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Nurses' Perspectives on Shift Handover Practices in a Nigerian Tertiary Hospital: A Cross-Sectional Study

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ABSTRACT

Effective shift handover is vital for ensuring continuity of care and patient safety through coordinated communication among healthcare providers. Nurses play a crucial role in patient care; therefore, this study explored nurses' perspectives on shift handover practices in a Nigerian tertiary hospital. A cross-sectional descriptive survey was conducted using a structured questionnaire administered to 242 nurses randomly selected from 22 wards/units operating three daily shifts. Data were analyzed using SPSS version 22, with a reliability coefficient of 0.810. Findings were presented using frequencies and percentages, and hypotheses were tested using the Chi-square test at a 0.05 level of significance. The results indicated that approximately 97% of respondents perceived nursing shift handover as the transfer of responsibility and accountability for patient care, while 3.7% believed that multiple shifts contributed to fragmentation, discontinuity of care, and adverse events such as medication errors. Patient handovers occurred mainly at the bedside and occasionally at the nurses' station, with communication conducted orally and in written form rather than digitally. Although shift handover practices were generally adequate and included essential patient information, the process was inconsistent and challenged by noise and distractions, communication breakdowns, lateness to duty, limited resources, an unfriendly work environment, and a lack of institutional support. The study concludes that while nursing shift handover practices were generally satisfactory, targeted interventions such as standardized handover tools, clear protocols, and digital systems are needed to improve consistency, continuity of care, and patient safety.

INTRODUCTION

Effective patient handover is a critical aspect of health care delivery, ensuring continuity of care and patients' safety (Bakar *et al.*, 2020). In hospitals, shift handovers are common practice where nurses transfer patient information, responsibilities, and care plans to their colleagues (Cruchinho *et al.*, 2023). However, the quality of handovers can vary significantly, and poor handovers can lead to adverse events, medical errors, and decreased patient satisfaction (Cruchinho *et al.*, 2023). The failure of healthcare professionals to communicate is a major problem globally; most preventable adverse events in medicine occur because of communication errors, while more than half of these occur in relation to patient handover. Despite the role nurses play to avert this occurrence, there remain gaps in communication during shift handover (Arnaoutoglou & Chalkias, 2018).

Shift handover is a form of communication in the clinical setting, which allows health providers to plan and prioritize patient care and to manage their workload effectively; this encompasses the exchange of patient information from one shift to another (Roslan & Lim, 2016). Patient handover is enhanced through communication, which shifts responsibility among health staff, promoting patient safety and quality of care (Vretare & Carlsson, 2020). The World Health Organization has included communication during patient care handovers among its top five patient safety initiatives since 2006 (WHO, 2017; Arnaoutoglou & Chalkias, 2018). The main goal of shift handover is to ensure continuity of care and patient safety. Patient handover is a complex process that involves the transfer of professional responsibility and accountability for patient care from one healthcare provider to another (Cruchinho *et al.*, 2023).

In tertiary hospitals, nurses play a vital role in patient care, and their handovers are crucial in ensuring that patients receive continuous and high-quality care. Despite its importance, patient handover remains a challenging and error-prone process, particularly in resource-constrained settings like Nigeria (Akachia & Krukb, 2016). In Nigerian tertiary hospitals, shift handover practices among nurses may face unique challenges, including inadequate training, heavy workloads, and limited resources. Assessing shift handover practices in these settings can help identify areas for improvement and inform strategies to enhance patient safety and quality care.

Nursing change of shift handover is therefore defined as a report given when the nursing professional transfers the responsibility for the patients and what has been done in his/her shift to another nurse who is taking over from the nurse. This is a key moment of care for guaranteeing the continuity of care and the patient's safety (Lozano *et al.*, 2015). When a patient is transferred between hospital settings, a handover report is given to the staff

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in the new setting (Morton & Fontaine, 2017, in Roslan & Lim, 2016). In other words, patient handover is a two-way procedure involving the exchange of patients' information, responsibility and accountability for patient care. Nursing handover is an opportunity for nurses to prevent errors and unsafe practice by implementing more risk-aware handover strategies.

Handovers often occur three times a day to account for all shift changeovers, either at the bedside or in a room (Burton, 2018), but this depends on the policies of various facilities. The available literatures reveal that the execution of handover varies and the content varies depending on the context (Vretare & Carlsson, 2020). A structured, written handover note can reduce memory failures by ensuring almost complete retention of key information needed for patient care (Walker 2017). The Situation, Background, Assessment and Recommendation (SBAR) model is a structured and standardized communication technique adopted to improve communication among health team members when sharing information on a client. SBAR includes up-to-date information about the client's situation, associated background information, assessment data, and recommendations for care, such as treatments, medications, or services needed (Saunders, 2017). This approach is the most acceptable means of patient handover worldwide. Despite any variation in patient handover, the overall purpose is to ensure continuity of care and patients' safety, recognizing that every patient's information must be confidential. Overall, different hospitals would usually have different approaches to nursing shift handover (Vretare & Carlsson, 2020).

Factors influencing shift handover practices among nurses can be categorized into several key areas: organizational factors such as standardized handover practices and work environment. Nurse-related factors such as communication skills, experience and training, attitude and perceptions. Patient-related factors such as patient complexities and patient involvement, as well as environmental factors that include interruptions, distractions and time constraints. The standardized use of handover tools and protocols in an organization can significantly improve the effectiveness of shift handovers. It is shown that implementing standardized handover practices can reduce errors and improve patient safety (Burton, 2018). Furthermore, the physical and social environment of the hospital can impact shift handover practices. For example, noise levels, interruptions, and distractions can affect the quality of handovers. Distractions from the environmental factors could cause disruption, leading to insufficient patient information exchange and a lack of time to conduct a proper handover to the incoming shift nurses (Roslan & Lim, 2016).

Consequently, effective communication is critical to successful shift handovers. Viz a viz, there is an established link between deficient communication during handover and risks to patient safety and continuity of care. For patient handover to be effective, the handover report should be properly documented, as verbal handover alone can be risky. A systematic process would involve the documentation of all key information required for the safe transfer of the patient's care (Walker 2017). Thus, Nurses' ability to communicate accurately, concisely, and clearly can impact the quality of handovers. Other factors affecting this process include: poor health-care providers' training and expectations, language barriers, and inadequate, incomplete or non-existent documentation (Arnaoutoglou & Chalkias, 2018). Nurses' experience and training can influence their perception during shift handovers. Thus, nurses must be regularly trained and educated on handover practices to improve their skills and knowledge. More so, nurses' attitudes and perceptions towards shift handovers can impact their practice. For example, some nurses may view handovers as a routine task, while others may see them as an opportunity to ensure patient safety (Burton, 2018). Roslan and Lim (2016) reported that nurses described shift handover as just a form of communication to handover responsibility to the incoming nurses without having to include the patients, and problems such as medication errors and delays in treatment can arise from such poor communication.

The complexity of patients' conditions can impact shift handover practices. Nurses may need to spend more time discussing patients with complex conditions, which can affect the efficiency of handovers. Involving patients in shift handovers can improve patient satisfaction and safety. However, this can also present a challenge in maintaining patient confidentiality. Furthermore, environmental factors such as interruptions and distractions during shift handovers can impact their quality and efficiency; these factors will help improve nurses' handover practices. Time constraints have been noted among other factors to impact shift handover practices, because of limited time during the shift, some nurses may feel rushed to complete handovers, which can affect the quality of patients' care (Arnaoutoglou & Chalkias, 2018).

To improve patient handover practices among nurses, the following strategies can be implemented: creating a standardized handover tools and protocols. This template should contain essential information such as patient history, current condition, and treatment plan. Additionally, a consistent handover process and standardized formats should be established to improve communication skills, encourage collaboration and teamwork among healthcare staff. This will further foster opportunities for feedback and support. In addition, there should be regular training and education of staff on handover practices, including updates on best practices and new technologies, as well as mentorship and coaching to improve skills and competence. A quiet and distraction-free environment should be created to minimize interruptions and distractions during handover, and sufficient time should be allocated during handover to discuss patient information and address any concerns. By implementing electronic tools and automated systems such as electronic health records, digital templates, or

mobile apps, handover processes will be streamlined and errors reduced, thereby improving efficiency and accuracy. Patient involvement during handovers will foster patient satisfaction and safety. Focus on patient-centred care, prioritizing of needs and preferences of patients. There should be continuous quality improvement among nurses to monitor and evaluate handover practices, identifying areas for improvement and implementing changes as needed. Feedback should be used to evaluate and improve handover practices. By implementing these strategies, health care organizations can improve patient handover practices among nurses, ultimately enhancing patient safety and quality care (Cruchinho, et al, 2023; Bakar, Isahak & Saiful, 2020).

Despite the importance of shift handover practices in the continuum of care and the potential risks associated, there is limited research on this topic in Nigerian tertiary hospitals. Existing studies have focused on developed countries (Cruchinho, et al, 2023; Roslan & Lim, 2016), leaving a gap in understanding the specific challenges and needs of health care settings in low- and middle-income countries like Nigeria (Akachia & Krukb, 2016). Thus, this study aimed to explore nurses' perspectives on shift handover practices in a tertiary hospital in Nigeria. The study's specific objectives were: to assess nurses' perception of shift handover practice in a Nigerian tertiary hospital. Determine patterns of nurses' patient handover. Identify factors influencing nurses' perceptions of shift handover in a Nigerian tertiary hospital, describe how these factors impact the quality of care in patient handover, as well as ascertain strategies to improve patient handover practices among nurses in Nigerian Tertiary Hospital. The following research questions were further developed: How do nurses perceive shift handover in the Nigerian tertiary hospital? What are the patterns of nurses' patient handover? What factors influence nurses' perceptions of shift handover in a Nigerian tertiary hospital? How do these factors impact the quality of patient handover, and what strategies can be implemented to improve patient handover practices among nurses in the Nigerian tertiary hospital?

Effective shift handover should be coordinated such that health care providers conform to standards; this will help ensure continuity of care and patients' safety. The study sought to bridge the knowledge gap by determining the factors influencing shift handover practices among nurses in Nigerian hospitals. This study will be of great importance to health personnel so that they will be able to understand the benefits of effective patient handover, and therefore will be useful in training of nurses and healthcare practitioners by improving their knowledge and skills during shift handovers to increase quality care. This study will further provide valuable insights into factors affecting patients' handover practices among nurses in Nigerian hospitals and by understanding these factors, health care organizations can identify areas for improvement and implement strategies to enhance patient handover practices, thereby ultimately improving patient safety and care continuity. The study's findings will contribute to the existing body of knowledge on patient handover thereby providing information on the challenges and opportunities for improving handover practices in Nigerian hospitals, reducing medical errors, as well as developing a framework for future research in this area. Consequently, this study will increase the understanding of healthcare policy makers and stakeholders to explore challenges and opportunities in low-resource settings like Nigeria, and inform the development of targeted interventions to improve patient handover.

MATERIALS AND METHODS

Research Design

A descriptive cross-sectional study to assess nurses' perspectives on shift handover in a Nigerian tertiary hospital was employed.

Research Setting

The study was conducted at Irrua Specialist Teaching Hospital, Edo State, Nigeria. The Hospital, formerly Otibhor Okhae Teaching Hospital, was established by Decree 92 of 1993 to provide tertiary health care delivery services to the people of the district and beyond. The Decree, among other things, provided for a board of management for the hospital with the statutory responsibility of policy formulation for the hospital. The hospital is located in Irrua, Edo Central Senatorial District, along the Benin-Abuja highway at about 87 kilometres north of Benin City, the Edo State Capital. The hospital's vision is to become a Centre of Excellence in Teaching, Research and Service with particular reference to the health problems of rural and suburban/small urban town communities, while the mission is to provide specialized, affordable, accessible, qualitative, preventive and curative health care services for patients.

Sampling Procedure and Sample Size

The study's population is 612 licensed nurses working in Irrua Specialist Teaching Hospital, Irrua. A total of 242 nurses were randomly selected from 22 wards/units where nurses change shifts every 24 hours; at least 6 nurses were selected from each ward. To determine the study's sample size, Taro Yamane's formula at a 95% confidence level was used. This states that:

n = N/1+N (e)2 (Sunnyibe, 2018).

Where:

n = sample size

e = level of significance (e = 0.05)

N = population size (612)

1 = constant

Applying the above formula, we have:

n = 612/1+612 (0.05x0.05)

n = 612/1+1.53

n = 612/2.53

n = 241.9

n = 242. Thus, a sample size of 242 nurses will be used (at least 6 nurses will be selected from each ward).

Eligibility Criteria

The nurses were included in the study based on the following inclusion criteria: that they are working in the clinical areas and wards/units where change of shift where practised, and they were willing to give their informed consent. Nurses who had not worked for up to a month and those unavailable at the time of questionnaire distribution on leave were excluded from the study.

Data Validation

The questionnaire was presented to a nurse expert for review, for face and content validity. This helped to assess the extent to which the data instrument adequately measured the nurses' perception of shift handover in the Nigerian Tertiary Hospital.

Reliability

The research instrument was pretested using split-half, and the data obtained were computed in SPSS version 22 to estimate the reliability of the test instruments. The Cronbach's alpha reliability test was used, and alpha values of 0.80 and above were considered reliable (Appendix III). A pilot study was conducted with the questionnaire in another tertiary facility, the University of Benin Teaching Hospital, Benin City, among 24 nurses (which represent 10% of the sample size for the study) working in wards where a change of shift is obtained before the actual data collection.

Data Collection

A self-structured questionnaire was used for data collection. This contained both open-ended and closed-ended questions. The questions were divided into five sections: A, B, C, D, and E. Section A contained questions on demographic data, while Section D focused on the quality of patient handover, and Sections B, C, and E were directed towards the information on the nurses' perception of shift handover. The permission to conduct the research was obtained from the hospital's research and ethics committee. Thereafter, the self-structured questionnaires were distributed to the respondents after the researcher had introduced herself and consent had been obtained. With a thorough explanation of the objectives of the study, the participants were guided in filling out the questionnaires. The distribution and collection of the questionnaires lasted for 4 weeks. The researcher was assisted by nurse supervisors in each ward/unit in the distribution and retrieval of the questionnaires.

Data Analysis

The data collected was analyzed using Statistical Product and Service Solution (formally known as Social Science Statistical Package for Social Science) (SPSS) version 22.0 and was presented in frequency tables and percentages.

Ethical Consideration

An application for ethical clearance was made to the ethics committee of the Irrua Specialist Teaching Hospital, Irrua and an approval with protocol number: ISTH/HREC/20211603/169 was obtained. Informed consent was also obtained from the participants. The participants were given a detailed explanation of the study purpose, and their informed consent was obtained before they were enlisted to participate in the study.

RESULTS AND DISCUSSION

Table 1 shows that respondents who were above 38years were more 88(36.4%) followed by those who were within 25-31years 82(33.9%), 32-38years 50(20.7%), and 18-24years 22(9.1%). Female were more 208(86.0%) than male 34(14.0%). With respect to level of education, those with double professional qualifications (RN/RM) were more 148(61.2%), followed by those with only (RN) 48(19.8%), those with BNSc 33(13.6%), and those with RM 13(5.4%). On the basis of professional rank, SNO were more 70(28.9%), followed by NOI 44(18.2%), NOII 41(16.9%), CNO 37(15.3%), ACNO 35(14.5%), and ADNS 15(6.2%) in that particular order. Many 98(40.5%) of the respondents had 6-10 years working experience. 51(21.1%) of them had 16-20 years of experience followed by 11-15 years of experience 43(17.8%), 21-25 years of experience 28(11.6%) and 1-5years of experience 22(9.1%).

Table 1: Demographic Characteristics of respondents (n = 242)

Variable	Categories	Frequency	Percent
Age	18-24years	22	9.1
	25-31years	82	33.9
	32-38years	50	20.7
	>38years	88	36.4
Gender	Male	34	14.0
	Female	208	86.0
Level of education	RN	48	19.8
	RM	13	5.4
	RN/RM	148	61.2
	BNSc	33	13.6
Rank	NOII	41	16.9

	NOI	44	18.2
	SNO	70	28.9
	ACNO	35	14.5
	CNO	37	15.3
	ADNS	15	6.2
Years of experience	1-5years	22	9.1
	6-10 years	98	40.5
	11-15 years	43	17.8
	16-20 years	51	21.1
	21-25 years	28	11.6

Table 2: Nurses' perception on shift handover (n =242)

S/N	**Items**	**Response**	
		Yes (%)	**No (%)**
1.	Nursing handover means the transfer of responsibility and accountability for patient care	242(100.0)	-
2.	Different shifts of nurses create room for fragmentation, inconsistency, and discontinuity of care; as well as adverse events like medication errors.	9(3.7)	233(96.3) *
3.	Handing over the patient is very important for maintaining the continuity of care and improving the quality of care	242(100.0)	-
4.	As a two-way process, handing over process is an opportunity to assess the quality of care rendered	242(100.0)	-
5.	The nursing handover process is an appropriate time to do the following:		
	Transfer patients' specific information among nurses	242(100.0)	-
	Check the status of equipment and emergency drugs	242(100.0)	-
	Resolve the existing conflicts among the nurses	6(2.5)	236(97.5)
	Analyze current patients' statistics	239(98.8)	3(1.2)
	Clarify patients' history and correct any misinformation	242(100.0)	-
6.	The following is specific information handed over in your unit:		
	Patients' identity	242(100.0)	-
	Current patients' statistics	242(100.0)	-
	Accurate location of all patients	242(100.0)	-
	Prognosis of a critically ill patient	242(100.0)	-
	Patients whose vital signs (early warming scores) are deteriorating	242(100.0)	-
	Patients' medical records -- case notes, charts, etc.	242(100.0)	-
	The status of equipment and emergency drugs	242(100.0)	-
	Incomplete tasks that need to be completed	242(100.0)	-
	Treatment plan that is yet to be executed	242(100.0)	-
	Investigations that must be carried out	242(100.0)	-
	Medications that have been discontinued	242(100.0)	-
	Patients who have been discharged	242(100.0)	-

Table 2 shows that all the respondents, 242(100.0%), perceived nursing handover as the transfer of responsibility and accountability for patient care. Handing over the patient is very important for maintaining the continuity of care and improving the quality of care, and as a two-way process, the handing over process is an opportunity to assess the quality of care rendered. Only 9(3.7%) perceived that different shifts of nurses create room for fragmentation, inconsistency, and discontinuity of care, as well as adverse events like medication errors. Furthermore, all the respondents 242(100.0%) perceived the nursing handover process as an appropriate time to transfer patients' specific information among nurses, check the status of equipment and emergency drugs and clarify patients' history and correct any misinformation. 239(98.8%) perceived the nursing handover process as an appropriate time to analyze current patients' statistics, while only 6(2.5%) perceived it as an appropriate time to resolve the existing conflicts among the nurses. Moreover, All the respondents 242(100.0%) admitted that specific information handed over in their unit include patients' identity, current patients' statistics, accurate location of all patients, prognosis of critically ill patient, patients whose vital signs (early warming scores) are deteriorating, patients' medical records -- case note, charts etc., status of equipment and emergency drugs, incomplete tasks that need to be complete, treatment plan that is yet to be executed, investigations that must be carried out, medications that have been discontinued, and information about patients that have been discharged.

Table 3 shows that the pattern of patients' handover adopted by nurses in ISTH includes bedside 242(100.0) and nurses' station 242(100.0). The nurses' handover occurs in the form of verbal communication 242, 100.0) and non-verbal communication (written) 242, 100.0). 192(79.3) of the nurses admitted that during handover in their unit, senior nurses sometimes shout at the junior ones and humiliate them in front of patients and their relatives, while 156(64.5)admitted that a senior nurse may not allow the junior one to ask sensitive questions regarding the standard of care rendered by the senior outgoing nurse.

Table 4 shows that there is high quality of nursing handover in ISTH and the following specific information is included in every change of shift handover - patient name 242(100.0), patient age 242(100.0), date of admission 242(100.0), history 242(100.0), reason for admission 242(100.0), co-morbidities 242(100.0), previous intervention and treatment 242(100.0), diagnosis 242(100.0), history of allergies 242(100.0), important

Table 3: Pattern of patients' handover adopted by nurses

S/N	Items	Responses	
		Yes (%)	**No (%)**
1.	Patients' handover takes place in your ward/unit at the		
	Bedside	242(100.0)	-
	Nurses' station	242(100.0)	-
	Nurses' changing	-	242(100.0)
	On the telephone	4(1.7)	238(98.3)
2.	Nursing handover in your unit occurs in this (these) form(s)?		
	Verbal	242(100.0)	-
	Non-verbal (Written)	242(100.0)	-
	Taped	-	242(100.0)
3.	Shift handover is often associated with fear and anxiety.	8(3.3)	234(96.7)
4.	During handover in my unit, senior nurses sometimes shout on the junior ones and humiliate them in the front of patients and their relatives	192(79.3)	50(20.7)
5.	A senior nurse may not allow the junior one to ask sensitive questions regarding the standard of care rendered by the senior outgoing nurse.	156(64.5)	86(35.5)
6.	Senior nurses always interrupt the process of patients' handover by discussing their personal/ family issues, especially when they take over from night nurses in the morning.	56(23.1)	186(76.9)
7.	Patients and their relatives interactively participate in the process of handover	21(8.7)	221(91.3)

events that occurred in the past shift (e.g., falls) 242(100.0), on-going interventions 242(100.0), information from specialists 242(100.0), results of investigations received 242(100.0), plans for the next shift 242(100.0), specialists to be contacted 242(100.0), planned therapy/surgery 242(100.0), investigations required 242(100.0), problems/risks anticipated 242(100.0), patient medical records 242(100.0), patient medications 242(100.0) and patient belongings 242(100.0).

Table 5 shows that factors hindering nursing handover in ISTH include parallel conversations 242(100.0), movement of supplies, clothes and food, etc. 122(50.4), cleaning machines 132(54.5), and telephone calls 122(50.4). Furthermore, all 242(100.0%) the respondents admitted that interruptions by medical and support staff, lateness to duty, use of ambiguous language, time constraint, conversations in the corridor, and difficulties with the complexity and number of patients were factors

Table 4: Quality of nursing handover

S/N	Items	Response	
		Yes (%)	No (%)
1.	The following specific information is included in every change of shift handover in your ward/unit	242(100.0)	-
	Patient name	242(100.0)	-
	Patient age	242(100.0)	-
	Date of admission	242(100.0)	-
	Past history	242(100.0)	-
	Reason for admission	242(100.0)	-
	Co-morbidities	242(100.0)	-
	Previous intervention and treatment	242(100.0)	-
	Diagnosis	242(100.0)	-
	Allergies	242(100.0)	-
	Important events that occurred in the past shift (e.g., falls)	242(100.0)	-
	On-going interventions	242(100.0)	-
	Information from specialists	242(100.0)	-
	Results of investigations received	242(100.0)	-
	Plans for the next shift	242(100.0)	-
	Specialists to be contacted	242(100.0)	-
	Planned therapy/surgery	242(100.0)	-
	Investigations required	242(100.0)	-
	Problems/risks anticipated	242(100.0)	-
	Patient medical records	242(100.0)	-
	Patient medications	242(100.0)	-
	Patient belongings	242(100.0)	-

hindering patients' handover in the Irrua Specialist Teaching Hospital.

Discussions of Findings

The majority of avoidable adverse events in medicine are caused by communication errors, and over half of these are brought on by shift handover procedures. This lack of communication among healthcare professionals is a significant issue on a global scale. Taking into account the importance of handover in the continuum of care and the possible dangers of inadequate communication, the study sought to investigate nurses' perspectives on shift handover practices in a tertiary hospital in Nigeria. Effective handover practices provide nurses with the opportunity to prevent errors and unsafe practice by implementing more risk-aware handover strategies. The study's respondents reported nursing handover as the transfer of responsibility and accountability for patient care. Handing over the patient is important in assessing and maintaining the care continuum by improving care quality. This is consistent the view of Testa and Emery (2014), who had opined that handovers between healthcare providers ideally result in the delivery of accurate and complete transfer of information about the patient and the care experience and that the exchange of information and continued responsibility for transferring patient care from one healthcare provider to another are essential component of communication in the healthcare delivery system. The majority of the study's participants perceived the nursing handover process as an

Table 5: Factors influencing shift handover among nurses

S/N	Items	Response	
		Yes (%)	No (%)
1.	The following factor(s) hinder(s) shift handover in your ward/unit.	242(100.0)	-
	Parallel conversations	122(50.4)	120(49.6)
	Movement of supplies, clothes and food, etc.	132(54.5))	110(45.5)
	Cleaning machines	42(17.4)	200(82.6)
	High volume of radios and televisions	122(50.4)	120(49.6)
	Telephone calls	242(100.0)	-
	Interruptions by medical and support staff	242(100.0)	-
	Lateness to duty	242(100.0)	-
	Ambiguous language	242(100.0)	-
	Time constraint	92(38.0)	150(62,0)
	Failure to use standardized communication tools	242(100.0)	-
	Conversations in the corridor	52(21.5)	190(78.5)
	Language barriers	92(38.0)	150(62,0)
	Difficulties with technical equipment	242(100.0)	-
	Difficulties with the complexity and number of patients	121(5.0)	121(50.0)
	Hierarchies in healthcare teams		

appropriate time to transfer patients' specific information among nurses, check the status of equipment and emergency drugs, and clarify patients' history and correct any misinformation. This perception aligns with the finding of Bakar, Isahak, Saiful and Zolkefli, (2020), which reported that an essential practice of effective shift handover is the exchange of accurate and detailed information about the patients. However, the result of the present study indicated that the participants perceived unfriendly interaction and support during handover.

Handover often varies in style and method. However, determining the most effective handover practice in nursing care remains uncertain (Manser & Foster, 2011; Manias *et al.*, 2016). The findings from the present study revealed that the nurses practice a dual (nurses' station and patients' bedside) pattern of shift handover. This pattern of handover may have been adopted by the nurses to address the challenges often associated with a mono-pattern of patients' handover. For instance, the bedside handover has been described as beneficial as it increased patient involvement and understanding of care, decreased patient and family anxiety, decreased feelings of "abandonment" at shift changes, increased accountability of nurses, increased teamwork and relationships among nurses, and decreased potential for mistakes (Rush, 2012). Flink *et al.* (2012) also opined that bedside handover promotes a patient- and family-centred approach, which is a way of promoting reciprocal relationships and shared decision-making. However, barriers exist in the inclusion of patients and families in handover. Such barriers include the possible lack of confidentiality relating to personal and sensitive information conveyed at the bedside handover, disclosure of a patient's diagnosis, a medication error or an unsafe incident and the increased time it may take to communicate information to patients (Manias & Watson, 2014). On the other hand, the nurses' station-only pattern of handover is characterized by a lack of patient and family involvement in the handover process, thereby placing the health professionals (nurses) at the centre of the decision-making process while patients and families are given little opportunity to engage responsibly in the care received. As such, nurses in the present study adopted the dual-pattern of handover in which patients' sensitive information is discussed at the nurses' station before proceeding to the bedside to interact with the patients.

The sex distribution of the participants in this study is comparable to the findings of Roslan and Lim (2016) in that both studies reported female predominance, aligning with what is known about the nursing profession being a female profession. This heterogeneous sex distribution has been reported in several other studies involving nursing participants (Mamalelala, 2017; Testa & Emery, 2014). However, this finding is in line with the findings from the University Medical Centre of Groningen, Netherlands, by Hovenkamp *et al.* (2018) in which more male nurses were reported compared to female nurses. The difference in the sex distribution could be attributed to variation in the study setting. While the present study was done among nurses across various clinical units/ wards, the Netherlands study was conducted among ambulance and emergency department nurses. In many healthcare institutions, male nurses are mostly deployed to emergency areas due to the urgency and critical health service demands.

The present study noted that the nurses adopted both verbal and written methods of handover. This is consistent with the finding reported by Manias *et al.* (2016). Due to

the transient nature of oral communication, documented clinical evidence needs to be used to facilitate high-quality patient care. Therefore, patient safety organizations strongly advocate the value of having written patient information that is current, relevant and accurate to supplement oral handover (Australian Commission on Safety and Quality in Health Care (ACSQHC) 2012, Karalapillai *et al.* 2013).

However, the findings of the present study indicated that the participants perceived unfriendly interaction and support between seniors and junior nurses during handover. Over half of the participants agreed that during handover in their unit, senior nurses sometimes shout at the junior ones and humiliate them in front of patients and their relatives. Also, a senior nurse may not allow the junior one to ask sensitive questions regarding the standard of care rendered by the senior outgoing nurse. This finding is at variance with the finding of DChong *et al.* (2020). It has been opined that nurses, like most healthcare professionals, may receive no formal training in the handover process other than by modelling from their peers and superiors (Manser & Foster, 2011). Therefore, the implication of such unfriendly interaction and support during handover, as reported in the present study, is that there will be an ineffective modelling of the younger nurses. Such an atmosphere may also instill an inferiority complex and a lack of self-confidence in the junior nurses. It has been reported to impede the quality and effectiveness of handover (Thomson, Tourangeau, Jeffs & Puts, 2018).

A good proportion (23.1%) of the participants also stated that senior nurses do interrupt the process of patients' handover by discussing their personal/family issues, especially when they take over from night nurses in the morning. According to a study conducted at the University of Calabar Teaching Hospital, it was observed that nurses' handover generated discrepancies and disagreements among nurses. This provoked personnel actions that became a vicious cycle that impacted the handover itself, as it generated negative responses that did not contribute to the continuity and professional critical judgment for prioritizing and organizing care (Alberta, Idang & Jane, 2018). A similar finding was reported by Manias *et al.* (2016). Such practice may lead to loss of information of vital patient care, delay in the time allocated for handover and encroach on the time that should be dedicated to patients' care.

An effective nursing handover process and practices, and accurate clinical information handover, have been recognized to be of great importance for the continuity and safety of patient care (Smeulers, Lucas & Vermeulen, 2014). The findings of the present study indicated that the nurses perceived good quality in the information they received during handover. This information is holistically patient-centred. This finding is consistent with the finding of DChong *et al.* (2020). The present study reported several factors hindering nursing handover in the study institution, which are similar to what the authors had previously reported. For instance, Asimah, Sahak, Saiful, and Zolkefli (2020) reported interruptions and disruptions as factors affecting shift handover in a healthcare institution in Brunei, South-East Asia. Siemsen *et al.* (2012) reported poor communication, incomplete information, organisation, infrastructure, professionalism, responsibility, team awareness, and culture as factors that impact the safety of patient handovers in a university hospital in the Capital Region of Denmark.

One notable factor reported in the present study is lateness to duty. This attitude of lateness is common in this part of the world, often referred to as "African time", but this shouldn't be mentioned among healthcare professionals who are saddled with the responsibility of saving lives. Therefore, this attitude of lateness needs to be addressed by nursing leaders through a proper disciplinary policy. In addition, it was observed that medical-surgical units have no standard structure for handing over, and this has led to distractions and inadequate communication, which creates gaps in knowledge regarding patients' needs and changing conditions, giving room for errors in judgment and clinical decisions that may impact patient safety.

Implications for Practice

Addressing the various challenges to shift handover practices and implementing strategies that will support nurses in their practice, this study is important as it will provide the needed information in the education and training of nurses to improve their knowledge and skills during patient handovers, thereby enhancing quality care. By understanding the multifaceted benefits of handover practice, we anticipate that this study will contribute to bringing to light the significance of patients' safety and health care continuity in patient management, thereby promoting optimal health.

Study's Limitations

Due to the self-report method associated with the use of questionnaires. The information provided by the respondents might be limited to errors that may be due to recall bias or prejudice. However, this study has contributed to the body of knowledge regarding the perception of shift handover practices among nurses in a tertiary healthcare institution in Nigeria.

CONCLUSION

The study investigated nurses' perspectives on shift handover practices in a Nigerian tertiary hospital. A cross-sectional descriptive survey was conducted among 242 nurses who were randomly chosen from 22 wards/units where nurses change shifts three times per 24 hours, and data were collected using a structured questionnaire with a reliability of 0.81. The study's findings revealed that nurses have a positive perception of shift handover practices; however, the quality of the process was inconsistent and hampered by several factors, including noise/distractions, communication gaps, tardiness to duty, limited resources, an unfriendly environment, and

a lack of support; thus, recommendations were made to address these issues.

Recommendations

The study recommends that the Government and healthcare organizations explore challenges and opportunities to develop targeted interventions, such as: developing standardized tools/protocols and digital systems that will improve communication and prevent handover errors, train and educate healthcare personnel on handover practices, as well as continuously monitor and evaluate quality improvement during shift handover. This will ultimately enhance patient safety, continuity of care and promote optimal health.

Suggestions for further research

There is a need to replicate the study globally and across other districts in Nigeria. Furthermore, this study could be conducted in other healthcare facilities using a qualitative study design.

Authors contribution

The design of the study, including the data management and writing of the article, was done as a collaborative effort from all authors involved in the study. OB and NO made substantial contributions to the conception and drafting of the manuscript, data interpretation, and analysis, as well as the discussion of findings. IJ, OD, OL, and GB made a vital contribution to the design, including revisions to the manuscript. All authors have read and approved the revised manuscript for submission

No Patient or Public Contribution

There is no general public input or suggestions considered during its execution.

Declaration of Interest

The study has no conflict of interest.

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Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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