wil Kota* 1(3): 82-91.
8. (2014) Undang-Undang RI No.38 Tahun 2014 tentang Keperawatan. Dep Kesehat RI, Lembar Negara Republik Indonesia, UU RI no. 381.
9. Wirawan KE, Bagia WI, Susila GPAJ (2019) Pengaruh tingkat pendidikan dan pengalaman kerja terhadap kinerja karyawan. *J Din DotCom* 7(2): 121-130.
10. De Meester K, Verspuy M, Monsieurs KG, Van Bogaert P (2013) SBAR improves nurse-physician communication and reduces unexpected death: a pre and post intervention study. *Resuscitation* 84(9): 1192-1196.
11. Abbasi-Moghaddam MA, Zarei E, Bagherzadeh R, Dargahi H, Farrokhi P (2019) Evaluation of service quality from patients' viewpoint. *BMC Health Serv Res* 19(1): 1-7.
12. Weber K, Farrell T (2016) Developing therapeutic communication skills: integration of standardized client simulation in an associate degree nursing program. *Univ Nevada Las Vegas*.
13. Haryoso AA, Ayuningtyas D (2019) Strategi Peningkatan Mutu dan Keselamatan Pasien di Rumah Sakit Umum Daerah Kepulauan Seribu Tahun 2019 - 2023. *Adm Rumah Sakit Indones* 5: 115-127.
14. Hia Y (2019) Penerapan Keselamatan Pasien Dalam Mengurangi Angka Resiko Jatuh Dirumah Sakit. no. 181101100.
15. Hepp SL, Suter E, Jackson K, Deutschlander S, Makwarimba E, et al. (2015) Using an interprofessional competency framework to examine collaborative practice. *J Interprof Care* 29(2): 131-7.
16. (2009) Undang-Undang RI No. 44 Tahun 2009 tentang Rumah Sakit. Dep Kesehat RI, UU RI no. 44.
17. Murray E (2017) Nursing leadership and management for patient safety and quality care. Philadelphia: F.A. Davis Company.

18. Gandhi TK, Kaplan GS, Leape L, Berwick DM, Edgman-Levitan S, et al. (2018) Transforming concepts in patient safety: a progress report. *BMJ Qual Saf* 27(12): 1019-1026.
19. Lee DH, Lim EJ (2021) Effect of a Simulation-Based Handover Education Program for Nursing Students: A Quasi-Experimental Design. *Int J Environ Res Public Health* 18(11): 5821.
20. Harrison R, Cohen AW, Walton M (2015) Patient safety and quality of care in developing countries in Southeast Asia: a systematic literature review. *Int J Qual Health Care* 27(4): 240-254.