





**Shift handover as a key element for continuity of care in critical care units: a narrative literature review**

**Entrega de turno como elemento clave de la continuidad del cuidado en unidades críticas: una revisión narrativa de la literatura**

**A passagem de plantão como elemento-chave da continuidade do cuidado em unidades críticas: uma revisão narrativa da literatura**

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**ABSTRACT:**

**Introduction:** Shift handover is an integral component of nursing practice, involving the transfer of information to ensure continuity of care. In critical care units, handoffs require accuracy and precision in the context of patients with life-threatening conditions. **Objective:** To identify facilitators and barriers during nursing handoff in adult critical care units. **Methodology:** A structured review was conducted using the databases PubMed, SciELO, Scopus, and LILACS, as well as one article retrieved from Google Scholar. The articles were filtered by date of publication and language, including studies published within the past five years, in English and/or Spanish. Inclusion criteria encompassed studies that explicitly referenced the concept of shift handover in their title and/or abstract and were situated within the context of adult critical care units. Exclusion criteria applied to reflective essays and editorials. The CASPe tools were applied to assess quality, and PRISMA was used to guide the final presentation of results. **Results:** Seven studies were included after screening, from which five themes emerged, underscoring handoff as a vital process for ensuring continuity of care and patient safety. **Conclusions:** The quality of shift handover is multifactorial and requires further field-based research to approach standardization, thereby reducing variability and enhancing the overall quality of care.



**Key Words:** Patient Handoff; Nursing; Critical Care; Continuity of Patient Care; Nursing Care.

## RESUMEN:

**Introducción:** La entrega de turno forma parte de la rutina de los profesionales de enfermería pues implica el traspaso de información para dar continuidad al cuidado. En unidades del paciente crítico, se caracteriza por enfatizar en la precisión informativa, en el contexto de persona en estado grave de salud. **Objetivo:** Identificar factores relacionados que puedan actuar como facilitadores o barreras durante la entrega de turno en unidades críticas de adultos. **Metodología:** Revisión sistematizada de bases de datos PubMed, SciELO, Scopus y LILACS, además de la inclusión de un artículo de forma manual extraído de Google Scholar. Se utilizaron filtros como: Artículos publicados los últimos cinco años, idioma inglés y/o español. Criterios de inclusión: artículos con referencia directa al concepto de entrega de turno en enfermería en su título y/o resumen, además de encontrarse en el contexto de hospitalización en unidades críticas de personas adultas. Criterios de exclusión: artículos reflexivos y cartas editoriales. Uso de instrumentos CASPe para evaluar calidad y PRISMA como estrategia de presentación final de artículos. **Resultados:** Se seleccionaron siete textos luego de la aplicación de estrategias de búsqueda y selección, destacando 5 temas relevantes que lo muestra como un proceso vital para garantizar continuidad del cuidado y seguridad del paciente. **Conclusiones:** La calidad de la entrega de turno es un proceso multifactorial y requiere de una mayor cantidad de estudios en terreno para lograr un mayor acercamiento a su estandarización, con el fin de disminuir la variabilidad y favorecer una mejor calidad de atención.

**Palabras clave:** Pase de Guardia; Enfermería; Cuidados Críticos; Continuidad de la Atención al Paciente; Atención de Enfermería.

## RESUMO

**Introdução:** A entrega do relatório do paciente faz parte da rotina dos profissionais de enfermagem, pois envolve a transferência de informações para proporcionar a continuidade do atendimento. Em unidades de pacientes críticos, caracteriza-se por uma ênfase na precisão informativa, no contexto de uma pessoa em estado grave de saúde. **Objetivo:** Identificar fatores relacionados que podem atuar como facilitadores ou barreiras durante a entrega de turno em unidades críticas de adultos. **Metodologia:** Revisão sistematizada a partir de bases de dados PubMed, SciELO, Scopus e LILACS, além da inclusão de um artigo de forma manual extraído do Google Scholar. Foram usados filtros como: Artigos publicados nos últimos cinco anos, idioma inglês e/ou espanhol. Critérios de inclusão: artigos com referência direta ao conceito de entrega de turno em enfermagem em seu título e/ou resumo, além de se encontrarem no contexto de internação em unidades críticas de pessoas adultas. Critérios de exclusão: artigos reflexivos e cartas editoriais. Uso de instrumentos CASPe para avaliar qualidade e PRISMA como estratégia de apresentação final dos artigos. **Resultados:** Foram selecionados sete textos após a aplicação de estratégias de busca e seleção, destacando cinco temas relevantes que o mostram como um processo vital para garantir continuidade do cuidado e segurança do paciente. **Conclusões:** A qualidade da entrega de turno é um processo multifatorial e requer uma maior quantidade de estudos em campo para alcançar uma maior aproximação à sua padronização, com o fim de diminuir a variabilidade e favorecer uma melhor qualidade de atendimento.

**Palavras-chave:** Transferência da Responsabilidade pelo Paciente; Enfermagem; Cuidados Críticos; Continuidade da Assistência ao Paciente; Cuidados de Enfermagem.

## INTRODUCTION

Nursing is a diverse profession that encompasses a variety of roles. According to the International Council of Nurses, nursing practice encompasses health promotion, disease prevention, patient care, education, and research.<sup>1</sup> Within hospital settings, the care and management roles become particularly evident. These are grounded in the organization and standardization of strategies based on the most up-to-date scientific evidence, ensuring effective professional practice.

Shift handover is among the routine responsibilities of hospital-based nurses. It represents one of the most significant practices of these professionals as it ensures continuity of care and allows for identifying issues and patients' responses to the health-illness process.<sup>2</sup>

During handoff, a complete and structured transfer of information occurs between the outgoing and incoming nursing staff.<sup>3</sup> This transfer may be clinical, involving patient-related information, or administrative, concerning service resources. Depending on the setting, the process may be conducted verbally, in writing, or through recorded messages; the latter has the disadvantage of limiting opportunities for feedback.<sup>4</sup>

The importance of the handoff process lies in safeguarding continuity and quality of patient care. Therefore, it should include information such as the patient's identification, medical history, procedures performed, clinical plans with indications, pending tests or tasks, and other relevant aspects deemed important by the outgoing staff.<sup>5</sup>

The World Health Organization defines quality of care as the degree to which health services increase the likelihood of achieving desired health outcomes.<sup>6</sup> Furthermore, it asserts that high-quality health services must be timely, equitable, integrated, and efficient. Therefore, handover strategies should be carefully analyzed, as they directly relate to healthcare quality through their role in ensuring continuity of care.

Factors such as a lack of punctuality, constant foot traffic in the handover area, telephone interruptions, and work overload may interfere with the effectiveness of shift handover.<sup>7</sup> Such interruptions can potentially lead to adverse events due to omission, defined as situations in which professionals fail to fulfill their obligations,<sup>8</sup> possibly resulting in patient harm and even legal consequences, depending on the severity of the incident.

Perceptions of handoff quality and satisfaction can be subjective, varying according to the staff and service. While further research is needed to explore these aspects in depth, there are key factors that influence the quality and efficiency of this process, such as mutual respect among colleagues, as well as respect for patients and their families.<sup>5</sup>

The ethical management of information during shift handover reflects the ideal professional conduct of nurses, which should be guided by morality, loyalty, prudence, respect, and socially acceptable behavior when providing care.<sup>9</sup> Therefore, nurses should strictly maintain the confidentiality of the information exchanged during handover.

Effective communication among staff also plays a crucial role in ensuring the quality of shift handovers. According to Petrone, effective communication can be divided into three main components: verbal, nonverbal, and assertiveness. Assertiveness is achieved when the sender conveys the message in a straightforward, timely, and clear manner, considering the receiver's needs.<sup>10</sup> Petrone further notes the existence of communication barriers, such as transmitting confusing or inaccurate information, omitting key details, or providing unnecessary information.<sup>10</sup> In the context of handoff, such barriers can significantly hinder the process and jeopardize care quality.

The literature suggests that the environment also plays a crucial role in communication during handoffs, encompassing factors such as noise levels, movement, interruptions, and other distractions.<sup>4</sup> Studies such as Paredes, Lázaro, and Vásquez<sup>11</sup> highlight the importance of patient cubicles for maintaining privacy, confidentiality, and appropriate space to ensure effective transfer of information, as reported by participating professionals.

The nursing handover process varies between hospital services, depending on the needs of hospitalized patients. For instance, its emphasis and focus will differ in emergency hospitalization services compared to critical care units (CCUs) or medical–surgical wards. Consequently, shift handover may vary in length and prioritization, reflecting the context and characteristics of patient care in each unit.

Critical care units (CCUs) encompass intensive care units (ICUs) and intermediate care units (IMCs). Both prioritize comprehensive care and health services for people with severe, life-threatening, or unstable conditions.<sup>12</sup> By definition, such patients require high levels of care, as their pathological conditions or organ dysfunctions affect one or more systems, placing them at risk of death or permanent damage. However, these conditions are potentially reversible with advanced monitoring techniques and life-support interventions.<sup>12</sup> In this context, shift handovers in CCUs must be framed as a process of assertive communication among staff, allowing for the discussion and transfer of essential patient needs and background information. This ensures continuity of care and timely responses to the demands of critically ill patients, while situating nurses in a central role regarding the patients' health status.

From this perspective, this literature review aims to identify factors that may interfere with the handoff process in ICUs by analyzing scientific evidence. The ultimate goal is to provide a reference framework for the essentials of shift handover in CCUs, thereby improving the quality of care for hospitalized patients and offering evidence-based recommendations for nurses on the factors influencing this practice. Additionally, the specific objectives of this review are to identify and describe facilitators and barriers to handoff, ultimately addressing the research question: How should nursing professionals conduct effective shift handovers in CCUs to ensure appropriate continuity of care?

## **METHODOLOGY**

### **Research Design**

A systematic literature review with an exploratory focus was conducted to gain a deeper understanding of the topic, while acknowledging the limited availability of existing information. This approach emphasizes the generation of preliminary ideas and theories that may guide future research.<sup>13</sup> Because the research was framed by a descriptive question—aimed at enabling a feasible and rapid search strategy to obtain results with maximum precision and comprehensiveness<sup>14</sup>—the guiding question was formulated using the PICC strategy. This framework is commonly employed to develop broader research questions suitable for exploratory reviews.<sup>15</sup> Population/Problem: Nursing professionals; Concept: Shift handover; and Context: Critical care units (CCUs).

### **Selection of Articles: Inclusion and Exclusion Criteria**

The inclusion criteria comprised studies whose abstract or title explicitly addressed the concept of nursing handoff within the context of adult critical care hospitalization. Exclusion criteria included studies focused on pediatric care, reflective essays, and editorials. Additional filters limited the search to articles published between 2020 and 2024, in either English or Portuguese. The detailed selection process is illustrated in Diagram 1.

Sources of Information

This review was conducted between October 30 and November 21, 2024, using articles retrieved from the following databases: Scientific Electronic Library Online (SciELO), Scopus, PubMed, and Latin American and Caribbean Health Sciences Literature (LILACS). Additionally, a complementary manual search was performed in Google Scholar to supplement the findings. This search considered all components specified in the predefined search strategy.

Search Strategy

The following Descriptors in Health Sciences (DeCS) and Medical Subject Headings (MeSH) were employed: pase de guardia (patient handoff), enfermer\* (nurse), and cuidados intensivos (critical care). Boolean operators "AND" and "OR" were applied. Standard filters were included, limiting the results to articles published within the last five years, conducted in adult care contexts, and published in either English or Spanish (Table 1).

Study Selection Process

To ensure reproducibility in the selection, inclusion, and extraction of information, we followed predefined search equations. The final PRISMA diagram illustrates the number of records identified, included, and excluded, as well as the reasons for exclusion.<sup>16</sup>

Table 1: Search strategy

Database	Search Path
PubMed	((("traspaso de paciente"[Términos MeSH] O ("paciente"[Todos los campos] Y "traspaso"[Todos los campos]) O "traspaso de paciente"[Todos los campos]) Y "enfermeras*"[Todos los campos] Y ("cuidados críticos"[Términos MeSH] O ("crítico"[Todos los campos] Y "cuidado"[Todos los campos]) O "cuidados críticos"[Todos los campos])) Y ((y_5[Filtro] Y (inglés[Filtro] O español[Filtro]) Y (alladult[Filtro]))
LILACS	(pase de guardia OR entrega de turno) AND enfermer* AND (cuidados críticos OR upc) AND db:("LILACS") AND la:("en" OR "es") AND (year_cluster:[2020 TO 2025]) AND instance:"lilacsplus"
SciELO	(Patient Handoff AND Nurs* AND critical care)
Scopus	(patient AND handoff AND nurs* AND critical AND care ) AND PUBYEAR > 2019 AND PUBYEAR < 2025 AND ( LIMIT-TO ( LANGUAGE , "Spanish" ) OR LIMIT-TO ( LANGUAGE , "English" ) ) AND ( LIMIT-TO ( OA , "all" ) )

Source: Created by the authors

Data Extraction Process

Titles and abstracts were initially screened for relevance to the topic. Subsequently, studies were selected based on a comprehensive review and critical analysis of the inclusion criteria. The selected articles were subjected to a narrative synthesis. A general matrix was developed to summarize each article's title, year of publication, country of origin, design, objectives, main findings, conclusions, and the instrument used, along with the corresponding score. A descriptive matrix was also created, synthesizing elements such as country of origin, language, study design, and database, accompanied by frequency counts. Finally, we constructed a thematic matrix to group the main themes that emerged across the selected studies, organizing them by shared patterns and recurring topics.

## Data Analysis and Document Validation Strategy

Inclusion and exclusion criteria were applied to delimit aspects relevant to the research objective and ensure objectivity and rigor in the selection of studies. Subsequently, the Spanish version of the Critical Appraisal Skills Programme (CASPe) tools was employed. This instrument consists of a 10-question checklist designed to assess the quality of qualitative studies and systematic reviews. Its structure provides resources for the “critical reading of clinical evidence,” including guides, templates, calculators, and mobile applications, among others.<sup>17</sup> Studies that scored 8/10 or higher were considered reliable. Additionally, to reduce the risk of bias, searches were conducted across four different databases, and articles published in two languages—English and Spanish—were included.

## RESULTS

Seven studies were selected from an initial pool of 463 articles, after applying the search and selection strategies described in the methodology (see Diagram 1).

Most of the included studies employed a qualitative design (6 out of 7 studies), with interviews as the primary data collection method. Furthermore, 57% (4/7) of the studies were published in 2020. In terms of geographic distribution, 57% (4/7) were conducted in Europe, while only 14% (1/7) were carried out in Latin America, specifically in Brazil. Regarding language, 57% (4/7) of the studies were published in Spanish, and 43% (3/7) in English. See Table 2 and Table 3 for details.

The themes identified during the selection process enable the recognition of key elements crucial for an effective nursing shift handover in ICUs, thereby ensuring continuity of care. Emphasis is placed on the modality of the handover, the multiple factors influencing the process, nurse-related factors affecting the handover, the importance of the physical environment, and the need for standardization of the process (see Table 4).

## DISCUSSION

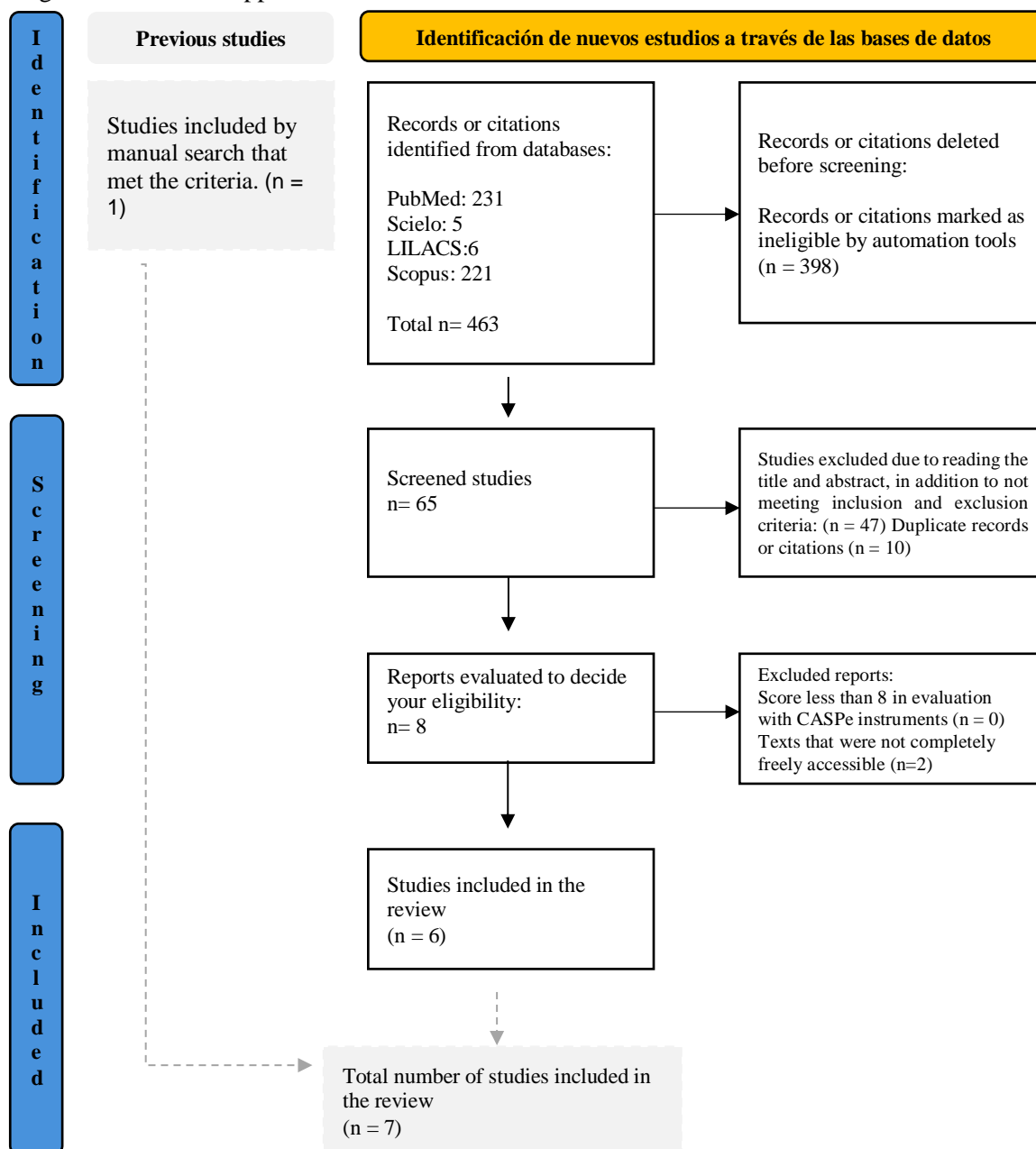
The review of the studies made it possible to fulfill the proposed objectives. Various factors affecting the quality of shift handovers in critical care units were identified based on the methodological framework. These factors were organized into a thematic matrix (see Table 5). Most of the recent studies included in the review emphasize nurses’ perceptions of the shift handover process. In one phenomenographic study, nurses perceived shift handover as a routine and unquestionable part of their work.<sup>18</sup> Furthermore, shift handover was identified as a vital process for ensuring continuity of care and patient safety.<sup>19</sup>

### Shift Handover Modalities

Shift handover can be carried out through verbal, written, or audio/phone call modalities. According to some authors, verbal handover has the advantage of including details that are not always recorded in medical charts, such as subtle signs of a patient's response to a specific medication or information that can help staff get to know the patient as an individual.<sup>18</sup> Conversely, the same authors note that written handovers were perceived as permanent forms of communication, as critical care nurses participating in the study could reread and verify the information.<sup>18</sup> Morán and Luna<sup>19</sup> report the use of phone calls or audio messages through informal media to supplement official shift handovers in cases where important details had been omitted; however, such practices may carry legal implications due to the exchange of confidential patient information through private communication channels. Building on this, Rezende, De Mello, and Celestino<sup>20</sup> propose that combining verbal and written communication, supported by prescriptions and records, is a positive factor to prevent information loss. Thus, conducting shift handovers through multiple modalities appears to be a more reliable approach.



Diagram 1. PRISMA applied.



Source: Developed by the authors from the PRISMA flowchart 2020.<sup>17</sup>

Table 1. General Matrix

N°	Title	Authors	Year	Country	Design	Aim	Main Outcome	Conclusions	Instruments	Score
1	A Qualitative Study of the Change-of-Shift Report at the Patients' Bedside	John Grimshaw, Daniel Hatch, Melissa Willard, Sam Abraham	2020	USA	Qualitative Prospective	To identify the factors and perceptions of intensive care nurses that influence the frequency and consistency of bedside shift reports	The researchers concluded that bedside shift handover promotes patient-centered care, although it is associated with some implementation challenges. Staff should recognize that patients feel involved in their care through bedside handover. Additionally, it provides an opportunity for incoming nurse to gain insight into the tasks and responsibilities they will be assuming during their shift.	The themes identified from the study participants were divided into five general groups. Participants indicated that bedside handover can be, or is, more time-consuming; however, the majority reported that it promotes continuity of care and patient involvement. Most respondents referred to a modified version of bedside handover, which included part of the report conducted outside the patient's room as well as at the bedside.	CASPe: 10 questions to help you understand a qualitative study	8/10
2	The critical care nurse's perception of handover: A phenomenographic study	Linn Loefergren Vretare, Agneta and Erzén-Carlsson	2020	Sweden	Qualitative Retrospective with a Phenomenological Approach	To describe the variations in perceptions of intensive care nurses regarding handover	Descriptive categories, which together constitute the results framework and illustrate the different ways handoff is perceived when a patient is admitted to a critical care unit, include: communication among staff, opportunities for learning, patient-centered information gathering as a basis for continuity of care, transfer of responsibility, and patient safety and quality of care.	Nursing handover is a complex phenomenon, understood in multiple ways. Handover occurs through communication and signifies a change in responsibilities. It is closely related to patient safety and quality of care. There is potential for improving the quality of nursing handovers in clinical practice; however, further research is needed to identify effective strategies for enhancing handover quality.	CASPe: 10 questions to help you understand a qualitative study	9/10
3	<i>Comunicación en el proceso de cambio de turno (handover) en cuidados intensivos: sentidos y prácticas del equipo de enfermería</i>	Grazielle Rezende da Silva dos Santos, Fabiana de Mello Barros, Rafael Celestino da Silva	2020	Brazil	Qualitative	To analyze the meanings attributed to communication during shift handover by the nursing team in an Intensive Care Unit	While the importance of handover for nursing care is acknowledged—reflected in behaviors aimed at avoiding inefficiency or miscommunication—low participation from nursing assistants is also observed, including parallel conversations, inattentiveness, and incomplete information, which compromise handover effectiveness.	Professionals must understand their role in the communication process and actively participate to minimize interference during handover.	CASPe: 10 questions to help you understand a qualitative study	8/10
4	<i>El traspaso de información en los cambios de turno de enfermeras en Unidades de Cuidados Críticos</i>	Morán-Pozo C. & Luna-Castaño P.	2023	Spain	Qualitative Descriptive Cross-Sectional	To understand the characteristics of shift handovers conducted by nurses in Critical Care Units in Spain	The sample consisted of 420 nurses. The majority of participants (79.5%) reported that they conduct shift handover in a directed manner, from the outgoing nurse to the incoming nurse. The physical setting of the handover varied according to the size of the unit ( $p < .05$ ). Interdisciplinary handover was infrequent ( $p < .05$ ). In the month prior to data collection (January 2020), 29.5% of participants contacted the unit due to missing relevant information, using WhatsApp as the primary channel.	There is a lack of standardization in the handover process, regarding the physical location, the tools used to structure information, the involvement of other professionals, and the use of unofficial communication channels to retrieve omitted information during handover. Shift handover was identified as a vital process for ensuring continuity of care and patient safety, highlighting the importance of continued research on information transfer.	CASPe: 10 questions to help you understand a qualitative study	9/10



5	<i>Traspaso de pacientes en enfermería en una unidad de cuidados intensivos de estructura mixta: percepción de los profesionales de enfermería</i>	Francisco Paredes-Garza, Esther Lázaro, Natalia Vasquez.	2022	Spain	Qualitative Descriptive	The primary objective is to determine whether the infrastructure of critical care units influences the perceptions of professionals using this handover method.	Five thematic areas were identified: patient safety, content, confidentiality/privacy, privacy/rest/ambient noise, and patient involvement.	The handover process lacks standardization with respect to physical location, the tools used to structure information, the involvement of other professionals, and the use of unofficial communication channels to retrieve information that may have been omitted during handover. Shift handover was considered a vital process for ensuring continuity of care and patient safety, underscoring the need for continued research on information transfer.	CASPe: 10 questions to help you understand a qualitative study	8/10
6	Critical care nurses' communication challenges during handovers: A systematic review and qualitative meta-synthesis	Jung-Won Ahn, Hye-Young Jang, Youn-Jung Son	2021	South Korea	Systematic Review	To review and synthesize qualitative studies in order to gain a deeper understanding of the challenges in interdepartmental and shift-to-shift handover among critical care nurses.	After meta-synthesizing the findings of all included studies, seven themes and 14 categories were identified across the four domains of an effective communication process: (a) sender, (b) receiver, (c) message, and (d) environment.	Bedside nursing handover enhances safe communication among professionals by reducing errors or distractions through double or triple checking (when including the patient), while also empowering the patient and involving them in their recovery. Conducting handover in enclosed rooms increases confidentiality and protects privacy, as there are no other patients or family members nearby who could overhear the information. However, the location or shift during which handover occurs does not appear to affect the effectiveness of message communication.	CASPe: 10 questions to help you understand a qualitative study	10/10
7	<i>Comunicación intraprofesional durante el cambio de turno a pie de cama. Percepciones del paciente</i>	Laura García, María Ángeles Guillén, Beatriz Juandeabure, Ainhoa Urbiola, María Arraztoa, Sonsoles Martín, Rosana Goñi.	2020	Spain	Qualitative Descriptive	To explore patients' perceptions of communication during bedside shift handover (BSH).	Sentimientos positivos provocados por el Three main themes emerged from the analysis of open-ended survey questions: positive feelings related to the process, strengths, and limitations. Each of these themes is presented below, supported by direct quotations from the participants. Positive feelings elicited by the...	Patients perceive bedside shift handover (BSH) as a positive practice. They report that conducting the process at the bedside can enhance their sense of security by improving patient-centered care, the quality of information, and facilitating communication. However, the use of professional jargon may hinder their participation in the process. <b>Keywords:</b> communication, handover, bedside shift handover, patient perspective, patient	CASPe: 10 questions to help you understand a qualitative study	9/10

Source: Created by authors.

Table 2. Descriptive Matrix

Category	Category	Frequency
Country	Brazil	1
	South Korea	1
	Spain	3
	USA	1
	Sweden	1
Language	English	3
	Spanish	4
Design	Qualitative	6
	Systematic Review	1
Database	PubMed	2
	Scielo	0
	Scopus	3
	LILACS	1
	Google Scholar	1
Publication Year	2020	4
	2021	1
	2022	1
	2023	1

Source: Created by authors.

Table 3. Thematic Matrix

Theme		Studies
1. Modality of Shift Handover		2 and 4
2. The quality of shift handover depends on multiple factors		1, 3, 4, 5 and 6
3. Staff-related factors:	2.1 Communication	1, 2, 3, 5, 6 and 7
	2.2 Attitude	2, 3 and 6
	2.3 Level of knowledge	2, 5 and 6
4. Physical space where the handover takes place		1, 5 and 6
5. The lack of standardization in shift handover affects its quality		1, 4 and 6

Source: Created by authors.

### Shift Handover as a Multifactorial Phenomenon

Although shift handover among critical care nursing professionals typically occurs between the incoming and outgoing nurses, additional factors can interfere with the process, such as third-party

interventions or environmental/material factors. According to Paredes, Lázaro, and Vásquez,<sup>11</sup> participants in their study reported that handovers conducted within enclosed patient rooms improved communication among staff during information transfer because there were fewer interruptions. This highlights the need for a quiet environment to enable nurses to focus on the information. Although providing individual rooms in critical care units may be impractical in low-resource healthcare settings, this approach could be applied in other contexts or addressed from alternative perspectives.

Some studies, such as the one conducted by Lofgren and Anderzén,<sup>18</sup> depict five descriptive categories of factors influencing shift handover, derived from interviews with staff. This proves the quality of handover is a multifactorial phenomenon. These five categories include communication among staff, opportunities for learning, patient-centered information collection as a basis for continuity of care, transfer of responsibility, and patient safety and quality of care.<sup>18</sup> When complemented by Jung-Won, Hye-Young, and Youn-Jung,<sup>21</sup> more specific factors emerge, including nurses' high expectations of perfection, lack of mutual respect and cooperative relationships, and insufficient physical space to conduct handovers under optimal conditions. Based on these arguments, it can be inferred that achieving an effective shift handover requires the coordinated effort of multiple stakeholders first to clarify the overall context of each unit, allowing for tailored responses to the specific needs of both the setting and the professionals involved.

#### **Staff-Related Factors:**

- a) **Communication:** A closer examination of the previously mentioned categories reveals additional interacting factors. Rezende, De Mello, and Celestino emphasize the importance of interpersonal communication during face-to-face shift handovers, which involves both verbal and nonverbal language, as the attitudes of both the giver and receiver significantly influence the accuracy of information transfer.<sup>20</sup> These authors also identify parallel conversations, rushed communication, early departure, late arrival, tone of voice, and making jokes as factors that may interfere with effective communication and, consequently, hinder the delivery of relevant information.<sup>20</sup> Similarly, Lofgren and Anderzén<sup>18</sup> emphasize the absence of stress as a crucial prerequisite for effective communication. Participants in their study reported that perceiving colleagues as stressed led to unidirectional handovers, which limited opportunities for questions or feedback and potentially reduced the quality of patient care due to incomplete information.<sup>18</sup>
- b) **Attitude:** Grimshaw, Hatch, Willard, and Abraham note that during shift handovers, novice nurses can benefit from the procedural and experiential knowledge of senior nurses, resulting in advantages for both less experienced nurses and patients, such as reduced variability in care and improved teamwork.<sup>22</sup> Complementing this, Lofgren and Anderzén<sup>18</sup> describe how a "positive attitude" among staff improves communication and is associated with effective handovers, whereas a "negative attitude" correlates with poor handover quality. These findings suggest that handover effectiveness depends not only on clinical skills but also on soft skills such as assertiveness and emotional intelligence, particularly in stress management.<sup>18</sup>
- c) **Knowledge level:** Jung-Won, Hye-Young, and Youn-Jung<sup>21</sup> found that ICU nurses in their study perceived colleagues as often criticizing incomplete work or task deficiencies rather than acknowledging challenges and completed tasks. This illustrates an important factor that can serve as either a barrier or facilitator during shift handovers. Given the high workload, stress, and knowledge demands inherent to critical care, fostering camaraderie and mutual support among nursing staff is essential.

In contrast, Lofgren and Anderzén<sup>18</sup> highlight the benefits of verbal handovers, noting that staff viewed these sessions as opportunities for learning and asking questions, reflecting the influence of organizational culture on team dynamics and handover performance.

- d) Physical location of the handover: Most studies included in this review report benefits associated with conducting handovers at the patient's bedside as a means to enhance care quality. Paredes, Lázaro, and Vásquez, in a descriptive survey of nursing staff, found that bedside handovers reduce the likelihood of forgetting critical information, allow double-checking, and help structure the message being conveyed.<sup>11</sup>

From the patient's perspective, involving them in the shift handover process allows them to participate actively, which increases their sense of security by providing more information, enabling them to participate in decision-making, and promoting personalized care.<sup>23</sup> Moreover, the researchers emphasize that kindness, attentiveness, and humane treatment during handover contribute to patients feeling comfortable and trusting the nursing staff responsible for their care.<sup>23</sup> However, contrasting the benefits of bedside handovers, Paredes, Lázaro, and Vásquez<sup>11</sup> highlight patient confidentiality concerns. In shared rooms, bedside handovers may expose sensitive personal information regarding sexuality, religion, or mental health conditions.<sup>23</sup>

Another relevant consideration in the debate over bedside versus alternative handover locations is the time required and the need for critical care nurses to remain at the patient's bedside, often unable to leave the area due to patient instability or severity of condition.<sup>21</sup>

Given these considerations, most participants in the study by Grimshaw, Hatch, Willard, and Abraham favored a modified handover approach that combined portions of the report outside the patient's room with portions conducted at the bedside. This approach leverages the benefits for both nurses and patients. Furthermore, the authors suggest that providing training on bedside handover to nursing staff could address confidentiality concerns and reduce anxiety for novice nurses.

### **Lack of Standardization in Shift Handover and Its Impact on Quality**

According to Nelson and Massey, as cited in the study by Grimshaw, Hatch, Willard, and Abraham,<sup>22</sup> the implementation of a standardized shift handover using a structured template in addition to verbal reporting resulted in increased nurse satisfaction, improved patient care, and a reduction in handover time. This highlights the challenge faced by healthcare centers, given the diversity of services, patient types, and clinical contexts.

Rezende, De Mello, and Celestino<sup>22</sup> argue that standardized handovers make it possible to organize information better, prevent omissions, and reduce the duration of the process, addressing concerns reported by nurses in studies such as those by Jung-Won, Hye-Young, and Youn-Jung<sup>21</sup> and Paredes, Lázaro, and Vásquez.<sup>11</sup>

Morán and Luna<sup>19</sup> conclude that the handover process lacks standardization, which is related to physical space, tools for structuring information, the participation of other professionals, and the use of unofficial communication channels to clarify omitted information. Jung-Won, Hye-Young, and Youn-Jung<sup>21</sup> emphasize the need to continue developing and applying checklists and to standardize the handover process.

### **Limitations**

One of the limitations of this review is the scarcity of up-to-date information on shift handover published in the last five years. The limited number of field studies has led to a stagnation of knowledge on the factors influencing handover, with most research focusing primarily on communication while overlooking or minimizing other potentially relevant factors. Another limitation is the dearth of field studies conducted in Latin America. The limited number of studies available in the region may compromise the representativeness and contextual applicability of standardized instruments for shift handover.

## CONCLUSIONS

The findings of this review suggest that the quality of shift handover depends on multiple factors that nursing staff, in collaboration with management and organizations, can address. These factors primarily relate to the intrinsic skills of the staff, including mutual respect, emotional intelligence in stress management, and teamwork. The high workload in critical care units significantly impacts nurses' ability to perform their duties, leaving them with less time to manage the large amounts of information that must be retained for each patient. Here, mutual support and collaboration among colleagues emerge as crucial elements that can be either facilitators or barriers.

Regarding material resources, the suggestion by some researchers to use individual rooms for bedside handovers is often impractical in specific economic contexts or in units requiring continuous patient monitoring. As an alternative, conducting the shift handover in two parts—one at the bedside and another at the nursing station—may provide a viable solution. However, this approach requires careful coordination to prevent the loss of relevant information while moving spaces.

External factors, such as background noise, increased staff presence, parallel conversations, and jokes, require nursing professionals to exercise leadership to maintain an optimal and respectful environment during the transfer of critical information. This ensures continuity of care and helps prevent errors or omissions. Additionally, implementing training programs to raise awareness about the importance of the handover process may further strengthen staff competencies and adherence to best practices.

All of the above highlights some of the potential barriers and facilitators that influence effective shift handover among nursing professionals in critical care units, which aligns with the objectives of this research and the goal of contributing to improved patient care quality. However, due to the variability in healthcare services, the need to standardize the handover process requires additional field research that is updated and context-specific. Such research would objectively identify the full range of factors to be addressed, developing a unified instrument to support nursing staff. In this regard, evidence-based practice (EBP) emerges as a key element, as nurses' actions should always be grounded in current and reliable evidence to ensure the highest quality of care.

Ensuring quality of care is fundamental in patient-centered services, and nurses are the primary professionals responsible for delivering this care. Delving into the standardization of shift handover processes is therefore essential, as shown by the findings of this systematic review. This is particularly relevant in critical care settings, where organization and meticulous attention to continuity of care are required due to the high demands of critically ill patients. Nursing staff, particularly leadership, should encourage the use of standardized handover forms or checklists that incorporate the findings of this review, as these tools can enhance handover quality and patient safety. Consequently, it is essential to conduct further research on this topic within different healthcare services.

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