Reviewer's report

Title: Managing change in the nursing shift handover from traditional to bedside handover - a case study from Mauritius

Version: 1 Date: 30 August 2004

Reviewer: Elizabeth Manias

Reviewer's report:

General
This paper presents a very interesting and relevant issue relating to health care. The nursing handover is an important means of nursing communication about managing and monitoring patients' care. The aim of the paper was to describe the process of how the nursing handover was changed from a traditional to a bedside format. At times, however, the paper lacked rigour and data findings were insufficiently described and interpreted. Generally, the title and abstract reflected accurately the intent of the study.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

There were several typographical errors in the paper that require correction. It is suggested that the authors should have the paper edited for English grammar, punctuation and sentence structure. For example, it is not appropriate to say in the Abstract that the clinical setting involved was “ward 2-3” in Mauritius (p. 1). This phrase is meaningless to anyone other than the authors. A more appropriate term would be to state that the study was undertaken in a gynaecological ward.

Under Background there was no information about the sample comprising the evaluation part of the study. Demographic details should be provided about the nurses and patients involved in this aspect of evaluation.

In implementing a change initiative, it is important to be cognisant of shared decision making involving all major stakeholders of the initiative, including nurses and patients. Within the Unfreezing section of the paper, it appears as though the change involved a top-down approach where the proposed initiative was authorised and directed by the ward manager. Also related to this area, there was very little information about the role played by clinical nurses in the Unfreezing process. It is important to know how they were included in the way in which change was implemented.

The authors stated that the desired change of the traditional handover process was well supported by evidence-based data, which included an analysis of the strategies used and the feasibility of resources required. They need to provide details about this evidence-based information.

The authors listed three options for handovers. There needs to be some explanation of how the various options fitted in with the integral aim that patients were integral to the management of their own care.

In the section detailed Selecting Strategies to Change, the authors stated that they implemented measures to deal with confidentiality of patient information. Aside from stating that they relayed all confidential matters in the office, there was no further information about the sensitivity involved in addressing privacy issues for patients. For example, who decided what aspects of patients’ care were confidential? Did the patients comment on confidentiality issues in their patient satisfaction interviews?

Information concerning data collection requires further clarification. The authors used a protocol in planning the change, but there were no details about whether the protocol was piloted or assessed for validity and reliability before the main study. In relation to a similar concern, there was no information about the schedule used to collect non-participant observations of handovers, how the schedule was derived and whether it was pilot tested. Questions used for semi-structured interviews...
with patients were documented, but again, there was no information about how these questions were selected. Appropriate validation of the schedules used in interviews and observations will enhance any results obtained.

The authors presented no specific evaluative analysis of the change initiative and this is the main weakness of the article. They collected observational data on 10 handovers, and conducted semi-structured interviews with 40 patients. Data analysis and interpretation pertaining to this collection of data should be presented as a means of providing evidence of the benefits of bedside handover.

Finally, the second paragraph on p. 13 contained information about nurses completing Bachelor of Science (Honours) qualifications and assuming leadership roles. This paragraph does not appear to directly relate to the context of the article. The paragraph should be therefore either removed or revised so that it does fit within the remaining areas of the Discussion. Conclusions should state implications for practice and provide information about the focus of future studies in the area.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
One major concern of the text is that the authors largely cited secondary sources for several of their references. Secondary sources of information should be replaced with primary sources. The authors incorrectly labelled tables as figures. All tables should be relabelled using the correct term in the tables themselves and in the text. There were a number of quotes provided in the text and these should be supported by page numbers of references from which they were obtained.

Discretionary Revisions (which the author can choose to ignore)
Not applicable.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:
None.