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Case Study

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Analysis of bedside nursing handover implementation by nurses: An observational study

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Abstract:
Patient handover is a critical nursing process to ensure continuity of care and patient safety. Ineffective and unstructured handover practices increase the risk of miscommunication and adverse events. Bedside nursing handover is considered an effective strategy to improve communication and patient involvement. This study aimed to identify bedside nursing handover. This study used a descriptive observational case study design. The sample consisted of 22 nurses working in the Bromo Ward of Dr. Saiful Anwar Hospital, selected using total sampling. Data were collected through observation using a 22-item bedside nursing handover checklist and interviews with the head nurse and clinical instructor. Data were analyzed descriptively. The implementation of bedside nursing handover was generally almost optimal. Most indicators related to effective communication, patient involvement, and patient safety were well implemented. However, communication regarding patients' daily care needs and inspection of call bells were not consistently performed. Bedside nursing handover was conducted only during the morning shift due to limited nursing staff on other shifts. Bedside nursing handover in the Bromo Ward has been implemented well but remains suboptimal. Barriers include limited communication of basic patient needs and constraints in staffing and facilities.

Keywords:
bedside handover, continuity of care, nursing communication, nursing management, patient safety

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INTRODUCTION

Handover is the process of conveying essential information about patients' clinical conditions, care plans, and follow-up actions. However, in practice, handovers are often conducted in an unstructured manner and rely on individual habits, which increases the risk of miscommunication, incomplete information, and medical errors. The duration of handover is an important indicator for assessing the efficiency and effectiveness of intershift communication (Anggara et al., 2025). Effective communication requires appropriate time allocation, accurate and complete information, and attention to detail to reduce intervention errors (Mairestika et al., 2021). One effective approach

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is bedside nursing handover, as it enables direct verification of patients' conditions, enhances patient and family involvement, and minimizes the risk of adverse events and miscommunication among nurses (Ramdhan et al., 2023).

Bedside nursing handover has become an increasingly important strategy for improving patient safety and continuity of care in hospital settings. Unlike conventional handover conducted away from patients, bedside handover allows nurses to communicate directly at the patient's bedside while involving patients in the care process. This approach promotes transparency, improves accountability among nurses, and strengthens therapeutic communication between nurses and patients. Previous studies have shown that structured bedside handover improves information transfer, increases patient satisfaction, and reduces communication failures during shift changes (Ghosh et al., 2021). In addition, bedside handover facilitates real-time clarification and validation of clinical information, thereby reducing the risk of omitting or misinterpreting important patient data.

Despite its benefits, bedside nursing handover still faces several challenges in clinical practice. Nurses often face barriers such as limited time, high workload, environmental interruptions, a lack of standardized communication tools, and concerns about patient privacy. Research has identified that inconsistent handover structures and incomplete communication remain common problems in many healthcare settings, particularly in high-intensity units such as emergency departments and intensive care units (Galli et al., 2025). The use of structured communication methods such as ISBAR or SBAR has been recommended to improve the completeness and accuracy of information exchange during handover processes. Studies demonstrated that implementing structured handover tools significantly improved handover quality and communication effectiveness among nurses.

Observational studies are essential for evaluating how bedside nursing handover is implemented in actual clinical settings, as they provide objective descriptions of nurses' compliance, communication patterns, and procedural accuracy during handover. Through direct observation, researchers can identify strengths, weaknesses, and factors influencing the effectiveness of bedside handover implementation. Understanding these aspects is important to support the development of evidence-based interventions and standardized protocols that enhance patient safety and nursing care quality. Therefore, this study aims to analyze the implementation of bedside nursing handover by nurses through an observational approach to identify the extent to which handover practices align with established standards and patient safety principles.

METHOD

This study employed a descriptive observational design with a case study approach to analyze the implementation of bedside nursing handover among nurses in the inpatient setting. The study was conducted in the Bromo Ward of Dr. Saiful Anwar Hospital, a referral hospital that provides comprehensive inpatient nursing services. A descriptive observational design was selected because it allows researchers to systematically observe and describe the actual implementation of bedside handover practices without manipulating variables or intervening in the clinical process. The case study approach enabled an in-depth exploration of handover practices within a specific clinical context.

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The study population consisted of all nurses working in the Bromo Ward. A total sampling technique was applied, resulting in the inclusion of 22 nurses who met the inclusion criteria. The inclusion criteria were nurses actively involved in bedside nursing handover activities during the data collection period and willing to participate in the study. Nurses who were on leave or absent during the observation period were excluded from the study. Total sampling was chosen to ensure comprehensive representation of all nurses in the ward and to minimize sampling bias.

Data collection was conducted through direct observation and semi-structured interviews. Observational data were collected using a bedside nursing handover observation sheet developed in accordance with hospital handover standards and relevant nursing communication literature. The observation instrument consisted of 22 indicators covering several components of bedside handover implementation, including preparation before handover, introduction and patient identification, communication of patient condition, explanation of nursing interventions and care plans, patient involvement, documentation, and closing procedures. Each indicator was assessed during the handover process to determine whether the procedure was implemented appropriately in accordance with established standards.

To strengthen the observational findings, interviews were also conducted with the ward head and clinical instructor. The interviews aimed to obtain additional information regarding policies, implementation barriers, supervision mechanisms, and nurses' compliance with bedside handover procedures. Semi-structured interview techniques were used to allow flexibility in exploring participants' experiences and perspectives related to bedside nursing handover practices.

Prior to data collection, the observation sheet was reviewed to ensure its relevance and the clarity of its indicators. During the observation process, researchers acted as non-participant observers to minimize disruption to nursing activities and reduce observer bias. Observations were conducted during nurse shift changes, including morning, afternoon, and night shifts, to capture variations in handover implementation across different working periods.

Data analysis was performed descriptively. Observational data were summarized using frequencies, percentages, and narrative descriptions to illustrate the level of implementation of each bedside handover indicator. Interview findings were analyzed narratively to support and enrich the interpretation of observational data. The results were then presented comprehensively to describe the implementation of bedside nursing handover in the study setting.

Ethical principles were maintained throughout the study process. Participation was voluntary, and all respondents were informed about the objectives and procedures of the study prior to data collection. Confidentiality and anonymity of participants were protected by ensuring that no personal identifying information was disclosed in the research report.

RESULT

Observations across three nursing teams (Team 1, Team 2, and Team 3) showed consistent findings, with indicators 11 (asking about patients' daily needs) and 17 (checking the call bell) not being implemented by all teams. This consistency of findings strengthens the objectivity of the data

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and reflects consistent practice patterns across the unit, rather than biased assessment by the researchers.

In general, almost all stages of the bedside nursing handover were implemented well. However, of the 22 indicators used, two aspects were consistently not implemented, indicating that handover practices were not fully up to standard. The similarity in results across teams indicates a long-standing work culture. Indicators that were not implemented included providing information regarding patients' daily needs and suboptimal call bell checks due to the limited number of devices compared to patient beds. This situation has the potential to impact patient safety and comfort.

Based on interviews with the Head of the Ward and the Clinical Instructor (CI), bedside nursing handover is conducted only from the night shift to the morning shift. This is because the number of nurses on the morning shift is higher, while the limited staff on the afternoon and night shifts is feared to increase the workload and reduce optimal service. Therefore, bedside nursing handover is prioritized on the morning shift to ensure the handover remains effective without disrupting nursing services.

Table 1. Results of Nurse Observations on the Implementation of Patient Handovers Using the Bedside Nursing Handover Method by Teams

No.	Activity	Team 1		Team 2		Team 3	
		Implemented		Implemented		Implemented	
		Yes	No	Yes	No	Yes	No
1.	There are nurses in charge of patients by grouping patients based on the number of nurses.	✓		✓		✓	
2.	Final review of patient status based on current condition	✓		✓		✓	
3.	Inform the patient that the handover of duties will begin.	✓		✓		✓	
4.	Ask visitors to leave for a moment while the weigh-in takes place.	✓		✓		✓	
Introduction							
5.	Determine the number of nurses who will participate in the weighing process	✓		✓		✓	
6.	Greeting patients	✓		✓		✓	
7.	Introducing the next shift nurse who will be on duty	✓		✓		✓	
Exchange of information							
8.	Using the effective communication format SBAR	✓		✓		✓	
9.	Clarifying the patient's current condition	✓		✓		✓	
10.	Delivering patient laboratory test results if necessary to the next shift	✓		✓		✓	
11.	Ask the next shift about the patient's daily needs		✓		✓		✓
12.	Delivering nursing care planning	✓		✓		✓	
13.	Questions from the team on duty next	✓		✓		✓	
Patient involvement							
14.	Give the patient the opportunity to ask questions	✓		✓		✓	
15.	Give the patient the opportunity to clarify	✓		✓		✓	

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No.	Activity	Team 1		Team 2		Team 3	
		Implemented		Implemented		Implemented	
		Yes	No	Yes	No	Yes	No
16.	Involving patients in subsequent nursing care	✓		✓		✓	
Safety scan							
17.	Checking the call bell	-	-	-	-	-	-
18.	Checking medical equipment attached to the patient	✓		✓		✓	
19.	Checking mobility aids within reach	✓		✓		✓	
20.	Checking the use of patient identification bracelets	✓		✓		✓	
Complete Receiving Weighing							
21.	Give the patient the opportunity to ask questions	✓		✓		✓	
22.	Ensure the confidentiality of all information about the patient to be passed on to the next shift nurse.	✓		✓		✓	

DISCUSSION

The research results were obtained through direct observation of the bedside nursing handover process by three nursing teams in the Bromo Room at Dr. Saiful Anwar Hospital. Observations were conducted using a structured checklist comprising 22 indicators covering the preparation stage, introduction, information exchange, patient involvement, and safety scan. In general, the research results show that the implementation of bedside nursing handover, The Bromo Room, was in the near-optimal category. Most indicators related to effective communication, continuity of care, and patient safety were implemented well by nurses. These results align with research (Hidayah et al., 2022), which found that bedside nursing handover can improve communication accuracy and nurse cooperation.

Research results were obtained through direct observation of bedside nursing handovers conducted by three nursing teams in the Bromo Ward at Dr. Saiful Anwar Hospital. Observations were conducted using a structured checklist comprising 22 indicators covering preparation, introduction, information exchange, patient engagement, and safety screening. In general, the results showed that bedside nursing handovers in the Bromo Ward were near optimal. Most key indicators related to effective communication, continuity of care, and patient safety were implemented effectively by the nurses. These results align with research (Hidayah et al., 2022), which states that bedside nursing handovers can improve communication accuracy and collaboration between nurses.

During the preparation stage, the entire nursing team clearly assigned patients and identified a responsible nurse for each patient. Nurses also reviewed the patient's current condition, including vital signs, ongoing therapy, and recent changes in condition, before the handover. This practice is crucial to ensure continuity of care and prevent the loss of important information, as explained by Diwa et al. (2021). During the introduction stage, the nurse greets the patient, introduces the nurse who will be continuing care, and explains that a handover will be conducted at the bedside. This action reflects the principles of therapeutic communication and a patient-centered care approach,

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emphasizing the importance of building a trusting relationship between the nurse and the patient (Saptarianti, 2025). Information exchange during the bedside handover is generally conducted using the SBAR (Situation, Background, Assessment, Recommendation) communication format. The nurse conveys the patient's current condition, relevant medical history, assessment results, and the planned care plan. The use of SBAR has been shown to improve information clarity, reduce miscommunication, and support patient safety (Abbasiah et al., 2025).

However, two indicators have not been consistently implemented by the entire nursing team. First, nurses have not routinely communicated basic daily patient needs, such as assistance with personal hygiene, nutrition, and mobility, to the nurse on the next shift. In fact, providing basic needs is a crucial part of care and impacts patient comfort and recovery, as explained in Henderson's theory of basic human needs (Diyanto & Nursanti, 2024). Second, call bell functionality has not been consistently checked during bedside nursing handovers. Observations indicate this is influenced by limited resources, namely the disproportionate number of call bells to the number of patient beds. Call bells would significantly assist nurses in locating patients in the ward, especially those who are restless and weak. The use of this technology can reduce nurses' workload in the ward (Nopriyanto et al., 2022). Nurse call buttons (call bells or nurse calls) are indeed crucial tools in inpatient care, enabling patients who are unable to request assistance independently to receive immediate assistance from the emergency team, thereby improving patient safety and satisfaction (Nursanto et al., 2021).

Another important finding is that bedside nursing handovers are conducted only during the morning shift. Based on interviews with ward heads and clinical instructors, this is due to the limited number of nurses on the afternoon and evening shifts. This condition aligns with previous studies, which found that high workloads and unbalanced nurse-to-patient ratios are the main obstacles to the consistent implementation of bedside nurse handovers across all shifts. (Abbasiah et al., 2025; Tatiwakenga et al., 2021). According to this study's results, although bedside nursing handovers have been implemented well, several aspects still need improvement to ensure optimal, comprehensive implementation.

CONCLUSION

Based on the research results, the implementation of bedside nursing handovers has generally been nearly optimal. Of the 22 indicators observed, most have been implemented by the third nursing team, particularly in aspects of communication, patient safety, and patient engagement in care. However, consistent shortcomings persist, including failure to inquire about patients' daily needs and suboptimal call bell checks, given the limited number of facilities relative to patient beds.

Furthermore, interviews revealed that bedside nursing handovers are conducted only on the morning shift because more qualified nurses are available. Limited human resources on the afternoon and evening shifts are considered to increase nurses' workload. These findings indicate that human resources and infrastructure remain challenges in implementing bedside nursing handovers comprehensively across all shifts.

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CONFLICT OF INTEREST

The researcher declares that there are no conflicts of interest, either personal, professional, or institutional, in the conduct of this research. This research was conducted purely for academic purposes and the development of nursing science. The entire process of data collection, analysis, and reporting of research results was conducted objectively without any influence or pressure from any party, including the institution where the research was conducted.

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