

## HANDOFF OF CARE IN THE PERSPECTIVE OF THE NURSING PROFESSIONALS OF AN EMERGENCY UNIT

TRANSFERÊNCIA DE CUIDADO NA PERSPECTIVA DE PROFISSIONAIS DE ENFERMAGEM DE UM PRONTO-SOCORRO

TRASPASO DE CUIDADOS DESDE LA PERSPECTIVA DE LOS PROFESIONALES DE ENFERMERÍA DE UN SERVICIO DE URGENCIAS Y EMERGENCIAS

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### ABSTRACT

**Objective:** understand the view of the Nursing professionals of an emergency unit about patients' handoff of care. **Method:** a qualitative case study, performed in an emergency unit of a public hospital, with 14 nursing professionals. The data were collected by interview and observation in March 2017 and submitted to content analysis. **Results:** nurses and nursing technicians evidenced the understanding and the practice of patients' handoff of care. The professionals mention fragmentation in the handoff of care, related to the communication, teamwork and person-centered care, but demonstrate compliance with the continuity of care, focusing on the shift change and internal and external patients' handoff. The nurse is a reference for the nursing team and handoff of care, being key professional for the multi professional teamwork. The professionals seek to overcome the difficulties resulting from the infrastructure, excessive patients, communication and teamwork, which may compromise a safe handoff of care and the continuity of care. **Conclusion:** the nursing team participate in the patients' handoff of care in the urgency and emergency services and shows responsibility for the continuity of care. It's necessary to implement actions that promote the communication, teamwork and patient-centered care, addressing the handoff of care as a patient safety measure.

**Keywords:** Patient Handoff; Nursing Team; Emergency Medical Services; Patient Safety.

### RESUMO

**Objetivo:** compreender a visão dos profissionais de Enfermagem de um pronto-socorro sobre a transferência de cuidado de pacientes. **Método:** estudo de caso qualitativo, realizado no pronto-socorro de um hospital público, com 14 profissionais de Enfermagem. Os dados foram coletados por meio de entrevista e observação em março de 2017 e submetidos à análise de conteúdo. **Resultados:** foram evidenciadas a compreensão e a prática da transferência de cuidado de pacientes por enfermeiros e técnicos de enfermagem. Os profissionais mencionam fragmentação na transferência de cuidados, relacionada a comunicação, trabalho em equipe e cuidado centrado na pessoa, mas demonstram comprometimento com a continuidade da assistência, focalizando a passagem de plantão e transferências internas e externas de pacientes. O enfermeiro é referência, para a equipe de enfermagem e transferência de cuidados, sendo profissional-chave para o trabalho da equipe multiprofissional. Os profissionais buscam superar as dificuldades decorrentes de infraestrutura, excesso de pacientes, comunicação e trabalho em equipe, que podem comprometer uma transferência de cuidado segura e a continuidade dos cuidados. **Conclusão:** a equipe de enfermagem participa da transferência de cuidado dos pacientes na urgência e emergência e mostra responsabilidade com a continuidade dos cuidados. É necessário implementar ações que favoreçam a comunicação, trabalho em equipe e cuidado centrado no paciente, visando à transferência de cuidados como medida de segurança do paciente.

**Palavras-chave:** Transferência da Responsabilidade pelo Paciente; Equipe de Enfermagem; Serviços Médicos de Emergência; Segurança do Paciente.

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## RESUMEN

**Objetivo:** comprender la visión de los profesionales de enfermería de urgencias y emergencias sobre el traspaso de cuidados de pacientes. **Método:** estudio de caso cualitativo, llevado a cabo con 14 profesionales de enfermería de urgencias y emergencias de un hospital público. Los datos se recogieron en marzo de 2017 por medio de entrevistas y observación y se analizaron según su contenido. **Resultados:** quedaron evidentes la comprensión y la práctica del traspaso de cuidados de pacientes por parte de enfermeros y técnicos de enfermería. Los profesionales mencionaron fragmentación en el traspaso de cuidados relacionada con la comunicación, el trabajo en equipo y en la atención centrada en la persona. Sin embargo, demostraron compromiso con la continuidad de la atención, realizando los cambios de guardias y las transferencias internas y externas de pacientes. Para el personal de enfermería y el traspaso de cuidados, el enfermero es el referente ya que es el profesional clave para las tareas del equipo multidisciplinario. Los profesionales buscan superar las dificultades impuestas por la infraestructura, el exceso de pacientes, la comunicación y el trabajo en equipo, que podrían comprometer el traspaso seguro de cuidados y de su continuidad. **Conclusión:** el personal de enfermería participa del traspaso de cuidados de pacientes en urgencias y emergencias y muestra responsabilidad con la continuidad de cuidados. Deberían implementarse acciones que favorezcan la comunicación, el trabajo en equipo y la atención centrada en el paciente, como medida de seguridad del paciente en el traspaso de cuidados.

**Palabras clave:** Pase de Guardia; Grupo de Enfermería; Servicios Médicos de Urgencia; Seguridad del Paciente.

## INTRODUCTION

The health services currently have been pressured in various ways to use different technologies, to ensure the quality of care and the patient safety from its admission until the discharge. To this end, appropriate welcoming, correct patient identification, teamwork and efficient communication among professionals and health services are necessary. In this context, the handoff of care to nursing professionals, object of this study, may have different meanings and implications in the way in which they do and why they do this activity in a collective work. The man, when attributing significance to the work, express values, beliefs, desires, importance, among others, which result in choices of individuals and groups. This way, attributing significance to the work is subjective, and persons of the same profession may have discordant points, for individual differences, particularities of the organization and interpretation within each scope.<sup>1</sup>

This understanding is essential, bearing in mind that the nursing professionals are present in all health services and moments of nursing care, even they work in shifts system, which do not always coincide with the time of patients' stay who are transferred among different sectors and health services.

The transfer of care (handoff or handover) consists of the transfer of the care of patient responsibility, or group of patients, to another person or group of professionals, in a tempo-

rary or definite manner.<sup>2</sup> there are two main types of "handoffs" in health. The first refers to patients handoffs, in a same care establishment or among different health services; in the second type, the patient remains on the same place and the reference is the information handoff among those who have the responsibility for his care, and may occur during the care provided by the professionals and at the moments of shift changes, aiming at the continuity of care and the patient safety.<sup>3</sup>

The World Health Organization (WHO) defines patient safety as reducing health care-associated risks to an acceptable minimum; risk is understood as the probability of an incident; the error is considered as a failure, the action that takes place outside of the planned or incorrect application of plan; and the adverse events (AE), are any damage or lesion caused to the patient by the health team intervention.<sup>4</sup>

In 2006, the WHO created, in the Joint Commission International (JCI), the six international patient safety goals, which have as their purpose promoting specific improvement in care problem areas. The targets are as follows: to correctly identify the patients; to improve the communication among the professionals; to improve the safety for risk medications; to eliminate surgeries in limbs or wrong patients; to reduce the risk of acquiring infections and the risk of falls related-injuries.<sup>4</sup>

The lack of patient safety is a growing problem, and, around the world, one in 10 patients suffers any damage while receiving health care, according to the WHO data.<sup>5</sup> In Brazil, in Portugal and in Spain, study showed incidence of 7.6%, 11.1% and 8.4%, respectively, of patients with AE. And, of these, 42% to 66% are considered avoidable.<sup>5,6</sup> Data published in 2018 in the second yearbook of the hospital care safety in Brazil indicate that the public and private hospitals of the country registered, in 2017, six deaths each hour, resulting from serious AE.<sup>7</sup>

Faced with the magnitude of the problem, Brazil assumed the commitment to develop public and practical policies, aimed at patient safety, creating, in 2013, the *Programa Nacional de Segurança do Paciente* (PNSP) to monitor risk, to qualify the care and to stimulate the development of a safety culture in the institutions.<sup>8</sup>

Despite advances in the decentralization policies in the Brazilian health system, the attention to the urgencies has occurred, predominantly, in the hospital services and in the emergency care units open 24 hours a day, generating overload and overcrowding in most services.<sup>4,9</sup> The hospital services of attention to urgency and emergency, also called emergency unit (EU), are units that attend patients under acute, serious or potentially serious conditions that need for specialized care and adequate human and technological resources.<sup>9</sup>

The work in the EU presents great challenges for health professionals that are continually faced with the unpredictability, turnover, severity of patients, limiting human, material, structural resources and the multiplicity of tasks. These factors,

in general, are associated to overload of work and professional and environmental stress, interfering with the care provided and with the patients handoff process.<sup>3,9</sup> The transition or handoff moments are important and are always more subject to errors in any processes in that occur and interfere directly with the patients' safety, quality and continuity of care.

The handovers are describers as critical procedures of care that involve risk for the patient, in view of possible gaps in the communication among the professionals. The effective communication, during the handoff of care, is essential for the safety of the care provided to the patients.<sup>4</sup> Gaps in the communication may cause breaks in the continuity of care, leading to an inadequate treatment with possibilities of damages to the patient.<sup>2,10,11</sup> The WHO and the JCI emphasizes the three pillars of the handoff of care: communication, teamwork and person-centered care.<sup>2,4</sup>

The teamwork allows an effective exchange of information, partnership and respect among the workers.<sup>11</sup> Among the professionals who work in the urgency and emergency units, it's worth highlighting the nursing team, composed of nurses and nursing technicians. These technicians remain with the patients during lengthy periods and provide direct care to them, demanding from them the care management ability of the nurse and the direct participation of the nursing team in moments of handoff of care to patients. Moreover, the person-centered care, which implies a care that depends on the articulation of professionals, patients and their relatives, has as its objective a care that is coordinated, personalized and enabling.<sup>11</sup>

In Brazil and in the nursing, the handoff has been discussed with a focus on moments such as the shifts handover or shift changes. Study carried out with nursing professionals of neonatal care units dealt with factors related to the patient safety, in the shift changes and situations such as delays and leaving early, which were recognized as factors of negative interference. In addition, parallel talks and noises were the main types of interferences for the nurses.<sup>12</sup>

This study is relevant, because of the possibility of offering subsidies that contribute so that health professionals, managers and educators can reflect about the importance of the handoff of care and of the performance of each professional with regard to this activity. In Brazil, there is still a shortage of studies about the theme. Thus, this study may contribute to add knowledge adapted to national reality and to urgency and emergency units. In addition, it's expected that the results contribute to the development of strategies and tools, to increment the handoff of care between teams and services, aiming at improving the patients' safety.

According to these findings, a concern guided this study: what is the nursing professionals' view who work in an emergency unit about the patients' handoff of care? The objective

of the study was to understand the view of nursing professionals of an emergency unit about the patients' handoff of care.

## METHOD

It's a qualitative research outlined by the strategy only case study, which aims at analysis of a reality in a complete way and in depth, searching to answer "how" and "why" the phenomena occur, preserving the holistic and significant characteristics of the events of everyday life, pertinent to the organizational and administrative studies.<sup>13</sup>

The use of qualitative approach is justified by its applicability in the study of the history, of the relationships, of the beliefs, of the perceptions and of the opinions, products from the interpretations of the social subjects in accordance with how they live, feel and think.<sup>14</sup>

The study was carried out in an emergency unit of a public hospital of large size, in the city of *Belo Horizonte, Minas Gerais*, Brazil. It's a general and teaching hospital, of high complexity, which has one of the main services for clinical and traumatic urgencies and emergencies care in the municipality and surrounding cities. The option of carrying out the study, in this scenario, was justified by the fact that the place is reference in the metropolitan region for the care in urgency and emergency and that this is a teaching and research hospital.

The participants in the research were 14 professionals of the nursing team from the EU of the hospital, eight nurses and six nursing technicians from the care sectors of the EU, that is, observation, adult emergency, pediatric emergency, risk classification and surgical block of the day and night shifts. It was adopted as inclusion criterion to have at least, six months of EU experience, to work with the direct care of patients and be involved in the patients' handoff in the moment of the data collect. As exclusion criteria: being engaged in administrative function, being away from work for medical leaves or other leaves or on vacation.

The data collect was carried out through interviews with semi-structured script, observation registered in field diary and documental analysis, following the principle of information sources triangulation.<sup>13</sup> Before starting the interviews, it was carried out the pilot test to assess the script of interview that is showed as appropriate. As a data collect strategy, nurses and nursing technicians of each sector of the day and night shifts were interviewed. The sample was not defined *a priori*, as it is a qualitative research, but, in the course of the data collect and as there was repetition of the information, the interviews were closed with 14 participants, meeting the saturation criterion, therefore, there was no loss of sample. In that way, the use of three sources of information contributed to understand the phenomenon.

It was also used the simple observation technique, since the data collect, through observation, is relevant for the study

of urgency and emergency care and handoff of care, since it provides detailed information about situations, resources used and work processes that offer form to the environment of care.<sup>14</sup> The observation occurred in the sectors of emergency, observation and reception rooms with risk classification of the EU, with a duration of 52 hours. The secondary data were obtained through research in documents such as handoffs of reports, protocols, routines, administrative books and tools of shift handover. The data were collected in March 2017.

The interviews were carried out in the hospital rooms, recorded and transcribed in full and had the duration of 20 to 60 minutes, through authorization from the participants, who signed a written The participants authorized to use the information for scientific purposes, by signing *Termo de Consentimento Livre e Esclarecido* (TCLE) in two copies, one for the participant and other for the researcher.

The transcriptions were returned to the participants for reading and correction. To ensure anonymity, the interviews were coded with the abbreviation *ENF* (nurse) and *TEC* (nursing technician) followed by a number. The script was composed of the issues: talk about your work in the daily of the urgency and emergency; what do you mean by patients' handoff of care? How do you perceive the patients' handoff of care in the emergency unit? Talk about the communication among the professionals in the emergency unit.

To end the data collect, it was used the saturation criterion, interrupting the interviews, from the repetition of information brought by the participants about the phenomenon and absence of new relevant elements for the study.<sup>13</sup> The interviews were submitted to thematic content analysis, which consists of a set of communications analysis techniques, carried out in three phases: pre-analysis, material exploration and treatment of results.<sup>15</sup>

The research project was approved by the *Comitês de Ética em Pesquisa* of the Hospital and of the *Universidade Federal de Minas Gerais*, respectively, with the opinions N° 1.559.717 and N° 1.519.784, in compliance with the 466/12 Resolution of the *Conselho Nacional de Saúde*. The participants authorized to use the information for scientific purposes, by signing (TCLE) in two copies, one for the participant and other for the researcher.

## RESULTS

Eight nurses and six nursing technicians participated in the research, being 10 women (71%) and four men (29%), aged 26 - 53 and a mean age of 39. The mean time of graduation was 16 years and regarding the work in the institution was 11 years; compliance with the weekly working hours of 44 hours. In relation to the work shift, six professionals (43%) work in the day-

time and nighttime shifts, five (36%) work in nighttime shifts and three (21%) in daytime shifts.

The majority of the participants showed having knowledge of the phenomenon under study, presenting an integral or partial concept of the handoff of care:

*The handoff of care may be done in the same sector, for other sectors and services, you hand the responsibility off, the maintenance of the care [...] (ENF 6).*

*Handoff of care is you pass to other professional the responsibility for the patient and guarantee the continuity of care (TEC 2).*

It was also observed that some professionals do not dominate the concept of handoff of care yet, and present a fragmented vision:

*In the handoff of care the physician passes to the physician, the technician to the technician and the nurse to the nurse, speaking the particularities of each area (ENF 2).*

*The handoff of care is to care very well of the patient, not to let to lack anything to him, it means to do the maximum for whom I'm taking care of [...] (TEC 5).*

The terms responsibility and continuity of care or of the treatment appear in the talk of the interviewed when referring to the handoff of care:

*Handoff of care is to pass the responsibility, give continuity to treatment, as we do in the shift handover and on meals times and rest (TEC 4).*

*Handoff of care is when the nurse evaluates the patient, if he has an injury, with tube, make the nursing diagnosis and handoff of care [...] (ENF 3).*

The reports also, show association of shift handover with handoff of information among those who have the responsibility for the care of the patients, when they refer to handoff of care:

*Handoff of care is the act in which the professional pass the more important information about the patient's clinical case, such as in the shift handover (ENF 4).*

*[...] It's the shift handover, encompass the direct care, the drugs, whether is with suspended diet, everything that should be passed to the colleague, it's the continuity [...] (ENF 8).*

Some interviewees refer to the internal and external patient handoffs carried out in its daily of work in the EU, such as handoff of care, situations involving transport, change of documents and responsibilities:

*[...] When I get the patient in the surgical center and return with him to the nursery or CTI, I report everything, I take away the papers and I handoff the care for continuity (ENF 5).*

*When the child here will be transferred, the case is passed before to the pediatrician and nurse of the CTI or hospitalization and with the medical report of handoff (ENF 4).*

In the following reports, it is worth highlighting the view of some professionals about factors that interfere with the understanding and practice of the professionals about the handoff of care:

*Not all of them here have the same understanding and value the handoff of care, we know that the professional profile, the training, the experience in the area and qualification affect so much, and all this is valuable in the patient's clinical outcome (ENF 1).*

*We must have trainings about how to do the handoff, the importance of doing the handoff of care, but our hospital stopped to training the persons, this has missed here (TEC 1).*

It has been possible to identify in the interviews the perception of some professionals about the relation between handoff of care, risk of incidents and patients' safety:

*[...] There are many failures here, it's common for us to have 30 patients for every two nursing technicians in the EU, many absences, overload, information that are not passed, prescription that disappear, drugs that were not done (ENF 8).*

*[...] The well passed care is safety. The patient may fall off the stretcher because he is confused or alone, and the persons will be more attentive to avoid accidents (TEC 1).*

The testimonies reveal that the effective communication, the improvement of the skills and communication tools and the teamwork are important, in the view of the nursing professionals, for the handoff of care in the EU:

*All of them take care of the patient and are responsible for them, many physicians here do not care about what the nursing knows and evaluated, we are infringed, the patient is impaired and the security depends on the communication and teamwork (TC 1).*

*[...] The majority of the nurses of the EU have not been trained yet and do not use the ISBAR, it is a standardized method for communication and handoff of care (ENF 1).*

*[...] Sometimes the patient misses a wave because the physician did not speak, he only wrote (ENF 7).*

The professionals, also, reported the focus which needs to be given to the patient in the handoff of care and in the posture of each professional and teamwork:

*The team transport the patient securely, by the involvement of all of them, by mutual trust, the focus is always the best for the patient [...] (ENF 4).*

*[...] The patient in the emergency room is under the responsibility of all the nursing team, we do not work per specialty like the physicians [...] (ENF 7).*

## DISCUSSION

The results emphasized common features in the speech of the most nursing professionals of the EU interviewed about the conception of handoff of care: there is handoff of information among the professionals and, also, handoff of responsibility so that the continuity of the provided care may occur. This recognizing is important, since the handoff of care or *handover* consists of the relevant handoff of information for the continuity of the patient's treatment, and must contain its current state of health, recent changes and ongoing treatment. This is a way to handoff of responsibility for the patient to the other team, during the admission, in the course of the care, in the handoffs and in the hospital discharge.<sup>16</sup>

The failures of communication during the handover moments led the WHO to create cautionary campaigns aimed at health professionals, with the objective of reducing AE.<sup>2</sup> In Brazil, the communication among the health professionals is critical, despite being one of the goals of the *Programa Nacional de Segurança do Paciente* (PNSP), mainly in relation to the verbal prescriptions, information on examination results, interlocution between teams of pharmacy, nursing and medical. Such aspects produce suspension of procedures, drug adverse reactions, among other incidents.<sup>4</sup>



The professionals' testimonies and the observation evidenced situations such as moments of handoff of care consonant with the literature: moments of admission and discharge of patients; shift changes and rotation among the professionals in the meal and rest intervals; referral of patients for examinations; internal or external transfers.<sup>2</sup> The records of observation of field highlight the direct participation of the nursing professionals from planning to execution of these activities.

The results highlight the nurse as a key professional in the patients handoff of care in the EU and as a link among professionals involved in the process. By the observation it was possible to identify that the nurse is a reference in the team, to perform contacts with professionals, for the patients' handoff, checking of documents, organization of transport and agenda of the examinations, fulfilling an important role of planning and organization of the nursing care and being considered as an essential element for the multidisciplinary teamwork. Study demonstrate the nurses as actors of more centrality during the patient handoff, as well as a potential articulator of care with the other professional areas and categories, prioritizing the centrality of care to the patient.<sup>17,18</sup>

The involvement of the patient, his relatives and caregivers is important for the reduction of errors in the handoff of care, because they can actively participate in the process with change of background information, health control, clinical presentation, family situation and reception of orientations.<sup>11</sup> The results point out that, in the view of professionals, there is no involvement of the relatives and caregivers in times of handoff of care, both for the lack of citation in the testimonies, and for the records and observation, which evidences, in the daily of the EU, distance of the nursing professionals from the relatives and caregivers.

The observations emphasized that the nursing team has more closeness and dialogue with relatives of patients in the sectors of urgency and pediatric emergency, which is facilitated by the stay of accompanying person fulltime. Other studies confirm these findings and bring the differentiation of professionals who work with children, because they have more dialogue and attention with the relatives.<sup>12,19</sup>

In the emergency for adults it was possible to see that the nursing team show some distancing from the relatives, acting, mainly, in the intermediation of the visitors entrance in the sector in order to receive the medical record. In the corridors and sectors of the observation of the EU, spaces adapted with stretchers, for patients who were awaiting for beds of hospitalization, it was possible to perceive little interaction between the nursing team and the companions, being the communication addressed towards the problems resolution related to medical evaluation, availability of stretchers and drugs. Study confirms that the overcrowding of the urgency and emergency services, as well as the burden on professionals, is a factor that

favors the professionals' distance from the relatives, impaired communication, in addition to the risk of AE.<sup>9,20</sup>

The handover involves three main characteristics: the handoff of information, responsibility and authority. It's a clinical activity that comprises since the handoff of information about the patient among professionals of different shifts until a patient handoff among sectors of the hospital and to other hospital.<sup>16</sup> Identify methods and adopt strategies that decrease the deterioration of the information with the loss of important clinical data is a challenge during the handoffs.<sup>11</sup>

In the interviewees' reports there is some concern about the patients' demands, identified by the nursing, which should be passed on to other professionals in the moments of handover. There is the perception of the need for the knowledge of the patients' situation, alterations and instability of the clinical presentation, pending concerns to be solved and that generate recommendations for the continuity of care.

According to the *Manual Internacional de Padrões* of the *Consórcio Brasileiro de Acreditação* (CBA) and JCI, the effective communication, that is, timely, accurate, complete, without ambiguity and understood by the recipient, decrease the occurrence of errors and result in improvement of the safety to patient.<sup>2,21</sup> In this process, it highlights the need for clarity in messages and the confirmation that the other part understood the information. For such, the eyes contact and the active listening are essential factors for assuring effective communication.<sup>21</sup>

The reports and the observation stressed that the way how the nursing team structures the exchange of information and the handoff of responsibility in the moments of *handover* are essential for the continuity of the care to the patients and the AE prevention. We found that, despite the dynamics of the EU and the unpredictability of the number of patients makes more difficult for communication, there is responsibility and concern of the majority of the nursing professionals about the nursing care and continuity of care. However, situations involving the nursing team in all sectors of the EU were observed, mainly in the observation and corridors: absence of employees; delays; absence in the shift change due to the early retirement, for not waiting the professional of the following shift, and leaving only notes and printed passometer; prescribed drugs not administered or that had significant delay; diagnostic examinations not performed due to communication problems. Study reveal that ineffective communication, difficulties related to teamwork, lack of commitment of the professionals and lack adequate working conditions are factors that factors that bring up difficulties to the sequence of the activities by the nursing team and all the multidisciplinary team, with implications for the handoff of care, continuity of the care and for the patients' safety, favoring the occurrence of adverse events.<sup>16,20,21</sup>

On the other hand, one of the relevant factors for a safe care are the nursing records, since, in case of having fails in the verbal process, recourses may be made to the written records, which must be clear and objective, allowing someone who read to have an understanding. In contrast, the absence of records or lacks of words makes it difficult the ineffective communication between the professionals and the continuity and integrality of the care actions.<sup>22</sup> A study confirms that the efficacy of the deployment of written and oral information, for the different professionals promotes more independence for the decisions and a greater involvement from the care levels with improvement actions of care quality to the patients.<sup>23</sup> The differential is found in people, in the shared knowledge, in the communication strategies and standardization of actions.<sup>23</sup>

The interviewees report the shift change as an important strategy of handoff of care, by understanding it not only as a work change of shifts, but also as moments in that some patients' handoff for other professional in meal and rest breaks.

As established by Resolution *Conselho Federal de Enfermagem* (COFEN) n.º. 358 of 2009, the shift change is compulsory in the nursing care systematization and should be developed in a careful and safe manner.<sup>22</sup> The shift change is, also, a communicative activity that allows organizing and planning the nursing interventions, creating opportunities for the handoff of information and continuity of care, considered fundamental for the AE prevention.<sup>16,24</sup>

Research identifies some factors that make the shift changes difficult: omission or transference of incorrect information, excessive or reduced quantity of information; limitation to make questions; lack of standardization; illegible records; precarious teamwork; parallel talks among professionals; interruptions and distractions.<sup>19,20,24</sup>

Some nurses informed using communication tools in the handover moments, as the passometer and ISBAR. The passometer is recognized as a tool used mainly in the sectors of observation of the EU, for being simple and facilitating the shift change, location and patient handoff. It has been observed the fulfilment of the passometer by some nurses, with the insertion of the patients' data: name, age, date of admission, medical diagnosis, medical specialty responsible for, procedures carried out, interurrences and scheduling examinations.

The SBAR method is an acrostic for situation, background, assessment and recommendation, translated into Portuguese language as *situação, antecedentes, avaliação* and *recomendações* and was mentioned, in the interviews, as a communication tool used by physicians and nurses of the emergency room in the shift change and patients handoff. The Institute for Healthcare Improvement (IHI), with headquarters in Cambridge, in the United States, encourages, since 2007, the health services to adopt the SBAR because it consists of a briefing

method, instrument validated and proven effective in standardizing the exchange of information and following the actuation among health professionals.<sup>25</sup>

It has been observed, in the emergency sector of adults, the use of the ISBAR tool by nurses and physicians in the shift changes and patients handoff. The ISBAR is an adaptation of the SBAR, including the letter to identify the professional and patients. The professionals accessed the ISBAR document in the computers, entered patients' data and pressed the document with copies for the professionals who would assume the shift. The shift change was carried out by separated professional categories, in general at the bedside, given that the shift change of the nursing technicians was carried out only in a verbal way, *de forma verbal*, without the aid of any tool. The reports stressed the importance of systematizing not only the shift change, but also all the handover moments, to facilitate the continuity of care. The communication and teamwork are complex and require knowledges, skills and attitudes of the professionals to be effective.<sup>21</sup>

Some interviewees showed concern with the teamwork. Situations such as lack of dialogue, omission of information, inequality in the valuation of the different works and feeling of inferiority from some nursing technicians, whose information about patients, in their view, were not considered important by the physicians have been described. It is observed that the inexistence of standardized teams and "used to" their routines makes the difficulties greater, and the tools to improve the communication become less effective. In the teamwork, the work must be interdisciplinary, requiring horizontal social relationships.<sup>11</sup>

Research shows that health professionals has difficulty in maintaining a communication that favor the teamwork and, consequently, the patient's safety.<sup>11,18</sup> Hierarchical differences, power and conflicts at work, in the health area, have directly influenced the way communication is established, making the professional categories actuate in parallel, in detriment of the teamwork.<sup>9,21</sup>

The observation found that there are, in the sectors of the EU, difficulties related to teamwork involving nursing professionals: the majority of the professionals worked with a focus on the execution of tasks and procedures; individualism and lack of cooperation with work colleagues; resistance to sector; distance between the medical team and the nursing. The construction of effective teams, with synergy and integration, is a challenge for the organizations.<sup>18</sup> The interbranch teamwork and of nursing refers to constituent elements that qualify them: effective communication; trust; bond; mutual respect; autonomy; recognition of the work of the other; collaboration; shared decision making; and construction of common objectives.<sup>11,18</sup>

Considering that the formation of consistent teams requires a management philosophy that create a favorable work environment, communication and integration, the absence of training processes, for the professionals about handoff of care,

becomes one of the difficulties cited by most interviewees. Moreover, insufficiency in the qualification of nursing professionals of care units to critical patient was revealed in other studies, which may compromise the quality of care, the handoff of care and increase the risk of adverse events.<sup>19,24</sup>

Some reports transmitted the concern of the nursing professionals regarding the patient, in order to know its clinical presentation, to identify its needs, to pass on information, to practice the best care possible and not cause him any harm. It was not evident, in the testimonies, any concern from the nursing professionals with regard to the patients' relatives. This aspect compromises the view of the patient-centered care, which corresponds to one of the pillars of the handoff of care.<sup>3,21</sup>

## CONCLUSION

The study demonstrated the understanding and the practice of nurses and nursing technicians about patients' handoff of care in a EU in Brazil. The professionals' view showed a fragmented handoff of care, but a commitment and efforts to ensure the continuity of care and the use of tools to facilitate the communication among the professionals, mainly in the shift changes. There is some difficulty for nursing professionals in developing a teamwork, not only among them, but with all the multidisciplinary team, which damages the communication among the professionals and put at risk the handoff of care and the patients' safety.

The nursing professionals participate in the patients' handoff of care in the EU from its admission until the discharge, interacting with the relatives and other health professionalization in the accountability and continuity of care. The nurse is a reference for the team in the planning and organization of important moments of handover in the EU, mainly in situations of discharge, performance of examinations, transports and transfers. It was possible to identify that nurses and nursing technicians seek to overcome the communication difficulties, teamwork, excess patients and infrastructure of the EU, as factors that may compromise the handoff of care.

This research presents limitations, since it is a single case study performed by means of interviews, observation and documental analysis, addressing a singular hospital context and, therefore, the results should be submitted for testing in new studies, which may present different nuances, depending on other scenarios and subjected to be evaluated. We suggest further study on strategies adopted by the professionals to ensure the handoff of care in different sectors of hospitals and with interdisciplinary teams.

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