



The Effectiveness of Bedside Handover Training Based on Patient-Family Centered Care at Nurses on Patient Safety at the Tgk Regional General Hospital Chik Di Tiro Sigli

Ismuntania¹, Sara Dewiola², Idawati³, Kartika⁴, Nurlela Mufida⁵

^{1,2,4,5}Nursing science study program, STIKes Medika Nurul Islam, Sigli, Indonesia

³Midwifery study program, STIKes Medika Nurul Islam, Sigli, Indonesia

Article Info

Article history:

Received May 9, 2023

Revised June 20, 2023

Accepted July 11, 2023

Keywords:

Bedside Handover;
Patient Safety;
PPCC.

ABSTRACT

The patient- and family-centered professional care model is called Patient-Family Centered Care (PFCC). PFCC is the latest service method that is being developed and is considered to have a good impact on patient safety. PFCC is a new challenge for nurses because they must involve patients and families when providing care. Bedside handover is a form of service that is offered in the form of a care process between shifts. The purpose of this study was to determine the effectiveness of PFCC-based bedside handover training for nurses on patient safety at RSUD. Tgk Chik Di Tiro Sigli. The stages start from the preparation stage, namely the start of cases and literature, the implementation stage by collecting data and the analysis stage by analyzing the data findings. The design of this study used a quasi-experimental approach with a one group pretest-posttest design approach. Patient safety will be measured before and before being given PFCC-based bedside handover training. The data collection method was carried out by measuring the quality of patient safety using a questionnaire before and before presenting the training. Data analysis used Paired Test with a significance level of 95%. The results of the study: the probability value (0.000) means that the Ho data is rejected. The bed handover training based on patient-family-centered care is very effective in improving the implementation of good patient safety at the Tgk Chik Di Tiro Sigli Regional General Hospitalaa.

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Corresponding Author:

Ismuntania
Nursing Lecturer at STIKes Medika Nurul Islam Sigli.
STIKes Medika Nurul Islam Sigli,
9X93+6H7, Cot Teungoh, Pidie, Aceh, Indonesia, 24112,
ismuntania366@gmail.com.

1. INTRODUCTION

Bedside handover is a treatment transfer process carried out by nurses during shift exchanges that take place at the patient's bedside (Ismuntania et al, 2023). In carrying out the bedside handover, the patient and family must be involved. Patient-family involvement aims to obtain information about changes in the patient's condition. The patient's current condition greatly determines the quality of subsequent care. If the patient's feelings are not explored at bedside, it is feared that the patient will not dare to open up so that further treatment is not in accordance with the patient's current condition.

Submission of patient status during handovers is very important for the continuity of the care process and patient safety². The Join Commission³ reported that 70% of sentinel incidents were

identified as a result of communication disturbances during the treatment process, including during bedside handovers.

This kind of sentinel event is a serious threat to patient safety. Because patient safety is a top priority, nurses must apply the principle of Patient-Family Centered Care (PFCC) during bedside handover. PFCC is a nursing service method that is developing and is considered to have a good impact on patient safety (Ismuntania, 2022). Accurate transfer of information about the patient's current condition is an important form of communication for the delivery of high quality patient care (Ismuntania, 2020).

Nurses must be close to patients and families without any arrogance. Patient safety can be controlled by confirming information when bedside is done with the patient and family. Emotional closeness will also be created so that it will foster a sense of security and comfort for patients and families while undergoing the treatment process (Ismuntania & Kartika, 2020).

But in reality, the involvement of patients and families during bedside handover is still minimal. This can be seen from the poor quality of bedside as evidenced by the increasing incidence of patient safety from time to time. The condition of nurses with high levels of performance, closed patients, indifferent families due to lack of knowledge, unavailability of regulations, unclear procedures and various other reasons make the handover process take place without involving the patient and family.

Bedside handover is one of the moments that must apply the PFCC principles to ensure complete patient safety. Because the implementation has not been optimal, special training is needed so that the nurse's abilities are more qualified. The training that will be provided is the application of PFCC-based bedside handovers so that the handovers carried out are of higher quality (Ismuntania, 2020). Based on the description above, the researcher is interested in conducting research on the effectiveness of PFCC-based bedside handover training for nurses on patient safety.

2. RESEARCH METHOD

The type of research used in this research is quantitative research with a quasi-experimental approach with a one-group pretest-posttest design approach. Respondents who are given treatment are only one group without a comparison group. Location and Research Subject The study was conducted in the Internal Medicine Room at the Tgk Chik Regional General Hospital in Tiro Sigli. Subjects in this study were 28 nurses in the Women's Internal Medicine Room. Research Instruments The instrument in the form of a patient safety questionnaire uses the instrument for implementing the International Patient Safety Goals (IPSG) 1 to IPSG 6, which is as many as 30 questions. Data Collection Techniques The preparatory stage of data collection will be carried out by researchers through administrative procedures with permission from RSUD. Tgk Chik Di Tiro, Data Analysis Techniques Descriptive analysis and paired test statistical analysis.

3. RESULTS AND DISCUSSIONS

Results

Table 1
Distribution of patient safety frequencies before training (n = 28)

No	Patient safety frequencies before training	Amount	Percentage (%)
1	Good	8	28,6
2	Enough	9	32,1
3	Not enough	11	39,3
	Amount	28	100,0

Based on table 1 above, it can be seen that the description of the application of patient safety before being given bedside handover training based on patient-family centered care was the majority in the less category, namely 11 people (39.3%) and the minority in the good category as many as 8 people (28.6 %)

Table 2
Distribution of patient safety frequencies after training (n = 28)

No	Patient safety frequencies before training	Amount	Percentage (%)
1	Good	13	46,4
2	Enough	8	28,6
3	Not enough	7	25,0
	Amount	28	100,0

Based on table 2 above, it can be seen that the implementation of patient safety after being given bedside handover training based on patient-family centered care was majority in the good category, namely 13 people (46.4%) and the minority in the less category, namely 7 people (25.0%).

Table 3
Cross tabulation of patient safety before and after being given bedside training handover based on patient-family centered care for nurses in General Hospitals Tgk Chik area in Tiro Sigli

Patient safety overview before training	Patient safety overview after training						Amount	
	Good		Enough		Not enough			
Good	8	100,0	0	0,0	0	0,0	8	28,6
Enough	1	11,1	8	88,9	0	0,0	9	32,1
Not enough	4	36,4	0	0,0	7	63,6	11	39,3
Amount	13	46,4	8	28,6	7	25,0	28	100,0

Paired t test results 0.000

Based on table 3 above, it shows that of the 28 respondents, the majority implemented patient safety in the poor category before being given training, namely 11 respondents (39.3%) and after being given patient safety training in the good category, namely 13 respondents (46.4%). From the statistical test results of the t test, a significant number or probability value (0.000) was obtained which was much lower than the significant standard of 0.05 or ($p < \alpha$), so the data H_0 was rejected and H_1 was accepted which means that the training means bedside handover based on patient-family centered care is very effective in improving the implementation of good patient safety at the Tgk Chik Regional General Hospital in Tiro Sigli.

Discussion

Based on the results of the study, it was found that there was a significant difference between the application of patient safety before and after being given training on bedside handover based on patient-family centered care. Through training activities, nurses become more aware of how to implement patient safety according to each component⁹. The application of patient safety is a measure of the success of a hospital in providing the best service for patients. The training provided was in the form of a seminar containing several series of events, including providing material on bedside handover, the concept of patient-family centered care, and the concept of patient safety (Ismuntania et al, 2023).

Furthermore, there was an open discussion session between the presenters of the material and the respondents, which during the activity the respondents were very enthusiastic about participating, as seen from the number of respondents who asked questions and expressed opinions about the material presented¹². After that, the team performed a bedside handover simulation based on patient-family centered care in a special room in the training room which was designed like a bedside handover directly to patients and accompanied by their families. In this case, the nurses involved in doing bedside with patient-family centered care to patients and families.

Based on the very significant difference according to the results of the study, nurses who provide care should apply bedside handover based on patient-family centered care to ensure patient safety during the treatment period¹⁴. The process of confirming and clarifying information at bedside is the main objective of the activity. In addition, family involvement is also an important item in maintaining patient safety. Families are involved in providing up-to-date patient information that is very useful for the treatment process that is given appropriately so as to improve the quality of patient safety.

4. CONCLUSION

The conclusion that can be drawn from this study is that bedside handover training based on patient-family centered care is very effective in increasing patient safety. Based on the analysis of the importance of applying bedside handover based on patientfamily-centered care which was identified as being able to reduce patient safety incidents and increase patient satisfaction, the researchers were interested in researching the development of bedside handover models based on patient-familycentered care to improve the quality of patient safety and patient satisfaction. To achieve patient safety, carrying out bedside handovers by standards and actively involving patients in the patient care process should be a priority.

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