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ORIGINAL RESEARCH

Relationship between Nurses' Attitudes and Satisfaction with Bedside Shift Reports and Patient Safety Culture

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Abstract

Background: A thoroughly standardized nurse bedside shift report, including effective communication, may improve nurses' satisfaction and patients' safety. However, a few studies were found that measure the relationships between nurses' attitudes and satisfaction with bedside shift reports and patient safety outcomes.
Purpose: This study aimed to measure nurses' attitudes and satisfaction with bedside shift reports and their relationships with patient safety culture.
Methods: A cross-sectional and descriptive study was conducted between May to August 2021 among 90 bedside nurses conveniently recruited from a public hospital in Lebanon. The Bedside Handover Report Staff Nurses' Satisfaction Survey and the Survey on Patient Safety (SOPS) were used to collect data. Data were analyzed using descriptive statistics such as mean and standard deviation and inferential statistics, i.e., Pearson correlation coefficient.
Results: The results showed that satisfaction scores were high in all the questions in the bedside shift reporting. The participants showed relatively positive attitudes towards bedside shift reports where all the statements recorded above-average mean values. The highest-ranking statement "bedside shift report is completed in a reasonable time" was recorded with a mean value of 3.35 (SD=0.87), while the lowest-ranking statement was "bedside shift report is relatively stress-free" with a mean value of 2.03 (SD=0.86). There were significant relationships between nurses' satisfaction with shift reports and some patient safety culture composites, such as between nurses' satisfaction with bedside shift reports and communication about errors and reporting of patient safety events ($p<0.05$) and between nurses' attitudes toward bedside shift reports and communication about errors ($p<0.001$)
Conclusion: Implementation of the bedside shift report improves nurses' levels of satisfaction, enhances positive attitudes toward work, and enhances patients' safety. Nursing leaders should encourage nurses to implement bedside handover reports in their hospitals.

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1. Introduction

Ineffective communication between healthcare professionals is one of the biggest causes of medical errors; thus, hospitals are working hard to improve to prevent medical errors and sentinel occurrences (Ayoub et al., 2021). The Joint Commission 2012 stated that ineffective hand-off endorsement is recognized as a critical patient safety problem in health care. It is estimated that 80% of serious medical errors involve miscommunication between caregivers during the transfer of patients (Joint Commission, 2012). Therefore, innovating and adopting a clear context of hand-off communication is important to protect patient safety.

Traditional shift report is a process performed by healthcare professionals to communicate information, mainly registered nurses, during the change of shifts and transfer of patients between floors and patient care units (Small & Fitzpatrick, 2017). This process can be done verbally, through writing, or by recording, but not at the bedside of the patient (Evans et al., 2012;

Maxson et al., 2012). On the other hand, the bedside hand-off shift report is a method of endorsement where communication takes place at the bedside with patients and family members.

Bedside shift report between nurses is an opportunity to involve patients and family members in their care. It also offers room for patients to participate in the decision-making process regarding their health (Small & Fitzpatrick, 2017). During bedside shift reports, the patients and their family can hear updates regarding the health status of the patients during the information exchange that takes place between nurses. They are also urged to ask questions, provide comments and make any suggestions they might have as the shift report process is taking place (Maxson et al., 2012; Reinbeck & Fitzsimons, 2013; Thomas & Donohue-Porter, 2012). The use of bedside shift reports enhances patient satisfaction, fosters teamwork, and improves nurse accountability and prioritizing at the start of the shift (Sherman et al., 2013).

A bedside shift report is considered a great opportunity for communication between the nurse and the patient and a better understanding of the patient's urgent needs and concerns. Nurses are better prepared and confident to discuss patient care issues with physicians and other health care providers immediately after the change-of-shift hand-off (Maxson et al., 2012). According to Novak and Fairchild (2012), the number of extra hours per nurse reduced dramatically after introducing a standard bedside report because the report required less time. By boosting the effectiveness of reports, increasing nurse culpability, promoting coordination among staff members, and increasing mentorship amongst nurses, the bedside report contributes to nurse satisfaction (Sand-Jecklin & Sherman, 2013).

Furthermore, the nursing bedside shift report covers all initiatives from the Joint Commission's 2017 Patient Safety Goals (Joint Commission, 2017). For example, the bedside shift report not only allows nurses to physically review their patients with a colleague but also allows patients to participate directly in the discussion of their treatment. According to a study conducted by Sand-Jecklin and Sherman (2014), patient falls at shift change, and medication errors were minimized after implementing bedside shift reports. The use of a bedside shift report has been found to increase patient safety and reduce adverse occurrences such as patient falls (Gregory et al., 2014; Tage et al., 2021).

The nurse shift report has been identified as one of the vulnerable communication points. Some studies indicated that patients should be involved during nurse bedside shift reports, and important things such as wounds, incisions, drains, or central lines should be carefully assessed (Shank, 2018). Therefore, a thoroughly standardized nurse bedside shift report, including effective communication, may improve nurses' satisfaction and patients' safety. However, few studies were conducted to measure the relationships between these variables. Also, there is no study in Lebanon conducted to measure the relationships between these variables. Accordingly, this study was conducted to measure nurses' attitudes and satisfaction with bedside shift reports and their relationships with patient safety culture.

2. Methods

2.1 Research design

A cross-sectional and descriptive research design was used in this study. This design enables the researcher to observe two or more variables at a time and is useful for describing a relationship between two or more variables (Howitt & Cramer, 2020).

2.2 Setting and samples

The setting for this research study was all nursing units practicing bedside shift reports on the medical and surgical floors at a public hospital located in Lebanon. The population of interest for this study were the registered nurses who have been implementing the bedside shift report for at least the past year. The inclusion criteria were: (1) nurses practicing bedside shift reports, (2) nurses working on the medical-surgical floors, (3) nurses with more than 6 months of experience (A minimum of 6-month experience was chosen to allow nurses sufficient time to minimize confounding of results with issues related to bedside shift reports. Meanwhile, nurses who were on a leave and did not deliver direct patient care were excluded. Convenience sampling was utilized to recruit the samples. The sample size was calculated using the Raosoft calculation website (Raosoft, 2004). Considering the population size of 111 nurses, the confidence level of 95%, and the margin of error of 0.05, a sample size of 87 is required. This study, however, included 90 nurses to meet the requirement for a representative sample.

2.3 Measurement and data collection

A demographic questionnaire, including the participant's age, gender, years of experience, and other characteristics were used. The Bedside Handover Report Staff Nurses' Satisfaction Survey was also utilized. This questionnaire is a 7-item Likert scale with scores ranging from 1 (strongly disagree) to 5 (strongly agree). The coefficient of reliability reported by a previous study was 0.80. This indicates that the tool is reliable to use for data collection (Principe, 2018).

A survey with eight questions based on previous research was used to assess nurses' attitudes toward bedside shift reports (Gadzama, 2017). The survey measures the importance of bedside shift reports and their effect on patient safety. The survey consisted of eight questions with a five-point Likert response format; the Likert responses ranged from 1 to 5, with 1 indicating strong disagreement and 5 indicating strong agreement. A previous study showed that the survey was reliable (Cronbach Alpha above 0.75 in all subscales) in measuring nurses' attitudes toward bedside shift reports (Gadzama, 2017).

The Survey on Patient Safety (SOPS) tool was employed to examine the patient safety culture at the respective hospital. Five composites were adopted from the original tool that covered various aspects of patient safety, namely: organizational learning—continuous improvement, leadership support for patient safety, communications about the error, reporting of patient safety events, patient safety rating, and background information (Nieva & Sorra, 2003). Previous studies showed good content validity (The scale-content validity index score yielded 0.80), and the reliability of the SOPS tool dimensions achieved acceptable levels of Cronbach α ($\alpha \geq 0.6$) (Najjar et al., 2013; Suliman et al., 2017). For this study, the questionnaire was piloted among nurses in the hospital who practiced bedside shift reports in order to test its reliability in collecting genuine data. After that, psychometric analysis was carried out to determine the coefficient of reliability "Cronbach alpha" of the questionnaire, which turned out to be higher than 0.75 in all subscales, thus reflecting the adequate use of this tool.

The data were collected by the researcher through a visit to the medical-surgical floors in the selected hospital. The researcher provided information about the aim, content, and duration of the study that was conducted and what nurses were required to do. Nurses responded to the provided questionnaires after explaining the exact way to properly answer the questions, respond to any concerns, and clarify any terms. Nurses received assurances that participation was voluntary and responses would be kept confidential. If they agreed to participate, they would be requested to complete the survey. The surveys were completely anonymous, and each nurse could decline participation without repercussions. The researcher gathered the completed surveys. Only the researcher had access to the password-protected computer with all the data.

2.4 Data analysis

The data collected from the surveys were entered into SPSS version 21. Descriptive statistics such as percentage, mean and standard deviation were used to describe nurses' characteristics and their attitudes and satisfaction with bedside shift report, and inferential statistics, i.e., the Pearson correlation coefficient was used to measure the relationships between nurses' attitude and satisfaction with bedside shift report and patient safety outcomes.

2.5 Ethical considerations

Ethical requirements were taken into consideration while conducting the study. Approval from the institutional review board (IRB) at Bellevue medical center (IRB No. ECO-R-180) and from the approached clinical sites was obtained. The anonymity and confidentiality of all study participants were maintained. Participants were sent a consent form with the purpose of the study, the means of data collection, and the benefits and possible harm. They were also informed that participation was completely voluntary and they had the right to withdraw from the study at any time without penalties.

3. Results

3.1 Sociodemographic characteristics

The study included 90 participants. The majority were females (68.9%), single (67.8%) and hold bachelor's degrees or their equivalent (77.8%). In addition, the participants were distributed across various shift durations; most participants (75.6%) worked during day shifts. It is also

noteworthy to mention that the majority of the participants were aged between 21-30 (72.3%) and had 1-10 years of experience (77.8%). The detailed results for the sociodemographic data are delineated in Table 1.

Table 1. Sociodemographic characteristics of the respondents

Characteristics	Frequency (f)	Percentage (%)
Gender		
Male	28	31.3
Female	62	68.9
Work Shift		
Day Shift	68	75.6
Night Shit	22	24.4
Educational Level		
Bachelor	70	77.8
Masters	20	22.2
Marital Status		
Single	61	67.8
Married	28	31.1
Divorced	1	1.1
Age		
21-30 years	65	72.3
31-40 years	19	21.0
More than 40 years	6	6.7
Years of experience		
1-10 years	70	77.8
11-20 years	20	22.2

3.2 Satisfaction with bedside shift report

The nurses who took part in this study answered the nursing satisfaction with the bedside shirt report questionnaire, which comprised seven statements scored on a Likert scale from 1 to 5. Descriptive analysis was carried out, and the results showed that the participants reported high satisfaction with beside shift reports where all the statements recorded mean values higher than 3. The highest-ranking element was the one stating that bed bedside shift report provides a comprehensive communication process between registered nurses (RNs) with a mean score of 3.31, while the least ranking statement was the statement indicating that a bedside shift report minimizes delays in patient care delivery with a mean score of 3.01 (SD=0.74) (see Table 2).

Table 2. Satisfaction with bedside shift report

Items	Minimum	Maximum	Mean	SD
1. RN provides up-to-date patient care information	00.00	04.00	03.29	0.74
2. Helps RNs to prioritize patient care activities	01.00	04.00	03.26	0.61
3. Provides time to verify patient care issues	00.00	04.00	03.16	0.92
4. Provides a comprehensive communication process between RNs	02.00	04.00	03.31	0.57
5. Ensures RN's accountability	01.00	04.00	03.26	0.66
6. Minimizes delays in patient care delivery	00.00	04.04	03.01	0.74
7. Satisfied with the bedside handover report process	00.00	04.00	03.03	0.85

3.3 Attitudes toward bedside shift report

A descriptive analysis was carried out, and the results showed that the participants reported relatively positive attitudes toward bedside shift reports, where all the statements recorded an

above-average mean value. For example, the highest-ranking statement, "Bedside shift report is completed in a reasonable time," was recorded with a mean value of 3.35 (SD=0.87), while the lowest-ranking statement was "bedside shift report is relatively stress-free" with a mean value of 2.03 (SD=0.86) but still reflective positive attitudes (Table 3).

Table 3. Attitudes toward bedside shift report

Items	Minimum	Maximum	Mean	SD
1. Bedside shift report is an effective means of communication	2.00	4.00	3.31	0.59
2. Bedside shift report helps identify changes in patient condition	0.00	4.00	3.21	0.77
3. Bedside shift report helps assure accountability	1.00	4.00	3.17	0.69
4. Bedside shift report promotes patient involvement in their care	2.00	4.00	3.26	0.57
5. Bedside shift report improves patient safety and quality of care	2.00	4.00	3.28	0.64
6. Bedside shift report is relatively stress-free	0.00	4.00	2.04	0.86
7. Bedside shift report is completed in a reasonable time	0.00	4.00	2.35	0.88
8. I feel that there are challenges with bedside shift report	1.00	4.00	3.03	0.71

3.4 Patient safety composites

The participants responded to the Hospital Survey on Patient Safety (SOPS). The elements of the survey were grouped into comprised five composites. Descriptive analysis was carried out, and the results showed that the nurses reported average levels of patient safety culture where a mean value of 2.8 was recorded on the level of the work environment composite, 3.31 on the level of leadership styles of nurse managers, which promote patient safety culture, 2.73 on the level of the communication composite, 3.12 on the level of reporting sentinel events and most importantly 1.95 which is a below-average value on the level of patient safety climate composite (Table 4).

Table 4. Patient safety composites

Patient Safety Composites	Minimum	Maximum	Mean	SD
1. Organizational learning—continuous improvement	0.00	4.33	2.80	0.57
2. Leadership support for patient safety	0.00	4.55	3.31	1.48
3. Communication about error	0.00	3.33	2.73	0.55
4. Reporting of patient safety events	0.00	4.00	3.12	0.70
5. Patient safety rating	0.00	4.45	1.95	0.71

3.5 The relationship between the study variables

Pearson correlation coefficients were carried out to determine if there were relationships between nurses' satisfaction and attitudes regarding bedside shift report total scores on the one hand and the patient safety composites on the other hand. The results of the analysis showed that there are significant relationships between the mentioned variables. For example, there are significant relationships between nurses' satisfaction with bedside shift reports and communication about errors and reporting of patient safety events ($p<0.05$), and between nurses' attitudes toward bedside shift reports and communication about errors ($p<0.001$). However, the analysis revealed a strong and positive relationship between the satisfaction of nurses and their attitudes towards bedside shift reports ($p<0.001$) (Table 5).

Table 5. Correlations between nurses' satisfaction and attitude toward bedside shift reports and safety culture composites

Variables	Value	A	B	C	D	E	F	G
Nurses' satisfaction with bedside shift report	R-value	1.00	0.77	-0.30	0.22	0.48	0.75	0.30
	P-value	-	0.00**	0.07	0.09	0.04*	0.01*	0.07
Nurses' attitudes regarding bedside shift report	R-value	0.77	1.00	-0.33	0.35	0.77	-0.35	-0.11
	P-value	0.00**	-	0.07	0.06	0.00**	0.06	0.11

Notes:
A=Nurses' satisfaction with bedside shift report; B=Nurses' attitudes regarding bedside shift report; C=Organizational learning—continuous improvement; D=Leadership support for patient safety, E=Communication about error; F=Reporting of patient safety events; G=Patient safety rating

4. Discussion

This study aimed to measure nurses' attitudes and satisfaction with bedside shift reports and their relationships with patient safety culture. The results showed that the nurses reported high satisfaction scores and positive attitudes toward the implementation of bedside shift reports. This is consistent with a study by Novak and Fairchild (2012), which assessed the effect of bedside shift reporting and the SBAR (Situation, Background, Assessment, Recommendation) method on communication and nurses' satisfaction and patient safety. The study discovered that bedside reporting financially impacts an organization because it reduces report times, improves nurse satisfaction, nurse retention, and patient and family satisfaction, and reduces healthcare errors Novak and Fairchild (2012). Our results were also consistent with another study that assessed the effect of the handover process on the performance indicators and job satisfaction of nurses (Thomas & Donahue-Porter, 2012). The study found that incoming nurses who have access to a comprehensive patient report are better prepared to offer safe and satisfying care. According to the study, the handover process, which allows incoming nurses to raise questions and clarify patient care issues with outgoing nurses, improves their ability to prioritize the care they must deliver (Thomas & Donahue-Porter, 2012).

The results in this study also resembled those of Evans et al. (2012), who looked at the implementation and outcomes of a bedside shift-to-shift nurse report. The study's goal was to find a solution to the problem of staff discontent with nurse-to-nurse reports and the inability to finish shifts on time. The study found that having a bedside handover report boosted nurse satisfaction, helped nurses prioritize their workflow, and reduced the time it took to complete the report. Greater nurse satisfaction was attained by obtaining a more detailed report without distractions. Patients' involvement in their care plan has also improved patient-centered care (Evans et al., 2012). Furthermore, bedside reporting has been demonstrated to increase patient involvement and satisfaction, improve nursing cooperation and responsibility, and improve provider communication efficacy (Urisman et al., 2018). By putting patients at the center of their care and allowing them to be active participants in their rehabilitation, nurses can have a beneficial impact on their patient's experiences. Other advantages include increased quality and safety, as well as teamwork and peer responsibility.

This study's findings are similarly consistent with Sand-Jecklin and Sherman's (2014) study, which attempted to measure the effects of a practice change on a bedside shift report. The study examined how nurses felt about the shift report procedure and how patients felt about nursing care. Patients saw an improvement in staff introductions, promoting patient involvement, exchanging vital information, and participation in a shift change conversation, according to the authors. The nursing staff valued the emphasis on patient safety and participation and discovered that communication at the bedside was more effective (Sand-Jecklin & Sherman, 2014).

Similarly, Jimmerson et al. (2021) found that a bedside shift report allows for face-to-face interaction with the patient, clarification and potential resolution of inaccurate information, introduction of the oncoming nurse, and a patient assessment during the report, allowing for visualization of the patient and the environment. Face-to-face reporting, on the other hand, allows the incoming nurse to do a safety check with the incoming nurse. Each nurse can then see the pumps, examine the working environment, inspect lines and devices, and so on. Overall,

healthcare practitioners must ensure patient safety and quality when providing care. Without the patients' collaboration, the verbal reports alone can impact safety if the information is incomplete or communicated inadequately because of distractions or interruptions.

The findings in this study also revealed that nurses reported excellent patient safety behaviors and culture once bedside shift reporting was implemented. This was supported by Maxson et al. (2012), which found that comprehending the care plan improved patient satisfaction significantly. In addition, accountability, boosting communication at shift changes, connecting with physicians, and reducing medical errors and prescription errors were all areas where nursing staff reported considerable improvements. This was also supported by another study, which found that allowing patients to be active participants in clarifying and correcting mistakes improved patient safety and satisfaction (Kullberg et al., 2018). They also stated that the collaboration with the nurses made them feel like their care was individualized and that their input was respected.

The bedside shift report procedure has a big influence on patient safety, but it also has a big impact on nurse satisfaction with communication, collaboration, and teamwork. This study is also consistent with several other articles that have assessed the importance of communication patterns and styles on the level of nursing performance and have proved that communication patterns like SBAR and exchanging patient information at the bedside were closely linked to nursing satisfaction (Jones et al., 2015; Melnyk & Fineout-Overholt, 2022). Furthermore, the findings of this study were congruent with those of Whitty et al. (2017), who investigated nurses' experiences and perspectives of bedside handover communication to improve patient care. The preliminary findings of the study stated that after implementing the process, nurses reported high performance and satisfaction in providing care to their patients, requiring a long-term evaluation to prove its success, whereas nurses reported high performance and satisfaction in delivering care to their patients due to clear task communication direction (Whitty et al., 2017).

Moreover, the present study also reported high rates of communication in the patient safety culture of the hospital. A study by Radtke (2013) that was conducted to improve communication between patients and nurses at discharge time showed an increase in patients' perceptions of continuity of care and satisfaction, thus enhancing patient quality of care and safety. Our results also showed that upon implementation of bedside shift reports, a significant positive relationship emerged between nurses' attitudes toward bedside shift reports and communication about errors.

5. Implications and limitations

The study implicates that this innovative handover strategy can be applied to other areas of practice and tested to see if patients are being satisfied. Also, it is possible to conduct more research to see how the interdisciplinary team could strengthen this procedure. The use of convenience sample was one of the study's limitations. Nurses were not stratified into different units, and different units might be disproportionally represented. Nurses in different units might have different perspectives due to different patient populations. Nurses recently shifted from traditional handover to bedside handover and are trained in both models. The bedside handover inter-shift report was a major change in behavior and nursing practice for a significant number of RNs. Their attitudes and ideas might change with time the longer they practice bedside handover. The major obstacle that might affect the process was discussing patient care in semi-private rooms. The fear of patient confidentiality violation as information about the patient and patient care issues discussed at the bedside might have negatively impacted the reported nursing satisfaction results.

6. Conclusion

The implementation of the bedside shift report improves nurses' levels of satisfaction and enhances positive attitudes toward work. In terms of patient safety, excellent communication among nurses during shift changes is critical to ensuring that patients receive safe, high-quality, and effective treatment. Thus, the bedside handover procedure impacts patient safety and nurse satisfaction in terms of communication, collaboration, and teamwork. The study's findings gave nurse managers and nursing leadership information and research they could use to start creating nursing bedside shift report recommendations tailored to their patient population. Also, the results of this study recommend the conduct of a further investigation into the nursing bedside shift report, particularly the process's adoption and sustainability.

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Author contribution

SJ, MF, AR, NA participated in the study conception and design. MS collected the data. MA, RA, and AA also participated in data analysis, and drafting of the article was done by MA, MS, SJ, and MF. All authors critically revised the manuscript.

Conflict of interest

None declared

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