



ORIGINAL ARTICLE

Nurses' Perceptions Regarding Patient Handover and Affecting Factors

Hemşirelerin Hasta Teslimine Yönelik Algıları ve Etkileyen Faktörler

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Abstract

Objective: To determine nurses' perceptions on patient handover and the factors affecting it.**Method:** This descriptive study was conducted in a training-research hospital between October and November 2022 with 182 nurses. Research data was collected using the "nurse information form" and "patient handover evaluation scale". Number, percentage, mean, independent groups t-test, ANOVA, Mann-Whitney U analyzes were used to evaluate the data.**Results:** The total mean score of the patient handover evaluation scale of the nurses was 73.36 ± 12.77 , the mean score of the quality of information sub-dimension was 33.09 ± 6.06 , and the mean score of the interaction and support sub-dimension was 24.78 ± 7.01 , mean score of the productivity sub-dimension was 15.48 ± 3.48 . It was determined that there was a statistically significant difference between the total score and sub-dimension score averages of the patient handover evaluation scale according to gender, position, working willingly/willingly in the unit, receiving education on patient handover, and having problems with patient handover in the unit ($p < 0.05$). The mean score of the patient handover evaluation scale of female nurses is higher than male, and the difference is statistically significant ($p < 0.05$). The total mean score of the patient handover evaluation scale of the nurses who work happily, who are the nurses in charge, who receive training on patient handover and have no problems with the handover of the shift, is higher than the other nurses ($p < 0.05$).**Conclusion:** Total mean score of the patient handover evaluation scale of the nurses was high, and factors such as receiving education on patient handover, loving the unit, and the position worked were effective in evaluating patient handover.**Keywords:** Nursing, patient handover, shift handover, communication, patient safety

Öz

Amaç: Bu araştırma hemşirelerin hasta teslimine yönelik algılarını ve etkileyen faktörlerin belirlenmesi amacıyla yapıldı.**Yöntem:** Tanımlayıcı türde olan bu araştırmanın evrenini, Ekim-Kasım 2022 tarihleri arasında doğuda bir eğitim-araştırma hastanesinde görev yapmakta olan hemşireler oluşturdu. Araştırma örnekleme alınma kriterlerine uyan ve araştırmaya katılmaya gönüllü olan 182 hemşire ile yürütüldü. Araştırma verileri; "hemşire bilgi formu" ve "hasta teslim değerlendirme ölçeği" kullanılarak toplandı. Verilerin değerlendirilmesinde sayı, yüzde, ortalama, bağımsız gruplarda t-testi, ANOVA, Mann-Whitney U analizleri yapıldı.**Bulgular:** Araştırma kapsamına alınan hemşirelerin hasta teslim değerlendirme ölçeği toplam puan ortalamasının $73,36 \pm 12,77$ olduğu, bilginin kalitesi alt boyut puan ortalamasının $33,09 \pm 6,06$, etkileşim ve destek alt boyut puan ortalamasının $24,78 \pm 7,01$ olduğu, Verimlilik alt boyut puan ortalamasının ise $15,48 \pm 3,48$ olduğu belirlendi. Araştırmada cinsiyet, çalışılan pozisyon, çalışılan birimde sevak/isteyerek çalışmak, hasta teslimi konusunda eğitim alma durumu ve çalışılan birimde hasta teslimiyle ilgili sorun yaşama durumuna göre hasta teslim değerlendirme ölçeği toplam puan ve alt boyut puan ortalamaları arasında istatistiksel olarak anlamlı bir fark olduğu belirlenmiştir ($p < 0,05$). Kadın hemşirelerin hasta teslim değerlendirme ölçeği toplam puan ortalamaları erkek hemşirelerden yüksek ve aradaki fark istatistiksel olarak anlamlıdır ($p < 0,05$). Hemşirelerden çalıştığı birimde sevak çalışan, sorumlu hemşire olan, hasta teslimi konusunda eğitim alan ve nöbet teslimi ile ilgili sorun yaşamayanların hasta teslim değerlendirme ölçeği toplam puan ortalamaları diğer hemşirelerden yüksektir ve aralarındaki fark istatistiksel olarak anlamlıdır ($p < 0,05$).**Sonuç:** Araştırma kapsamına alınan hemşirelerin hasta teslim değerlendirme ölçeği toplam puan ortalamasının yüksek olduğu, hasta teslimiyle ilgili eğitim alma, çalışılan birimi sevmek, çalışılan pozisyon gibi faktörlerin hasta teslimini değerlendirme konusunda etkili olduğu sonucu elde edilmiştir.**Anahtar Kelimeler:** Hemşirelik, hasta teslimi, nöbet teslimi, iletişim, hasta güvenliği

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Introduction

Patient handover is a dynamic process that directly affects patient care. Patient handover practices are recognized as an essential component of clinical care among healthcare professionals. It is predicted that patient's handover is important in ensuring continuity of care, and failing to do so can lead to significant safety issues for the patient (1-3). Because promoting high-quality ongoing care that can protect patients from the harmful risks associated with healthcare practices is an essential component of patient safety. Patient handover, which constitute a critical part of patient safety, among other risks, need to be comprehensively evaluated. Patient handover plays an important role in providing well-coordinated care (4).

Patient handover is considered an essential component of healthcare organizations because of its consequent impact on patient safety and clinical outcomes. These processes, above all, are effective in increasing patient safety capacity, patient-centered care approaches, increasing satisfaction for both patients and nurses, reducing miscommunication, errors and costs (5-7). Patient handover requires the efficient transfer of all necessary information. It needs good communication skills and time management. Ignoring communication can lead to the transmission of erroneous or incomplete data, resulting in delayed care or other adverse effects (8). When advanced communication skills are used in patient handover, possible errors in handover can be prevented.

Failure to understand a patient's condition, not being able to obtain up-to-date information about the patient, or not asking questions to clarify information at handover can put the patient at risk. Especially emergencies, inadequate care and treatment that is not done on time may be caused by nurses not sharing all clinical information about the patient in an accurate and timely manner. In many studies conducted with nurses, it has been stated that nurses who have up-to-date information ask more questions during patient handover, understand the patient care plan better during patient handover, increase the efficiency of nursing care, and need to focus more on communication-oriented tasks during patient handover (7,9,10). In another study, nurses thought that patient handover at the bedside was the most effective way of patient handover. It has been determined that the duration of handover and handover types differ according to clinics and there is no structured form for patient handover (11). Considering the results of

the study examining the factors affecting patient handover; gender, knowledge, attitude, standard procedures, leadership, shift change, peers, previous experience, workload, work relationships, lack of active listening, lack of access to written information, lack of communication between nurses, lack of a structured form in which patient handover is recorded, necessary for the patient difficulty in recognizing information and inability to access relevant information are considered as negative factors (1,11-14). The continuity of information is vital for the safety of critically ill patients (15). Patient handover plays an important role in providing the necessary care in shaping and optimizing nursing care, which contributes to providing high-quality nursing care (16). Patient handover is accepted as an important part of nursing studies that can always convey the patient's information and ensure the continuity of the patient's treatment plan (17). Patient handover is of great importance in increasing the knowledge and awareness of nurses about patient handover. There is a need for research in our country on patient handover, which is an important issue for nurses. Therefore, this research was conducted to determine nurses' perceptions of patient handover and the factors affecting it.

Material and Methods

Type of research: It is a descriptive research.

Population and sample: The population of the research consisted of 501 nurses working in a training-research hospital in the east between October and November 2022. In the calculation of the sample; The formula $n = N \cdot t^2 \cdot p \cdot q / (N - 1) \cdot d^2 + t^2 \cdot p \cdot q$ was used and the sample size was determined as 182.

Data collection tools: The "nurse information form" and "patient handover evaluation scale (PHES)" were used to collect data.

Nurse information form: It is a form that questions the socio-demographic characteristics of nurses (age, gender, education, marital status, professional experience).

PHES: O'Connell et al. (18) developed the scale. Taşkıran et al. (19) carried out the Turkish validity and reliability of the scale. The fourteen-item scale is seven-point Likert type (1=strongly disagree, 2=disagree, 3=somewhat disagree, 4=neither agree nor disagree, 5=partially agree, 6=agree, 7=strongly agree). Negatively expressed items (5th, 12th and 13th items) are scored in the opposite direction. Thus, a minimum of 14 and a maximum of 98 points can be obtained from the scale. Higher scores reflect more positive perceptions. The scale consists of three sub-dimensions that question the quality of the information given on patient handover (6 questions), the interaction/support of the healthcare worker with the handover person (5 questions), and the efficiency of patient handover (3 questions). The Cronbach's alpha coefficient of the scale was calculated as

Main Points

- Determining the factors affecting nurses' patient handover has an important place.
- This research provides evidence for situations that enable nurses to make patient handovers effective.
- Being a female nurse, receiving training on patient handover, working willingly in the unit, and being a nurse in charge are among the factors affecting patient handover.

0.89 [Taşkıran et al. (19)]. In this study, the Cronbach's alpha was 0.75.

Data collection: After the necessary explanations were given to the nurses working in the institution between October and November 2022 in data collection, the data collection tools were distributed to the nurses by the researchers and asked to fill them in. The application time of the data collection tool lasted an average of 10-15 minutes.

Ethical statement: Written permission from the relevant hospital and ethics committee approval from Erzincan Binali Yıldırım University Human Research Ethics Committee were obtained (date: 25 February 2022, number: 02/05). The nurses constituting the research group were informed in writing and only volunteer nurses were included in the study. Since the research is of a descriptive type, does not include any initiatives and practices, and personal data is not collected and used, there is no potential danger or threat to the participants. The research was conducted in accordance with the principles of the Declaration of Helsinki.

Statistical Analysis

The obtained data were evaluated in the SPSS (version 26.0) statistical package program in computer environment. Number, percentage, mean, independent groups t-test,

ANOVA, Mann-Whitney U analyzes were used to evaluate the data. $P < 0.05$ was accepted as statistical significance value.

Results

The mean age of the nurses was 27.74 ± 5.58 , the average total working time was 5.22 ± 5.98 , and the average working time in their department was 2.49 ± 3.26 . 76.4% of the nurses were women, 63.2% were single, and 73.6% were at the undergraduate level of education.

It was found that 24.7% of the nurses worked in internal clinics, 38.5% in surgical clinics, and 36.8% in intensive care units. When the distribution of nurses according to their duties in the unit they work in was examined, it was determined that 92.3% of them worked as clinical nurses and 7.7% as nurses in charge.

It was found that 65.4% of the nurses work willingly in the unit they work, 74.2% receive training on patient handover, 81.9% do not have any problems with patient handover in the unit they work, and all of them think that patient handover is important (Table 1).

Total mean score of the nurses' PHES was 73.36 ± 12.77 . It was observed that nurses' quality of knowledge sub-dimension

Demographic characteristics		n	%
Age (year) (min: 21, max: 45)	(Mean \pm SD: 27.74 ± 5.58)		
Gender	Female	139	76.4
	Male	43	23.6
Marital status	Married	67	36.8
	Single	115	63.2
Educational status	High school	14	7.7
	Associate degree	26	14.3
	Licence	134	73.6
	Graduate	8	4.4
Total work time (year) (min: 1, max: 25)	(Mean \pm SD: 5.22 ± 5.98)		
Working time on this unit (year) (min: 1, max: 17)	(Mean \pm SD: 2.49 ± 3.26)		
Worked unit	Internal clinic	45	24.7
	Surgical clinic	70	38.5
	Intensive care	67	36.8
Position in the unit	Clinical nurse	168	92.3
	Clinical nurse in charge	14	7.7
Satisfaction with the working unit	Yes	119	65.4
	No	15	8.2
	Partially	48	26.4
Status of receiving education on patient handover	Yes	135	74.2
	No	47	25.8
The situation of having problems with patient handover in the unit where they work	Yes	33	18.1
	No	149	81.9

SD=standard deviation

score average was 33.09 ± 6.06 , interaction and support sub-dimension mean score was 24.78 ± 7.01 , and productivity sub-dimension mean score was 15.48 ± 3.48 (Table 2).

There is no statistically significant relationship between the age, total working time and working time in the unit and the PHES and sub-dimension scores ($p > 0.05$, Table 3).

The comparison of the PHES according to the introductory characteristics of the nurses is given in Table 4. It was seen that the difference between the PHES and its sub-dimensions mean scores according to the characteristics of the nurses participating in the study, such as education, marital status, and the unit they work in, was not statistically significant ($p > 0.05$). It was found that there was a statistically significant difference between the mean score of the PHES according to the gender of the nurses ($p = 0.04$), and the mean score of the PHES of the female nurses was higher than that of the male nurses. The difference between the mean scores of the PHES and the interaction and support sub-dimension according to the position of the nurses was found to be statistically significant ($p < 0.05$). It was determined that the total score of the PHES and the interaction and support sub-dimension score averages of the nurses in charge were higher than the clinical nurses.

The difference between the mean scores of the PHES, interaction and support and quality of information sub-dimensions according to the satisfaction of the nurses in the unit they are in was found to be statistically significant ($p < 0.05$). In the further analysis made to find out which group the difference originated from, it was seen that

it was caused by those who were satisfied in their unit. Accordingly, it was determined that the mean scores of the PHES, interaction and support, and quality of information sub-dimensions of the nurses who were satisfied in their unit were higher than the other nurses, and the difference was statistically significant (Table 4).

The difference between the PHES and the interaction and support sub-dimension mean scores of the nurses participating in the study according to their training on patient handover was statistically significant. was found to be higher (Table 4).

Discussion

Providing quality care within the scope of the modernized health care system with the development of science and technology constitutes an important resource for recording nursing care and transferring patient data among nurses correctly. In this context, understanding the importance of patient handover for health care professionals and patients supports safe and quality care (20). Nurse handover is the nurse's explaining the care responsibilities of a patient to the nurse to whom the shift was handed at the end of the nurse's shift (21). In the hospital where the research was conducted, nurse shift handovers are carried out on average twice a day for each patient. When a nurse transfers the responsibility of care to another nurse, medical errors may result if all important medical information is not shared comprehensively and efficiently (21,22).

Table 2.
Nurses' Patient Handover Evaluation Scale Sub-dimensions and Total Mean Scores (n=182)

Scale	Mean \pm SD	Min.	Max.
Quality of information sub-dimension	33.09 ± 6.06	7	42
Interaction and support sub-dimension	24.78 ± 7.01	5	69
Productivity sub-dimension	15.48 ± 3.48	4	21
Patient handover evaluation scale (total score)	73.36 ± 12.77	25	114

SD=standard deviation

Table 3.
Relationship Between Nurses' Age and Working Time with Patient Handover Evaluation Scale (n=182)

Variables	r/p	Quality of information sub-dimension	Interaction and support sub-dimension	Productivity sub-dimension	Patient handover evaluation scale (total score)
Age	r	-0.022	-0.045	0.031	-0.026
	p	0.772	0.551	0.677	0.725
Total work time (year) (min: 1, max: 25)	r	0.000	0.001	0.059	0.017
	p	0.995	0.985	0.427	0.823
Working time on this unit (year) (min: 1, max: 17)	r	0.052	0.033	0.123	0.076
	p	0.489	0.656	0.098	0.306

Table 4.
Comparison of Patient Handover Evaluation Scale Sub-dimensions and Total Scores According to Nurses' Descriptive Characteristics (n=182)

Variables	n	%	Quality of information	Interaction and support	Productivity	Patient handover evaluation scale (total score)
Gender	Female	76.4	33.61±5.00	25.29±6.84	15.71±3.54	74.61±11.50
	Male	23.6	31.41±8.52 t: 1.603/p=0.11	23.13±7.39 t: 1.771/p=0.078	14.76±3.21 t: 1.559/p=0.121	69.32±15.72 t: 2.044/p=0.04
Marital status	Married	36.8	33.65±5.87	24.80±5.85	15.85±3.84	74.31±12.00
	Single	63.2	32.76±6.18 t: 0.955/p=0.341	24.77±7.63 t: 0.030/p=0.976	15.27±3.25 t: 1.069/p=0.287	72.81±13.23 t: 0.761/p=0.448
Educational status	High school	7.7	31.64±7.08	21.78±7.95	15.14±2.59	68.57±14.64
	Associate degree	14.3	33.53±3.73	24.42±5.29	15.92±3.66	73.88±10.07
	Licence	73.6	33.29±6.45	25.26±7.17	15.53±3.54	74.08±13.21
	Graduate	4.4	30.87±2.64 F: 0.713/p=0.545	23.25±7.20 F: 1.213/p=0.306	13.87±3.39 F: 0.758/p=0.519	68.00±7.19 F: 1.291/p=0.279
Worked unit	Internal clinic	24.7	33.44±5.31	26.51±8.58	15.31±4.06	75.26±12.65
	Surgical clinic	38.5	33.60±7.54	24.50±6.39	15.68±3.46	73.78±14.66
	Intensive care	36.8	32.32±4.65 F: 0.850/p=0.429	23.92±6.34 F: 1.942/p=0.146	15.40±3.11 F: 0.189/p=0.828	71.65±10.51 F: 1.137/p=0.323
Position in the unit	Clinical nurse	92.3	32.85±6.09	24.45±7.08	15.50±3.43	72.80±12.84
	Clinical nurse in charge	7.7	36.00±5.118 U: 816.500/p=0.057	28.78±4.62 U: 719.000/p=0.016	15.28±4.14 U: 1166.500/p=0.960	80.07±10.15 U: 782.000/p=0.037
Satisfaction with the working unit	Yes	65.4	34.51±5.02	26.65±6.58	15.83±3.35	77.00±10.58
	No	8.2	30.73±4.36	21.73±6.38	13.86±3.92	66.33±11.28
	Partially	26.4	30.31±7.61 F: 10.406/p=0.000	21.10±6.54 F: 14.014/p=0.000	15.14±3.56 F: 2.472/p=0.087	66.56±14.59 F: 16.221/p=0.000
Status of receiving education on patient handover	Yes	74.2	33.65±6.17	25.51±6.01	15.78±3.49	74.94±12.58
	No	25.8	31.48±5.50 t: 2.124/p=0.035	22.70±9.07 t: 2.395/p=0.018	14.63±3.33 t: 1.958/0.052	68.82±12.36 t: 2.883/p=0.004
The situation of having problems with patient handover in the unit where they work	Yes	18.1	31.69±3.33	21.66±5.66	14.42±2.65	67.78±7.91
	No	81.9	33.40±6.48 t: -2.165/p=0.033	25.47±7.11 t: -2.879/p=0.004	15.72±3.60 t: -2.369/p=0.021	74.60±13.32 t: -2.825/p=0.005

In our study, which was conducted to determine the perceptions of nurses about patient handover and the factors affecting it, the nurses' mean PHES score of 73.36 ± 12.77 indicates that nurses perceive patient handover highly positively. Gungor et al. (23), in her study with emergency room nurses, it was found that the mean score of the handover assessment scale was 53.31; in the study of Tuna and Dallı (24), it was found that the efficiency of handover of the nurses is above the medium value; Chong et al. (25) found that nurses perceived shift handover practices as important. Studies show parallelism to this research finding and show that nurses care about patient handover.

In this study, it was found that the mean score of the PHES of female nurses was higher than that of male nurses. When the studies evaluating nurses' views on patient handover were examined, Çevik et al. (26) 87.2% of the nurses; Gungor et al.'s (23) research, 70.8%; Liu et al. (27), 77.4% in his research; In the study of Tuna and Dallı (24), 84.2% of them were female nurses. The fact that 76.4% of the nurses are female among our research findings shows similarities with the literature, as well as showing that female nurses have a higher PHES score than male nurses. In the study of Tuna and Dallı (24), it was found that the total score of the scale was higher for female nurses. This result shows that female nurses give more importance and care to the shift handover (24). At the same time, gender discrimination was abolished in the nursing profession in Turkey with the decree no. 663 dated 2/11/2011 (28). Since this situation is effective in the high rate of female nurses working in hospitals, it makes us think that it is necessary to conduct studies in which the number of male and female nurses is homogeneous in determining the perceptions of nurses about the shift handover.

It was determined that the total score of PHES and the Interaction and Support sub-dimension mean scores of the nurses in charge were higher than the clinical nurses. In the nursing profession, which is the whole of science and art, which deals with the healthy/sick individual with a humanistic perspective; human and patient rights, ethical norms, beliefs and values are of vital importance. Planning nursing care, removing unnecessary information, understanding people in a universal dimension are the equipment that makes nurses professional and competent (29).

Professionalism is a multidimensional concept that offers nurses the opportunity to develop individually and professionally. Professionalization for nursing is possible if it includes professionalization criteria. Being a graduate of undergraduate education and being based on professional scientific knowledge are among the criteria for nursing professionalization (30). Among the professionalization criteria, the education level of nurses is one of the main factors affecting the roles and responsibilities of nurses. Education level is one of the key criteria of professionalism (31). Nurses with undergraduate and graduate education have priority rights in nursing management duties (32).

Nurses in charge in the hospital where the study was conducted are graduate or post-graduate. This information explained in the literature supports the finding in our study that the total score of PHES and interaction and support sub-dimension mean scores of the nurses in charge are higher than clinical nurses. The increase in professionalization shows that the negative situations experienced in shift handover will decrease and the quality of shift handover will increase. Dikmen et al. (33), in which they evaluated the professional attitudes of nurses, the professional attitude score averages of the nurses in charge were found to be higher. The high professional attitudes of the nurses in charge may be due to their educational status and the fact that they spend more time on individual development (33).

In this study, nurses who were satisfied in the unit they were in were found to have higher PHES total score, Interaction and support, and quality of information sub-dimension score averages. Although it is risky and time-consuming in clinical practice, it is an important process for nurses to convey information about the care and treatment of the patient in the shift handover (34). Nurses use methods such as written, oral, telephone and tape recording for the safe and effective transfer of the information in the patient's shift handover report (35,36). Giving incomplete information or not understanding the patient during shift handover may cause delay in the diagnosis and treatment of the patient. Therefore, accurate transfer of clinical information is necessary to ensure the continuity of nursing care and the safety of patients (21). The high number of nurses (65.4%) who are satisfied with the unit they work in in this study is thought to have an effect on this result. Leadership styles of nurse managers, which are among the factors affecting patient handover, have an effect on increasing nurses' job satisfaction and reducing turnover (37). Tambağ et al. (38) found that quality management, professional relations and job satisfaction were higher in nurses who were satisfied with the unit they worked in. In this context, it is thought that being satisfied with the unit is of great importance in ensuring that the quality of nursing care and job satisfaction of nurses do not decrease, accurate information is transferred during patient handover and adequate communication is ensured.

Forde et al. (34) observed that the shift handover, where there is nurse-patient interaction and important information is shared, mostly occurs at a fast pace, the nurse handovering the shift is more active, and the nurse handovering the shift affects the degree of participation of the patient. Developing a trusting relationship with a therapeutic interaction is one of the basic elements of care (39). Çevik et al. (26) found that 89.9% of the nurses had a disinterested attitude and attitude during handovering; it was stated that 85.4% of them were uncomfortable with handovering the shift with incomplete information and incomplete answers to the questions asked about the patient.

The research results and scientific knowledge explained above show that the professional professionalism of nurses

who love and are satisfied with their profession is better and this professionalism is positively reflected in care (40). In our study, the fact that the nurses who were satisfied in their unit had higher PHES total score, interaction and support and quality of knowledge sub-dimension score averages suggest that the fact that nurses love their profession will increase their job satisfaction, satisfaction level and motivation, and thus professionalization in the profession will be ensured. This information also shows that the nurses who participated in the study and who are satisfied with the unit they are in, have effective communication skills that play a key role in the shift handover, convey accurate and complete information about the patient, and are willing to increase their professional knowledge.

It was determined that nurses who received training on patient handover had higher mean scores for the PHES and interaction and support sub-dimension than those who did not receive training. While providing the care service in which the nurses perform their professional role and function, it is necessary to express the views and opinions of the healthy/sick individual, colleagues, other health team members, scientific written documents of the patient with correct and understandable words, that is, they should have effective communication skills (39,41). Communication skills are learned behaviors that can convey feelings and thoughts to the other person, listen effectively, provide consistency between verbal and non-verbal messages, and facilitate the individual's life in society, based on respect, trust and empathy (39,42).

The fact that nurses do not have effective communication skills, clinically relevant information is not shared accurately and in a timely manner during shift handover, appropriate treatment and care is not provided, nurses and patients have low satisfaction levels, increase costs, lengthen hospital stays, and more readmissions (21,35,43). Providing the patient's current care plan and clinical information accurately and completely is of great importance for the continuity and safety of care (44). Standardization is an important criterion for effective patient handover. The most effective solution to the problems experienced in shift handover is to plan training programs to increase the knowledge level of nurses about patient handover (36). The finding in our study that nurses who received training on patient handover had higher mean scores on the interaction and support sub-dimension with PHES than those who did not receive training, is in parallel with the positive effect of education on their perceptions of patient handover. When the literature is examined, Çevik et al. (26), while the rate of nurses who received training on the patient handover process was 88.3%, in our study, it was determined that 74.2% of the nurses received training on patient handover. A safe patient handover is possible with effective verbal and written communication skills, adequate training and knowledge about patient handover (36). Olasoji et al. (45) with mental health nurses found that there were significant effects on shift handover after the training given.

Clinician nurses who perform the shift handover offer the indispensable professional roles and functions of the nursing discipline, the science and art of nursing, and the specialized knowledge acquired by training to the service of the individual. On-call handover is among the roles and responsibilities of the clinician nurse. On-call handover is an important building block of the individualized nursing care process. Because the individualized care process reflects the philosophy of nursing based on the uniqueness, worthiness, integrity and sanctity of life (10,29,46).

Conclusion

Effective communication in shift handover is thought to have a clinically significant positive effect on patient outcomes. As a result of this research, nurses who received training on patient handover, being a woman, being a nurse in charge, loving their profession had higher perceptions of patient handover. In addition, it was determined that nurses' perception of patient handover was high.

Ethics Committee Approval: Written permission from the relevant hospital and ethics committee approval from Erzincan Binali Yıldırım University Human Research Ethics Committee were obtained (date: 25 February 2022, number: 02/05).

Informed Consent: The nurses constituting the research group were informed in writing and only volunteer nurses were included in the study.

Peer-review: Externally peer-reviewed.

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