

Manage Communication in Handover for Risk Prevention and Improvement of the Quality of Assistance. Systematic Review of the Literature on the Different Types of Nursing Deliveries

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ABSTRACT

Handover is a part of the activities that are learned in the course of clinical practice, from the observation of expert colleagues, first as students and then as new hires, becoming a teaching tool for communicating nursing care data.

The present literature of review aimed to verify the effectiveness of the methods of transmission of information of nursing interest, published in the literature, to guarantee the continuity of care of the patient, recognizing its limits and the advantages in their application.

The strategy used to identify the studies included consulting the following electronic databases: PubMed, Cinahl, Scopus, Google Scholar.

A total of 27 studies, of which 14 were included in the bibliographic review and 13 were considered excluded.

From the systemic analysis of the articles, it is highlighted that there is still no evidence available to support the effectiveness of one style of handover over another.

However, it is of fundamental importance to systematically apply the guiding principles for a safe handover; use a "face to face" system; make use of information technology to support the communication process and implement the co-participation of the hospitalized person.

To improve clinical practice, the various methods of handover must be influenced by each other, thus limiting the negative characteristics of the same if taken individually.

It also emerged that most systems are characterized by a greater demand for working time, entailing the risk of losing information, not involving the patient, the fulcrum of the nursing care process.

Bedside handover is the modality with the lowest risk of error among those analyzed as it reduces the time required for the transfer of information, analyzes the patient holistically, is the transparency and trust of the patients towards the health professionals is guaranteed and the clinical risk is reduced; all fundamental elements to allow a safe care process.

However, the bedside handover is not a perfect system; in fact, a contrasting element is the patient's privacy issue, which is omitted when the nurse transfers the information to the patient's bed. Therefore, it emerges the need to carry out further studies that analyze each type of handover, evaluating the benefits and limits and comparing them with an objective system that allows to determine which is the best method in order to standardize a precise method and adopt it in each department.

Keywords

Bedside Handover, Electronic Handover, Handover, Verbal handover, Written handover.

Introduction

The World Health Organization (WHO) in 2007 with the "Communication during patient handovers" focused attention on the process of transmitting information, relating to the patient, between professionals, with the aim of ensuring continuity of care and the safety of care [1]. The Joint Commission International also considered handover a crucial aspect for patient safety. The handover or handover is therefore a pivotal point for patient management and can lead to a significant quality of care provided. Despite this, the handover is not formally inserted within the university training course, although it is recognized as an important training problem [2].

Handover is therefore part of the activities that are learned in the course of clinical practice, from the observation of expert colleagues, first as students and then as new hires, becoming a teaching tool for communicating nursing care data [3]. An appropriate exchange of information is essential to ensure the achievement of adequate situational awareness and to create a mental model that corresponds to the truth as much as possible. The ultimate consequence of errors at this level is the compromise of the subsequent decision-making phase, with serious potential repercussions in terms of safety of the care provided to the patient. To be effective, every communication must be complete (convey all relevant information without adding unnecessary details), clear (provide all information using understandable language and shared terminology), short and concise (avoid going into superfluous and unnecessary details relevant) and timely. The passage of information usually takes place at each shift change, other times it can take place informally when a patient is transferred between other levels of care or different departments within the hospital [4]. Nursing delivery, in addition to being a useful tool for transmitting accurate information on the patient's condition, treatment and expected needs, can also prove to be ineffective or even harmful if the information is incomplete or omitted. In fact, it is estimated that clinical communication problems are important factors contributing in 70% of cases to sentinel patients with an increased risk of adverse events [5]. What distinguishes delivery from other methods of transmitting information is the transfer of the patient's responsibility from one healthcare professional to another, concurrently with the data relating to it [6]. For this reason, it is necessary that the information be completely transferred from one operator to another, so that all nurses can collaborate effectively in the nursing process, ensuring continuity of care for the patient.

In any case, the moment of passing information is a moment that deserves attention, both for the safety of the patient and for the legal medical implications that it entails [7].

In fact, in the academic literature it is highlighted that, if this activity is performed incorrectly or incompletely, it can involve

a considerable risk for the patient's health, as well as an increase in health costs. Due to the increased fragmentation of health care that has occurred over the years, there has been an increase in the need to implement deliveries, in order to bridge the possible fractures that would occur. For this reason, it is necessary that the information be completely transferred from one operator to another, so that all nurses can collaborate effectively in the nursing process, ensuring continuity of care for the patient [8].

Objectives of the literature review

This research project has the general objective of verifying, through the evaluation of the existing literature, the effectiveness of the methods of transmission of information of nursing interest, published in the literature, to guarantee the continuity of care of the patient, recognizing its limits and the advantages in their application.

Starting from the ambitious general objective, this research project aims to highlight which methods of data transmission between nurses between traditional or oral delivery, written delivery, electronic handover and bedside handover:

- Allows optimization of work times and ensures better continuity of care, resulting in a lower risk of error / omission in the transmission of information.
- Allows a more complete transmission of information and can increase the quality of the transmitted data.
- Can help increase trust and transparency between nurse and patient.
- Can contribute to the reduction of stress-anxiety for the patient and the nurse.
- Allows quality care that considerably reduces the clinical risk in the handover.

Materials and Methods

Review strategy

Attention was focused on articles relating to the basic medical-surgical field, leaving out the more specialized ones, such as the critical and psychiatric areas.

The free full text studies were selected that spoke of "nursing handoff" and "clinical handover", therefore both specific to the nursing field and to the clinical field in general.

Furthermore, the articles that analyzed the situation in the pediatric field and the studies having as main focus the techniques of information transmission, using acronyms such as SBAR, HAND ME AN ISOBAR, were excluded.

Other criteria followed to select studies are described below:

- Type of participants: nurses belonging to the basic wards were chosen who dealt with the continuity of care for each individual patient. Some studies involving doctors and midwives were also considered, but not other health professionals. Articles regarding deliveries made by nursing students and their perceptions of it were not included.

- Type of intervention: analyze how information is transmitted from one shift to another between nurses, doctors and midwives in the various UU.OO. Hospital.
- Content: analyze the advantages and disadvantages of using one delivery method over another, therefore between “bedside handover”, “electronic handover”, “written handover” and “verbal handover”.

The strategy used to identify the studies included consulting the following electronic databases: PubMed, Cinahl, Scopus, Google Scholar.

Google Scholar was used to obtain initial information on the subject. Free word search was used and “handover”, “bedside handover”, “electronic handover”, “verbal handover” and “written handover” were used. Among the articles analyzed, 3 were also included in the literature review.

For PubMed, the search string was used: (“verbal handover”) OR “electronic handover”) OR bedside handover) OR “written handover”) OR “Patient Handoff” [Mesh]) AND (“nursing [MeSH Terms] OR” Nurse’s Role [Mesh] OR nurse [mh] OR” nurses [MeSH Terms] OR” nursing care [MeSH Terms] OR” nursing staff [MeSH Terms] OR” Nurse- Patient Relations [Mesh] OR” Family Nursing [Mesh] OR” Nursing Assessment [Mesh] OR” Rehabilitation Nursing [Mesh] OR Nursing Staff, which resulted in 110 articles aged more than 19 years. For our criteria 21 articles were found. Of these, only 11 were available in free full text and 2 were used for this review.

With Cinahl the search, string was used: “handover NOT intensive care NOT mental health NOT (pediatrics or children) NOT emergency Full Text; which resulted in n. 330 items. The various filters were then applied: full text, 10-year time limit, all adults and hand off / patient safety / as the main topic, which allowed the number to be reduced to 10 articles. Of these, n. 6 to be introduced in the analysis, as they are more related to the topic addressed.

With the Scopus search, the following string was used: KEY (written handover) OR KEY (oral handover) OR KEY (electronic handover) OR KEY (bedside handover) AND DOC TYPE (ar OR re) AND PUBYEAR > 2004 AND (LIMIT-TO (SUBJAREA, “MEDI”) OR LIMIT-TO (SUBJAREA, “NURS”).

We recruited 71 articles, of which 16 available in free full text, of which 10 were used for the analysis. 4 of these were also present in the research carried out on Cihnal. Among those excluded, 3 were also present among the results of the search on PubMed and 2 from the one on Cinahl.

Study selection

Articles concerning the four main delivery modes were selected, and the delivery mode by voice recording was excluded due to the scarce literature available on it. Articles that highlighted the benefits and disadvantages of using the various delivery systems were preferred. Furthermore, each modality was analyzed

individually, or two by two, and then made a comparison between them, as in the literature received there are no studies that analyze all types of delivery, but at most two at a time are compared.

Results

At the end of the querying of the databases, a total of n. 27 studies, of which n. 14 were included in the bibliographic review and n. 13 were considered excluded. The researched and included studies were reviewed using Table 1:

Studies that did not analyze the elements in favor, characteristics and complications of the various delivery methods were excluded from the analysis of the studies carried out. Furthermore, the articles that dealt with delivery in a general context and the papers that dealt with the subject in a specialist field such as in the psychiatric or critical area were not taken into consideration.

Furthermore, studies concerning the pediatric area and those that analyzed communication techniques during the transmission of information, such as the SBAR or ISOBAR method, were not taken into consideration.

The methodological weakness of the included studies relates to the fact that they are very heterogeneous, conducted according to a quantitative or qualitative approach.

Furthermore, there are no articles that deal with the various types of delivery together, comparing positive and negative factors.

However, there are works that analyze the various two-by-two systems, for example the use of the bedside handover together with the written delivery, or the written delivery alongside the oral one.

Some aspects of nursing care related to the management of nursing deliveries covered in the selected studies are analyzed below:

Continuity of care

From the study carried out by Kerr et al. [16], it emerges that with the introduction of the bedside handover, the standards of care and consequently continuity of care have improved; as well as from the study by Jonshon et al. [13] it is clear that despite the bedside handover it does not allow all nurses to know the conditions of all hospitalized patients but only of the patients taken in care, together with the written handover it can promote excellent continuity of care; Furthermore, the study by Street et al. [17] also highlights how the use of standardized protocols for the handover of the patient to bed can increase continuity of care.

Working times

The study carried out by Pothier et al. [14] shows the need for the introduction of an electronic system in the ward to allow greater discussion between health professionals and to increase the time available for discussion. Also from the studies carried out by Kerr et al. [20] and the studies by Evans [22], it is clear that with the introduction of the bedside handover the time required for the transmission of information is less than with other methods.

Table 1: Studies included.

References	Study design	Interventions	Outcomes
Ref. 9	Retrospective	30 RNs divided into 6 semi-structured focus groups on nursing communication and difficulties and strengths.	The introduction of the bedside handover should be evaluated according to the department in which it is used. It is suggested: - have a debriefing between the operators before going to the patient's bed; - convey information correctly and this depends on the individual skills of the nurses. - use systems to support communication such as written or computerized documentation
Ref. 10	Experimental	Patient admissions data are analyzed for 7 days before the introduction of the electronic handover and one week after using this system. The ASA GRADE and the hospitalization diagnosis of each patient and the time taken to implement the first intervention were compared.	Thanks to the introduction of the electronic handover and its speed, a reduction in hospitalizations from 5 to 4 days was achieved compared to when the written delivery was used. This easy-to-use low-cost system promotes continuity of care.
Ref. 11	Experimental	Observation of the working context for 200 hours and use of 6 formal and 5 informal interviews with nurses and social workers from psychiatric and geriatric wards	77% of the team was satisfied with the use of the electronic handover while 22% were not. It has been shown that written and oral information complement each other, while oral and electronic delivery are dependent on each other and in this way both types of delivery are reinforced.
Ref. 12	Experimental	The new "written handover sheet" delivery system is introduced and monitored for more than 24 hours in a ward of 43 patients	The standards of communication are influenced by the delivery systems used. With written delivery: - there is an increase in the quality of the information transmitted compared to the oral one; -increases the awareness of nurses to be responsible for data management and retention.
Ref. 13	Retrospective	Two data collections were analyzed: one relating to written delivery, in which 20 examples of documentation from the initial 67 were randomly selected and the other relating to oral delivery in which information relating to 195 nursing deliveries from 9 different deliveries was used. Clinical specialties.	Oral transmission is the preferred modality for nurses as it provides more detail
Ref. 14	Semi experimental	Observation of delivery simulation for 12 patients in a delivery cycle between 5 nurses	The use of sheets prepared before delivery (written handover sheet) in association with a verbal delivery, transferred to colleagues in the next shift, almost completely eliminates the loss of patient data.
Ref. 15	Semi experimental	48 nurses were compared on the deliveries relating to 9 patients between the situation in force before and after the introduction of the bedside handover, reducing the time taken, the errors, the preferences of the operators	Both nurses and patients prefer the "bedside handover" method over other delivery systems, increasing participation in the care process
Ref. 16	Descriptive	Administration of a questionnaire to 153 RNs from 23 different departments	The traditional system used causes significant wastes of time, negatively affects nursing care standards and does not involve the patient
Ref. 17	Qualitative	The nurses are examined during the delivery steps and then a questionnaire is submitted; while the second phase of the study following the implementation of the bedside handover involves checking the documentation and association of 10 patients randomly selected each week.	Various differences emerge between delivery techniques both in terms of method and in the duration and place in which they are implemented. Despite this, the bedside handover could increase the continuity of care.
Ref. 18	Descriptive	10 patients hospitalized in 2009 who knew the bedside handover were interviewed	Most patients appreciate being involved in their care process. Others prefer to remain passive. However, the small sample will not allow the results obtained from the study to be generalized.
Ref. 19	Qualitative	Somministrazione di un questionario agli infermieri e ai pazienti ricoverati dopo aver messo in atto la bedside handover.	The "bedside handover" improves communication between healthcare professionals and patients by involving the latter in care decisions.
Ref. 20	Qualitative	About 12 months after the introduction of bedside handover, 20 nurses were interviewed in the departments of medicine, surgery and obstetrics on: risks, benefits and limits of delivery to the patient's bed	The introduction of the "bedside handover" improves care standards, documentation and continuity of care. Concern about how to handle sensitive patient data is highlighted.
Ref. 21	Descriptive	Interviews lasting 30 - 75 minutes are carried out with 48 RNs, and interviews of 10-30 minutes with 9 patients.	Both nurses and patients interviewed prefer the "bedside handover" as there is a patient-centered approach
Ref. 22	Experimental	Initially, a literature review was carried out, which revealed bedside handover as an effective system for handover. It was tested on a group of 8 beds and then on the entire Operating Unit. A standard procedure for the transmission of information was therefore introduced. Nurses were interviewed before and after the introduction of the bedside handover.	Nurses are satisfied with the new methodology and a reduction in unshared language, thus leading to an improvement in the workflow. In addition, an increase in patient satisfaction was highlighted, as they are directly involved in their assistance and know more deeply those who are entrusted to them.

Abbreviation: RN: Registered Nurse

Finally, also the study by S. Bradley and S.Mott of 2012 shows that after the introduction of the bedside handover there was a reduction in the time taken to transfer information compared to the so-called “closed door” system used previously.

Quality of the data transmitted

The study carried out by McMurray in 2011[18] shows how the use of the bedside handover leads to an improvement in the quality of the data transmitted thanks to the opportunity to control what is transmitted during deliveries. Moreover, also from the study carried out by S. Bradley and S. Mott of 2014 it emerges that nurses are more direct and concise in the transmission of information. Finally, the study conducted by Evans [22] also underlines how the introduction of the bedside handover has led to a reduction in the use of unshared acronyms and abbreviations not known or unclear by health professionals.

Trust and transparency between patient and healthcare professional

The study carried out by Bradley et al. [21] show how the introduction of the bedside handover has increased the patient’s trust in the nurse, as the patient plays a central role in his care process by intervening in discussions about his assistance. Also from the Wilder, study [19] emerges an important appreciation by users and nurses regarding the bedside handover as a system allows greater safety and strengthens the relationship between nurses and patients. Finally, also from the study the other study considered [18] it is evident how the bedside handover allows the patient to collaborate in the transmission of information, to obtain safety and to know who takes care of them.

Stress and anxiety of the patient and healthcare professional

The study carried out Evans et al. [22] shows how the introduction of the bedside handover has increased the satisfaction of both nurses and patients, thus reducing previously perceived stress and anxiety. Nurses were able to finish their shifts on time while patients used less call bells and had more confidence and confidence in the nurses who took care of them. Also the study by Wildner et al. [19] highlights how the introduction of the bedside handover has strengthened the relationship between nurse and patient, increased the level of safety and reduced the levels of stress and anxiety. Finally, also, the study carried out by Bradley et al. [15] highlights how the bedside handover has considerably changed the care process; in fact, the nurses felt they were able to offer a better service to the patient and at the same time the patient he felt more involved in his healing process.

Risk of error in the transmission of information

From the studies carried out by Evans et al. [22] it emerges that the introduction of the bedside handover involves a lower risk of error in the transmission of information, as nurses can directly evaluate the area and the conditions in which the patient is, ask questions if necessary and thus reduce distractions. Also, the study by Wildner et al. [19] claims to have found, albeit on a small scale, a reduction in errors as a result of the introduction of the bedside handover. Finally, also, the studies carried out by Bradley et al.

[21] at the ward taken into consideration in the study, they showed a significant decrease in accidents after the introduction of the bedside and handover.

Accuracy in the transmission of information

The study by Johnson et al. [13] instead highlight how written delivery is useful for analyzing the patient's condition and assessing whether or not they are improving with the passage of time, but oral delivery remains the suitable method to have a vision holistic of the patient by obtaining various information from multiple sources. On the contrary, Pothier et al. [14] highlight the “written handover sheet” and considers the only oral delivery the one with the highest percentage of data loss. Street et al. [17] argue that the oral modality supported by the written one is the best one for a correct transmission of information. Finally, Evans et al. [22] and Wildner et al. [19] evidence that the bedside handover is an optimal system, as it allows the patient and family to ask questions, to obtain security and thus guarantee complete correctness of the information.

Discussion

From the results obtained from the study carried out by Johnson et al. [13] in a ward located in Sidney, Australia, both positive and negative ideas about change emerge. In fact, it is highlighted that some nurses prefer the use of the bedside handover as they are able to effectively involve the patient in the treatment process thus obtaining an optimal transfer of information while others do not, in fact they are those who prefer the traditional method, as they highlight some problems such as the presence of various noises in the patient's bed that would make the delivery step more difficult, the fragmented system and the poor participation of the patient.

In any case, the need emerges that regardless of the delivery method adopted, communication support tools such as cards or medical records should be integrated so that the handover becomes more effective and safe. The written delivery used individually is considered a limiting system because it does not allow clarification by the recipient of the information, thus causing a possible loss of data. Oral delivery may also result in data loss due to frequent interruptions and distractions by the healthcare professional. In addition, written delivery could be combined with the bedside handover, in such a way as to also possess a document where the data of all the patients of the ward and not only of the patient taken care of.

Instead, the study carried out by S. Ryan in 2011 highlights how the computerized system leads to a clear improvement in the care process. With its use there is a reduction in hospitalizations from 5 to 4 days compared to when the written delivery was used; it is also considered a quick, low-cost, easy-to-use system and strengthens the effectiveness of information transfer, resulting in an improvement in terms of safety and continuity of care.

Also the study carried out by Street et al. [17] highlights the need to switch to a more complete delivery method than the oral or traditional one. In fact, the study ends with the need to use a computerized system or mostly to support the electronic method

in support of the oral method, thus strengthening the safety of the care process of each individual user.

In contrast, the study carried out by Tucker et al. [8] discusses the effectiveness of written versus oral delivery in order to improve the efficiency and completeness of nursing delivery. Through written delivery, the healthcare professional increases the awareness of being responsible for the management and storage of data, but nevertheless proposes to add the oral method to the written delivery method, thus reducing the possibility of errors or loss of data to a minimum. User data.

Another study that proposes the written modality alongside the oral modality is the study carried out by Pothier [14]. According to this study carried out in Great Britain at St Michael's Hospital, the use of prepared "written handover sheets" in association with a delivery transfer, transferred to colleagues in subsequent shifts, would almost completely eliminate the loss of patient data, guaranteeing excellent safety and maintaining high standards of care.

From the study by Johnson et al. [13] it is highlighted that oral transmission is the preferred by nurses thanks to its greater comprehensibility than the written modality, as this system provides information about the patient's clinical history, details on hospitalization, interventions that have been implemented and all nursing care.

From the studies of Bradley et al. [15] carried out in three hospitals in South Australia it is shown that the introduction of the bedside handover has led to a considerable reduction in the time taken for the transfer of information compared to the "closed door" system. "Used previously; in addition, accidents related to the poor quality of the data transmitted (pharmacological errors or patient falls) also decreased.

Kerr's study [20] highlights how the traditional or oral delivery system determines important wastes of time, negatively affects nursing care standards, involves omissions from health records due to the frequent interruptions that the healthcare professional receives, thus putting in place "Danger" the safety of the patient; but despite this there is considerable resistance to direct delivery to the bedside handover.

The Street's study [17] carried out at a major Australian hospital identifies the limitations and benefits of bedside handover; in fact, it emerges that with the use of the s in less than half of the deliveries, the patient assumes a passive role anyway, as nurses involve the patient scarcely. Furthermore, another problem is that nurses with this system only receive information from the patients in their care, leaving out the rest. And it is precisely this that would lead to difficulties in which they also have to provide assistance to others, being without their information. Despite this, the same study shows that the bedside handover is an effective and safe system, as the professional who finishes the shift avoids forgetfulness and the professional who begins the work shift is stimulated to ask questions for clarification. In addition, the nurse directly observes

the patient's condition, the devices he uses and discusses care with the patient and her family. Consequently, there will be an optimal flow of assistance, thus increasing the continuity of assistance.

The McMurray's study [18] analyzes patients' ideas about their participation in bedside handover. the appreciation of some patients emerged for having been involved in their care process, thus having the possibility of controlling what is transmitted during deliveries and the possibility of knowing the nurse in charge of his care process thus feeling safer and more protected ; otherwise other patients have shown a passive role with the adoption of this system, as they believe they do not have the right skills and above all that they have been deprived of their privacy, as the interviews take place inside the hospital room where there is the presence of an additional patient. Despite this, however, the bedside handover system is the most advantageous for the purposes of optimal data transfer and good continuity of care.

From the Wildner' study [19] carried out in the "Santa Maria Nuova" Hospice in Emilia Romagna, Italy, there is an important appreciation by nurses and patients regarding the use of the bedside handover. In fact, despite the fact that patients in hospice are in a state of fatigue, drug-induced sleepiness or sleep, nurses have a positive view of this system, as even seeing the patient during the transmission of information leads to greater safety. In the care process. Consequently, this system makes it possible to strengthen the relationship between nurse and patient or family member by increasing the standards of care.

The study conducted by Kerr et al. [20] also analyzes the risks, limits and benefits of bedside handover through semi-structured interviews. It emerges that although the patient's privacy issue is relevant by transmitting the information in the hospitalization room, it is however the most efficient system in order to guarantee greater patient safety. In fact, the standards of care, documentation and continuity of care have significantly improved compared to the method used previously.

The Bradley's study [15] shows that the bedside handover system is the most efficient one. In fact, after carrying out interviews in three wards of three small hospitals in South Australia, both nurses and patients show considerable positivity towards this system. On the one hand, the patient feels safer, knows who takes care of him, and is involved in the assistance that will be provided. On the other hand, nurses feel gratified by their work, they have a holistic view of the patient, they adopt empowerment, a crucial aspect for the care process and above all, they guarantee excellent continuity of care for each individual patient.

Finally, in the latest study carried out by Evans [22], it emerges that the bedside handover is the only secure transmission system for information. In fact, it is clear that after the introduction of the bedside handover, welfare standards have improved; there was a reduction in the time taken for the handover, a reduction in unshared language, acronyms and abbreviations not known or unclear. In addition, there was an improvement in workflow, reduction of interruptions and distractions, less risk of error,

reduction of stress on the part of nurses, as they feel more satisfied to be able to guarantee more patient-centered care. Patients also have a positive result, as they feel involved in their care process.

Limitations of the study

The fundamental limitation concerns the lack of studies that go to make a comparison between the various delivery methods in a precise way, in fact a comparison or objective between the different systems, as the same positive and negative elements are not analyzed for each mode of data transmission. In this way, one can only assume which is the best modality, based on what is highlighted in the various articles analyzed.

Furthermore, further limitations of the study concern the fact that not only articles dealing with the topic in a purely nursing field have been analyzed, but also it is treated in the health field in general, also taking into account doctors and midwives.

Additionally, we proceeded to analyze only free full text articles, excluding those for a fee, due to the important economic figure that would have resulted.

Finally, another limitation concerns the fact that in the bibliographic search a greater number of articles concerning bedside handover are obtained, compared to other types of nursing delivery.

Recommendations

The use of one information transmission system over another can lead to important differences in terms of safety for the patient, especially nowadays, where medical treatments are becoming more and more complex, people live longer and need to more drugs and procedures, sometimes even risky ones.

Currently in the Italian context, no particular attention is paid to this aspect, but we must try to achieve this goal, as it is essential that the importance of a correct handover becomes part of the basic training of the healthcare professional. Highlighting its role, possible risks and peculiarities.

Furthermore, for the choice of the delivery method, as can be seen from the analysis of the studies carried out, it is necessary to prefer a method where the role of the client is highlighted, empowerment is favored, the fulcrum of nursing care, where times are reduced. Delivery and where optimal continuity of care is allowed.

Based on this, the use of the bedside handover, compared to other delivery methods, appears to have many points in favor.

Despite this, however, there is no scientific evidence that can prove that this is the best modality ever.

Practice implication

From the research conducted it does not appear that bedside handover is the best method for transferring deliveries, but it would seem the system with fewer contraindications, or rather the only system that would involve a reduction in the time required

for the transfer of information, favors the centrality of the patient. In the care process, it increases transparency and trust between healthcare professionals and patients, develops empowerment and reduces clinical risk.

In fact, the literature reports conflicting opinions regarding the introduction of the bedside handover with regard to the active participation of the patient and family members during the delivery exchange. On the one hand, the application of delivery to the patient's bed increases the degree of patient satisfaction as the client feels involved in the treatment plan. He can ask questions and verify information with the possibility of integrating news by reducing adverse events. Moreover, greater knowledge about one's own state of health reduces the levels of anxiety and depression, while increasing the levels of safety, participation and empowerment of the patient and greater continuity of care, also improving the degree of transparency in the relationship between patient and nurse, producing best out come in terms of health.

On the other hand, however, not all patients have had a positive experience with the use of the bedside handover since the language of doctors and nurses can be difficult to understand or can create misunderstandings. Furthermore, not all patients enjoy the same level of involvement, some prefer a predominantly passive approach and the repetition of the delivery at each turn is redundant and tiring for the patient.

From the nurses' point of view, the use of the bedside handover and the involvement of patients makes it possible to verify the information given during delivery, ensuring an exchange of more relevant data that represent the real conditions of the patient. This system allows the nurse to view the patient early and therefore have a complete view, thus leading to a reduction in adverse events.

But the opinion regarding privacy remains strongly conflicting. Privacy is a critical aspect and is seen as an obstacle to a complete communication of information. Furthermore, the patient sometimes feels disturbed by the presence of another patient at her side and the legal implications of having to guarantee the confidentiality of information also worry nurses.

Furthermore, it is clear that i various systems for passing information (written delivery, oral delivery, electronic handover) must be placed side by side, thus reducing the factors that can cause errors and obtaining a good transmission of information.

In any case, it would be useful to identify any strategies to be implemented to identify a structured and standardized tool to ensure accuracy in the collection, organization and passage of information.

Research implications

From the analysis of the articles, the lack of a structured and standardized method emerges. Furthermore, he stresses that the methods used should be contextualized according to the operational unit and the needs of the staff.

It also highlights the need to carry out a detailed analysis that examines each individual delivery system, evaluating its limits and benefits by comparing them with an objective system, which allows us to determine which the best method is.

A further difficulty in implementing bedside handover clearly emerges, which is the physiological resistance to change constitutes, which is why the transition from traditional delivery to bedside handover should be carried out with the support of specific organizers and an ad hoc training period. And shared by all staff.

Conclusions

From the systemic analysis of the articles, it is highlighted that there is still no evidence available to support the effectiveness of one style of handover over another.

However, it is of fundamental importance to systematically apply the guiding principles for a safe handover; use a “face to face” system; make use of information technology to support the communication process and implement the co-participation of the hospitalized person.

To improve clinical practice, the various methods of handover must be influenced by each other, thus limiting the negative characteristics of the same if taken individually.

It also emerged that most systems are characterized by a greater demand for working time, entailing the risk of losing information, not involving the patient, the fulcrum of the nursing care process.

Finally, we can affirm by considering the random errors, and critically evaluating the results that bedside handover is the modality with the lowest risk of error among those analyzed as it reduces the time required for the transfer of information, analyzes the patient holistically, is the transparency and trust of the patients towards the health professionals is guaranteed and the clinical risk is reduced. All fundamental elements to allow a safe care process.

However, it is clear that even the bedside handover is not a perfect system; in fact a contrasting element is the patient’s privacy issue, which is omitted when the nurse transfers the information to the patient’s bed. Therefore, it emerges the need to carry out further studies that analyze each type of delivery, evaluating the benefits and limits and comparing them with an objective system that allows to determine which is the best method in order to standardize a precise method and adopt it in each department.

All health professionals involved in Handover should understand its important purpose. Conducting clear, comprehensive, person-centered clinical delivery in a timely manner, using a standardized, formed and structured method, thus enabling the following key objectives to be achieved: providing targeted communication, improving patient safety, reducing adverse events, clinical risk and optimizing the care process.

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