The Effect of Bedside Handoffs on Patients’ Perceived Fears

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Outline

• Identify the need to evaluate the nursing bedside handoff for its effect on patients’ perceived fears

• Describe the research methods and results

• Discuss the implications for nursing practice
BACKGROUND AND SIGNIFICANCE
Definitions

Fear  • An emotional response related to a perceived threat, real or imagined

Anxiety • A state of uneasiness, uncertainty, or dread from a real or perceived threat whose actual source is nonspecific or unknown

Apprehension • A fearful expectation or anticipation of potential danger

(Venes, 2009)
General Adaptation Syndrome

(Selye, 1950)
Causes of Inpatient Fear

- symptom-induced pain or discomfort
- presumed diagnosis
- anticipated consequences of treatment
- coping failures
- reinterpretation of the illness
- lack of caring relationships from healthcare professionals

(Dubayova et al., 2010)
(Mollon, 2014)
Safety

- Safe care
  - Environment, patient practice, therapeutic unit culture

- *Feeling safe*
  - No perceived imminent danger
  - Sense of security and freedom from harm

- Promoting feelings of safety
  - Trust, caring, presence, knowledge
  - Initiative, oversight, predictability, proximity
  - Social support, communication, autonomy, participation

(Gill et al., 2013)  
(Lasiter, 2011)  
(Mollon, 2014)  
(Russell, 1999)
Nurse-Patient Interactions

- Trust
- Caring
- Presence
- Knowledge
- Support
- Communication
- Autonomy
- Participation
- Initiative
- Oversight
- Predictability
- Proximity
Nursing Bedside Handoff

- An interactive discussion about the patient’s status and plan of care

- Patients report significant benefits
  - Being informed, becoming an active participant, and feeling confident
  - Achieving an understanding of their care and improved satisfaction
  - Feeling protected from errors and involved in healthcare decisions

- Frequency is important to consider

(Dresser, 2012)
(Ford, Heyman, & Chapman, 2014)
(Jeffs et al., 2013)
(Maxson, Derby, Wrobeski, & Foss, 2012)
(Ofori-Atta, Binienda, & Chalupka, 2015)
Purpose

• Explore the effect of bedside handoffs on patients’ reported fear, anxiety, and apprehension

• Evaluate the relevance of this as a nursing intervention for patients who report fear, anxiety, and apprehension during hospitalization
METHODS
Design

• Secondary analysis – data obtained from:
  • Two quantitative studies carried out in 2011-2013 and 2014
  • Studies designed to identify inpatients’ perceptions of bedside handoffs

• Descriptive correlation design

(Ford, Heyman, & Chapman, 2014)
(Ford & Heyman, in press)
Sample

• Questionnaire responses from:
  • 207 patients
  • Hospitalized on adult medical-surgical floors
  • Recruited by convenience sampling
  • Met inclusion criteria

• Approval for further analysis obtained from:
  • Human Subjects Institutional Review Board at WMU

(Ford, Heyman, & Chapman, 2014)
(Ford & Heyman, in press)
Data Analysis

- Questionnaire responses extracted from original data set:
  1. Frequency of bedside handoff
  2. Degree to which bedside handoff made patients feel safe
  3. Patients’ reports of fear, anxiety, or apprehension
  4. Degree to which patients reported that bedside handoff relieved fear, anxiety, or apprehension

- Patients’ level of agreement to the questionnaire responses measured upon a four point Likert Scale:

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<td>strongly disagree</td>
<td>disagree</td>
<td>agree</td>
<td>strongly agree</td>
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(Ford, Heyman, & Chapman, 2014)
(Ford & Heyman, in press)
Data Analysis

• SPSS version 21
  • Pearson’s correlation coefficient
  • Independent-samples t-test
  • Paired-samples t-test
  • One way analysis of variance
RESULTS
Description of Sample

Gender
• Male: 50.2%, Female: 49.8%

Age Group
• Range 18-21 to 90 and above: Mode 60-69 years

Race
• Caucasian or White: 82.6%

Education
• High school or equivalent: 35.7%

Reported Fear
• 66 participants: 31.9%
Bedside Handoff: Frequency

- Positive correlation between frequency of bedside handoff and how patients report that fear is reduced – *not significant*
Bedside Handoff: Frequency

• Positive correlation between frequency of bedside handoff and how patients report that bedside handoff helped them feel safe

\[ r=0.291, \ n=64, \ p=0.02 \] – significant

• Patients agreed that they felt safer with more frequently occurring bedside handoffs

Frequency of Handoff *  
Feelings of safety *
Frequency of Handoff versus Reduction of Fear
Mean Level of Agreement

- Always: 3.17*
- Most of the Time: 2.93
- Rarely: 2.17*

Scale:
1. strongly disagree
2. disagree
3. agree
4. strongly agree
Frequency of Handoff versus Feeling Safe
Mean Level of Agreement

- Always: 3.48*
- Most of the Time: 3.07
- Rarely: 2.33*
Reducing Fears versus Feeling Safe

- Participants who reported fear ($n=66$)
  - Bedside handoffs had a greater effect on general feelings of safety than on specifically reducing fears ($t(62)=2.809$, $p=0.007$)
Reducing Fears versus Feeling Safe

- Whole sample ($n=207$)
  - Bedside handoffs had a greater effect on feelings of safety for participants who did not report experiencing fear than those who reported experiencing fear ($t(197)=-2.002, p=0.047$)
Limitations

• Convenience sampling
• Response bias
• Discrepancy between definitions

(Polit & Beck, 2014)
IMPLICATIONS
Implications

- Using bedside handoff in practice
  - Some benefit in reducing fear
  - Great benefit in helping patients feel safe
  - Consistency
- Addressing continuing issue of fear during hospitalization
  - Patients with fear may not be receiving the full benefit of an intervention
  - Nurses must identify and provide further care
- Further analysis is needed to establish the bedside handoff as an intervention for patients who report fear, anxiety, and apprehension
QUESTIONS
References


References


