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## Bedside Endorsement of Patients (Beep): A Tool to Enhance Communication and Patient Involvement, A Critical Component of Patient Safety Culture

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### Abstract

**Introduction:** Communication-related to care, treatment, and services with the patient and family serves as the vital characteristic of a culture of safety in the hospital setting. Reports have revealed a lack of communication or breakdown of communication to be the leading cause for 70% of all sentinel events. Kuwaitis represent only 6% of the countries nursing workforce, and only 30% of the doctors, most of the expatriate working force comes from non-Arab speaking countries. Standardizing shift changes and doing endorsements at the bedside is an attempt to reduce this communication gap among patients and their care providers.

**Methods:** The current study thus attempts to assess the efficiency of Bedside Endorsement of Patients (BeEP) in promoting communication and patient involvement, both of which serve as critical components of patient safety culture. It is believed that once a high level of communication and patient involvement is established there will be a significant enhancement in patient satisfaction along with reduction in the patient and family anxiety.

**Result:** The study results revealed BeEP implementation increases patient's awareness on multiple aspects related to their care such as knowledge of shift change timings, nurse name, dietary restrictions, medication course and time, doctors round timings, discharge date and plan of the day.

**Conclusion:** An increase is thereby noted in terms of patient and family involvement in their care and timely response to patient's inquiry resulting in increased satisfaction. Bedside endorsement of patients thus poses as the most suitable method to enhance communication as well as bridge communication gap between the nurses and the patients and to increase patient and family involvement.

**Keywords:** Patient safety; Bedside endorsement of patients; Patient involvement; Communication

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### Introduction

Effective communication between the health care providers serves as the fundamental pillar that strengthens the overall patient safety culture. Communication-related to care, treatment, and services with the patient and family serves as the critical characteristic of safety culture in the hospital setting [1]. Data from the Joint Commission on Accreditation of Health Organizations (2003) has identified a lack of communication or breakdown of communication as the main cause for 70% of all sentinel events. In this regard, Bedside Shift Report (BSR) has been reported to have a significant impact in establishing a communication related

to the health status of the patient not only between the incoming and outgoing nurses but also with the patients and his or her family [2].

Bedside Shift report, also referred to as nursing handover, has been defined as "a point in care where the transfer of responsibility and accountability for patient care moves from one nurse to another nurse" (Tobiano et al., 2018). However, in simple terms, it can be reviewed as a change-of-shift report generated by the off-going nurse at the bedside to communicate the health status of the patient to the oncoming nurse [3]. Although traditionally performed at nurses' stations, away from patients, nursing handover or shift reports are now preferred to be conducted

at the bedside and involve multiple options that could facilitate the handover process. This may include face-to-face handover, written handover, or even a tape-recorded handover [4].

Since the nurses form the first line of defense in terms of patient safety, BSRs undoubtedly has an important role in the planning of overall patient safety and care. It is the BSRs that communicate the patient's health history, physical assessment findings, plan of care, and course of prescribed medications to the patients, their family, visiting doctors, and the incoming nurse. Owing to the increased importance of the BSRs in patient safety much of the recent researches have been focusing on nursing bedside handover [5].

The current study focuses on the multiple advantages of Bedside Endorsement of Patients (BeEP) for nurses such as efficient reporting, improved staff teamwork by providing enhanced opportunity to work together at the bedside, high accountability, and reduced risk of miscommunication by bridging the language barrier. BeEP is like BSRs, and the primary intent was to establish better communication between the target individuals such as the nurses, patients, and family members of the patients to ensure a high degree of patient safety culture [6]. In this regard, the study will aim to assess the efficiency of BeEP in promoting communication and patient involvement in their care, both of which serves as critical components of patient safety culture. It is believed that once a high level of communication and patient participation is established there will be a significant enhancement inpatient satisfaction along with a reduction in the patient and family anxiety.

## Understanding the Concept of Beep

### Implication of BeEP for patient safety and quality care

BeEP serves as a communication platform between the patient and the nurses. It facilitates the enhancement of the knowledge of both the parties regarding the health care plan and progress of the patient. A detailed knowledge increases the patient safety standards by reducing the frequency of adverse events, which may include medication errors, pressure ulcers, and falls [7]. There exists a direct relationship between patient safety and patient satisfaction. Thus, when the former increases, a significant rise in the latter is also noted. Once the patients have a clear understanding of the nurses' role in their care, their faith in the nurses is also elevated. Provision for communication and providing inputs in their healthcare plans reduces the anxiety level of the patients[8]. Platforms for communication also allow the patients to clarify their doubts regarding any health issues, which in turn directly influence their satisfaction levels [9]. Apart from the patients, bedside shift reports also benefit the staff as well. It allows communicating the status of the patients between the incoming and outgoing nurses. Further, an enhancement is recorded in the accountability and interpersonal relationships of the nurses [10]. An increase in the satisfaction levels of the physicians regarding bedside shift reports has been also reported owing to the better ability of the nurses to remain updated about the patient status, which would empower them to respond to the questions after any shift changes [11].

## Challenges and concerns for BeEP

Despite the advantages of bedside endorsements of the patients, the nurses reported specific challenges that might limit the efficiency of the program in ensuring patient safety culture. The first and the foremost are confidentiality issues. Several researchers opined that a detailed bedside report might interfere with the confidentiality of the patient [12]. In this regard, Radtke, (2013) further stated bedside handoffs to violate the confidentiality standards mentioned in the Health Insurance Portability and Accountability Act. However, a patient indeed is entitled to the right to choose whether visitors may have access to his or her reports so as to ensure that bedside reports do not violate confidentiality. In the opinion of some nurses, the extent of confidentiality issues related to bedside handoff depends upon the nature of the patients and their conditions in a hospice setting [13]. Owing to the potential threats to confidentiality, the nurses very often become incapable of discerning what to share at the patients' bedside [14].

Associated challenges apart from confidentiality issues may include lack of confidence and discomfort in mentioning health status in front of patients and disclosure of new diagnoses or lab information that a healthcare provider hasn't yet discussed with the patient [15]. Nurses may also suffer from increased level of anxiety owing to the belief that bedside endorsement of patients would be more time-consuming, fear of being questioned by the patients, visitors or family present in the room, increased report time and lack of privacy in the semi-private rooms [16].

## Research Objectives

- To understand the concept of bedside endorsement of patients
- To identify the advantages of implementing BeEP in hospitals
- To identify the challenges of implementing BeEP in hospitals
- To determine whether bedside reporting improves patient safety and enhance the quality of care of patients.

## Research Hypothesis

H1) Communication helps enhance the levels of patient safety.

H2) Bedside Endorsement of Patients (BeEP) serves as the most appropriate tool for enhanced communication between the patient and healthcare providers.

H3) Bedside Endorsement of Patients (BeEP) could be made an integral part of the healthcare regime to achieve enhanced patient involvement in care.

## Methodology

Research methodology would elaborate on the methods and strategies adopted to fulfill the study objectives. The chapter is of utmost importance in any research owing to its implications in ascertaining not only the feasibility of doing the research but also how can the objectives of the study be fulfilled by utilizing the resources in the best possible way. An ideal research method is one that takes into consideration all the aspects of the research,

such as technical or financial, is the key to the success of the research.

### Research approach

The research approach can be referred to as the overall procedure that is to be followed while conducting the research. A research approach is indicative of the research idea, its nature, and data collection methods that are to be adopted [17]. Thus research approach is instrumental in allowing an individual to fathom the outline of data collection, analysis, and interpretation if not in detail. The research approach is primarily subdivided into three subdivisions; Quantitative, Qualitative, and Mixed. The current study will implement a quantitative research approach. According to Taylor (2010), quantitative research is implemented to ascertain the correlation between the study variables. The quantitative approach allows us to get an idea about the views of the individuals through the questionnaire-based surveys and also gives an estimate of how many individuals support or speak against any proposed opinion (Williams, 2007). Thus quantitative approach allows establishing facts on the basis of numbers and statistics [18]. Most of the quantitative data are subjected to statistical analysis tools so as to ensure correct interpretation of the collected data (SAGE, 2016). Since data collection herein is based on a questionnaire-based survey design, the quantitative research approach poses to be the most suitable one in the current study scenario [19].

### Research design

Research design has been defined by Gupta and Gupta (2011) as a combination of circumstances that aids the process of data investigation and data assortment. Research design thus comprises one of the most critical parts of the research methodology. Owing to its association not only determination of the variables and collection of data, but it is also responsible for the process implementation and interpretation of the collected data. Thus, the appropriate selection of the research design is the key to determining the success of the research to a large extent [20]. There are mainly two types of research design, exploratory and conclusive. However, the final research design can be further subdivided into a descriptive and definitive research design. The current study will make use of descriptive and explanatory research design. A descriptive research design is associated with the explanation of any research agenda or purpose [21]. The primary aim of such a research design is to adopt experimental measures to describe variables of the research and the correlation that exists between such variables. Apart from being useful in describing the study variables, the descriptive study will also be instrumental in ascertaining the percentage of the units specified and also makes specific predictions related to the study (Saunders, Lewis & Thornhill, 2007). Descriptive research design thus poses to be the most suitable in the current study scenario.

### Data Collection

The research methods are formed and chosen as per the types of data collected for the study. The data collection techniques help in obtaining the exact data and meet the research aim. There are two types of data collection techniques used in research work,

which are primary and secondary. The current study utilizes the primary research technique for data collection. Primary research is related to raw data and is applied to collect the significant set of data through various approaches chosen as per the study. The primary and factual information is gathered through this kind of research study, and the data is collected for the first time (Bjertnaes, Sjetne, and Iversen, 2012). This type of data is collected in the course of experimental or descriptive research where the researcher gathers the information through direct communication, observations, experiments, or by surveys with suitable candidates. There are two types of methods chosen under primary data, which are qualitative and quantitative research processes. Herein, the quantitative approach of the primary data collection method with a questionnaire-based survey design as a research tool has been implemented for data collection. The questionnaire comprises multiple questions that attempt to evaluate the efficiency of BeEP in enhancing communication, patient involvement, patient safety culture, and patient satisfaction in the hospital setting [22].

### Sampling

Sampling is the process of selecting the study participants with whom or on whom the research will be conducted. The study participants form a crucial part of the research process, and thus, utmost care should be taken during the selection of the same. Sampling can be broadly classified into two types; Probability sampling and non-probability sampling technique. The current study makes use of non-probability sampling to recruit the total sample population. The target population comprises of the nurses working in the hospitals and the patients undergoing treatment in the same hospital. Herein, the overall sample size is 100, and the target population has been selected from a private hospital, located in Kuwait.

### Data Analysis

The questionnaire-based survey has been conducted with the target population at two stages- pre-audit and post-audit. The data collected from the pre-audit and post-audit are then subjected to analysis using statistical tools such as SPSS and the McNemar test. SPSS or Statistical Package for Social Sciences has multiple applications in the scientific field. It serves as one of the widely applicable statistical programs in various types of research and social science practices [23]. Further, the preference for SPSS results from the ease of data analysis due to the ability of SPSS to assess data in the form of tabulated charts and reports. McNemar's test named after Quinn McNemar, in statistics, finds its application in analyzing the paired nominal data. Regression analysis is thereafter performed to project the outcome of the study.

### Findings and Discussion

A 44.82% increase has been noted in the patient's awareness related to the shift changes of nurses. Awareness of the patient's knowledge regarding the name of the assigned nurse and their respective physicians exhibited only a minor improvement. Although the former revealed an increase of 34% in the post-audit analysis, the latter reported only a slight increase of 5% in

the post-audit study when compared to pre-audit analysis results for both cases. Regarding the dietary restrictions, it has been observed that before the audit, 55% of the patients are aware. However, the post-audit results revealed a marked increase resulting in 94% of them are clear about their dietary restrictions. Knowledge about the medication course, round timing of the visiting doctors reported an increase of 32% and 54%, respectively. The patients being aware of the plan for the day in the hospital revealed that before the audit, 34% of the patients were aware while 84% of them were not. After the review, 88% of them became aware, while only 12% of them remained clueless, thus reporting a rise of 72% in terms of awareness of the patients. A 26% increase in the nurse's attitude towards answering the patient's query was noted while regarding clarity of explanation by the nurses as per the patient's understanding witnessed a 36% rise. Knowledge of the patients regarding their discharge date also experience a 34% increase in the post-audit analysis as compared to the pre-audit analysis. Statistical significance, i.e.,  $p < 0.05$ , was reported for the following parameters- knowledge of shift change timings, knowledge of nurse name, knowledge of physician name, knowledge of medication course and medication time, timely response of patient query, and knowledge of patient discharge date, doctors round timings and plan of the day were reported to be statistically significant.

Overall the results have been indicative of the positive implications of BeEP in enhancing the communication between the patient and the nurses. Such improved communication facilitates to enhance the patients and their family member's knowledge about health status. It also renders significant

implications in not only improving the patient safety culture but also the health care satisfaction of both the patients and their family members. The findings of the current study also comply with related studies that have indicated the positive implications of shift reports in enhancing communication, patient safety, and patient satisfaction (Maxson et al., 2012; Anderson et al., 2015; Anderson & Mangino, 2006).

## Conclusion and Recommendation

Bedside endorsement of patients thus poses as the most suitable method to enhance communication between the nurses and the patients and patient involvement, the two critical factors influencing the overall patient safety culture prevalent in a hospital. Further, it also serves a medium to increase the patient's awareness on multiple aspects related to their treatment, such as knowledge of shift change timings, dietary restrictions, medication course and medication time, doctors round schedules, discharge date, and plan of the day. An increase is also noted in the timely response of patient queries in lucid terms by the nurses. Such information plays a critical role in assuring the patients about their safety, thus positively impacting patient satisfaction levels. More exceptional communication would also usher in significant enhancements in the patient safety culture. However, the efficiency of the study is limited by a few drawbacks. Since the study is limited to a single hospital, the study results cannot be generalized. The small sample size also limits the scope of large-scale implications of the study results. Hence a greater number of studies that explores the potential of BeEP across multiple hospitals and involving larger sample size is required to obtain a holistic view in this regard.

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