CRITICAL CARE NURSES EXPERIENCES OF TAKING REPORTS OF PATIENTS FROM OTHER UNITS

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Uppsatsens titel: Critical care Nurses Experiences of Taking Reports of Patients From Other Units

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Nivå och poäng: Magisternivå, 15 högskolepoäng

Utbildning: Specialistsjuksköterskeutbildning med inriktning mot intensivvård

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**ABSTRACT**

The critical care unit (CCU) is a unit where different health care professionals work together to care for the patient efficiently. A lot of studies in the past have shown that good communication and transfer of information from one health care professional to the other is an essential aspect in the transfer of a patient’s care. Most of these studies are concentrated on the reporter or informant. Lapses in communication and information transfer could result in unnecessary suffering both for the patient and for the health care worker. There are very few studies on how well the recipient of the information or report understands or comprehends the information passed. The aim of this study was to illuminate the critical care nurses (CCN) experiences of receiving report of patients transferred from other units. A qualitative design was chosen and five CCNs in a particular CCU were interviewed. The analysis was done using the content analysis method. The analysis resulted in four main categories which are: The patient’s situation-a determinant factor, the work environment, communication deficit creates uncertainty and structure enhances report and ten subcategories. The findings showed that CCNs’ experience a feeling of uncertainty as a result of lapses in communication and their work environment and its attendant distractions has a great influence on the quality of the report they receive. To ensure a good quality of care that promotes patient’s safety and job satisfaction, it would be necessary to address the factors that hinder effective communication during handover in nurses’ education programs and clinical practices.

**Key words**: communication, reporting, patients safety, critical care unit.
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INTRODUCTION

The critical care unit (CCU) is a very high technological unit where patients with life threatening conditions are cared for and the working environment means a high tempo (Huffling and Schenk, 2014 & Swedish Intensive Care Register (SIR), 2018). A lot of studies have shown that good and structured communication and information transfer is an essential aspect in the transfer of a patient care from one health care giver to the other. This structured communication model or format involves the description of the situation, the background, assessment and recommendation, and it has the acronym SBAR. This communication model creates room for systematic verbal report. The reporter under the letter S which stands for Situation introduces herself, presents the ward she is reporting from, the name of the patient as well as the patient’s age and possibly the patient identity number. Under S the reporter also describes the situation that brought about the transfer of the patients care. The letter B stands for the background. In this case the reporter presents the patients past medical history and any other thing that could have led to the patient’s present situation. The letter A stands for Assessment, the reporter presents the actual situation of the patient for example the blood pressure, the temperature, how the patient is breathing, if the patient is conscious or unconscious, the medication the patient has received and is receiving. The letter R stands for recommendation. Under this, the reporter describes the next recommended line of action, treatment or care. SBAR model of reporting promotes and enhances patient safety (Municipalities, county councils and regions -Kommunicera strukturerat i vården, 2015). Lapses in communication and information transfer during a patient’s handover could result into injury to the patient (National board of health and welfare, 2018). It is therefore important that both the reporter and the recipient of the report understand one another in order to avoid the risks associated with this.

Inadequacies in communication among health caregivers is one of the most common causes of hospital acquired injury and unnecessary sufferings (The Swedish society of nursing association, 2017). It is the responsibility of the critical care nurse (CCN) to deliver effective, efficient and safe care to prevent injury and unnecessary patient suffering. The Swedish society of nursing (2017) competence description for nurses stipulates that a registered nurse should possess the ability to communicate with other health care teams as well as the patient and their relatives. A Registered Nurse (RN) role means to be able to plan, consult, inform and at the same time collaborate with the other members of the health care team. A lot of studies have been conducted to make the process of handing over information very efficient and effective. Most of these studies for example Matic, Davidson, and Salamonson (2010), bringing patient safety to the forefront through structured computerization during clinical handover; Haig, Sutton and Whittington (2006), SBAR: A Shared mental model for improving communication between clinicians, and many more concentrated on the informant that is the person handing over. There are very few studies on how well the recipient of the report understands or comprehends the information. Therefore, it is important to illuminate the intensive nurse experience of receiving report of a patient from other units.
The intensive CCU and its environment

The CCU is a place and space where patients facing immediate life threatening health conditions are cared for. It is also the place where those who are at risk of or already have, developed failure in their vital system organs, are cared for. These patients are cared for using advanced therapeutic monitoring and diagnostic technology. The objective of the care is to maintain and promote organ and systemic functioning while the patients’ underlying sickness or injury is being treated (SIR, 2018). Hufflings and Schenk (2014) hold the ICU as a fast-paced, noisy environment that may increase the stress for the patient, family, health care workers and may decrease the ability to heal. Johansson, Bergbom, Waye, Ryherd and Lindahl (2012) explained in their study that the noise level in a patient room in the CCU is very high with a maximum level with time weighting (LAF max) that is more than 58dB at 70%-90% of the time. They further explained that this noise or sound is produced by sounds from neighboring patients, technical equipment used in advanced medical treatments. Hufflings and Schenk (2016) explained that the CCU is a very noisy environment with alarms, beepers, overhead pagers and even staff conversations. Tegnestedt, Gunther, Reichard, Bjurström, Alvarsson, Martling and Sackey (2013) put the average sound pressure level in an CCU between 52 – 58dBA in their study, Darbyshire and Young (2013) have pointed out that the peak level of sound in the CCU they studied, was constantly above 60dBA and could at worst, get up to 128dB. According to Hufflings and Schenk (2016), nurses in the CCU may become negatively impacted as a result of the noise level and the working environment in the unit.

Communication in the CCU

The Latin word “communicare” means a mutual exchange of information between one person, group and the other or vice versa (Eide & Eide, 2009, p.16). Fredriksson (2012, p. 218) describes communication as the transfer or exchange of information. Communication can be verbal or nonverbal. A greater percentage of communication occurs nonverbally (body language). The nonverbal expression most often creates a clearer impression than thousands of spoken words. The sender and the receiver can confirm or show doubt to one another through their body language thereby influencing the conversation (Eide & Eide, 2009, p. 21). Effective communication demands clarity on the part of the sender, attentiveness and being observant on the part of the receiver of the information (Nestel & Kidd, 2006).

In the CCU there are a lot of various professionals in the health care team involved in the patients’ care. The CCU receives patients from the surgical theater, the ward departments, the ambulance and the emergency care unit. The National Board of Health and Welfare (2018) pointed out that the most common lapses in information occur during the transfer or handing over of a patient from one unit of care to the other. According to World Health Organization (WHO, 2007) collaborating center for patient
safety solutions, break down of communication is the major cause of medical errors. The communication in the CCU can be complicated as a result of the type of patients admitted in the unit and different health care personal involved in the patients’ care. The CCN is required of the National Board of Health and Welfare to possess good communication skills and be able to enhance adequate transfer of information and at the same time render effective, efficient and safe care to the patient. Registered Nurses (RNS) both a specialist and general nurse should be able to consult, plan, inform and collaborate with the other health care team members.

**Patient safety**

Hälso och sjukvårdslagen (2017:30) stipulates that the patient should be protected from injury. A good collaboration between the different health care professionals involved in a patient’s care enhances patient safety (National board of health and welfare, 2018). SKL (2018) pointed out in a report on SBAR that a structured communication between health care professionals is very pertinent to maintaining and promoting patient safety. There exist a great risk for patients that could result in injury when health care workers are few and are incompetent, for example when they cannot carry out effective and efficient communication due to lack of experience. In a structured communication, no information is missed and the risk for misinterpretation is very minimal (SKL, 2018). Matic, Davidson and Salamonson (2010) explained that lapses in communication lead to increased incidence of injury to the patient and at such, jeopardizes patients’ safety. When a patient is transferred from one unit to the other, there is an increased risk that some important information is forgotten, misinterpreted or misunderstood, that can put patient safety at risk (Matic, Davidson & Salamonson, 2010).

**Theoretical Framework**

To communicate means to exchange or transfer information (Fredriksson, 2012, p.415). It is an important tool used in everyday life to interact with people. In the CCU it is even more important and very pertinent that communications between health care professionals are smooth, efficient and effective in other to enhance and promote patient safety. It is through communication that one is able to understand other people’s experiences or their lifeworld (Fredriksson, 2012, p.416). The lifeworld is unique for every individual and it is characterized by the individual’s experiences (Dahlberg & Segesten, 2010, p. 129). The authors further explains that lifeworld means the way we understand everything in the world and the attitude we assume to approach ourselves and every other thing around us. They mean that existence is characterized by activities and that these activities or movements are what connects us to the world. The body is the framework through which all activities in the world revolve. The lived body is subjective rather than objective (as in the natural science) and filled with experiences, feelings, thoughts and memories that are specific to the individual. These experiences, thoughts, memories and feelings are created and carried by the body (Dahlberg & Segesten, 2010, p.129.). Thus, the way an RN interprets a situation, explains the RNs perception, understanding of his or her interaction and that affects communication with others.

Dahlberg and Segesten (2010, p.200) pointed out that in the health care unit, communication is important, as well as difficult, as it can create a reciprocal
understanding and at the same time conflicts that can lead to friction. Communication lapses during patient handover can lead to injury to the patient and jeopardizes the patient’s safety (Bost et al, 2012). Care injury occurs when the care given to a patient does no longer strengthen or promote the patients healing process (Eriksson, 1994 p. 87). Dahlberg and Segesten (2010, p. 219) explain that any care that does not support or promote the healing process is not necessary at such should be avoided as that does not depict a professional.

Henricson and Billhult (2012) are of the opinion that qualitative research aims at creating knowledge about a phenomenon through the way human beings experiences, interprets and give meaning or associate with the phenomena. Fredriksson (2012, p. 17) pointed out that it is the lifeworld that constitute the base that dictates knowledge. Asp and Fagerberg (2012, p.65-78) added the above by saying that knowledge is accepted when people that possess the experiences narrates the experiences themselves. In relation to the above, it is pertinent to illuminate the experiences of the phenomena being studied in other to fulfill the aim of this study.

**THE RESEARCH PROBLEM**

A lot of studies in the past have shown that good communication and transfer of information from one health care giver to the other is an essential aspect in the transfer of a patients’ care. Lapses in communication and information transfer during handover or reporting of a patient care to another institution or ward is very sensitive, risk filled and could result in injury to the patient. It is very important that both the informant (reporter) and the recipient of the report understand one another in order to avoid the risks associated with transferring information. These risks can be misinformation, omission of very important information, false interpretation and even lack of understanding.

It is very pertinent that a CCN has good communications skills. Patients in the CCU come from various units like the ward department, the surgical theater, and the emergency units and even directly from home through the ambulance. Good communication is crucial to avoid unnecessary patient suffering as a result of poor transfer, reception and comprehension of information about the patient. This communication in the health care unit is referred to as reporting, handing over, patient transfer and hands-off. The author is going to use the word reporting throughout this study. There are a lot of studies on how to make this process of reporting very efficient and effective. Most of these studies have concentrated on the informant which is the person reporting. There are very few studies on how well the recipient of the information or report understands or comprehends the information being reported.

**PURPOSE**

The aim of the study was to illuminate the critical care nurses experiences of receiving report of a patient that is transferred from other units to the CCU.
METHOD

Design
Qualitative research tries to examine human and individuals’ subjective experiences of life and the interpretations these individuals give to these experiences. It is an interpretation of an individual’s lifeworld through the description of what the person tells or narrates about his or her experiences of life (Kristenssion, 2014, p. 116). Polit and Beck (2012, p.17-18) explain that a qualitative approach is needed for a more in-depth understanding of a phenomena based on the individuals’ perspective. The qualitative method with inductive approach studies directly a phenomenon without any connection to an earlier theory on that subject (Polit and Beck 2012, p.14-15). With reference to the above literature and the phenomena (that is the CCN experiences of receiving report of a patient that is transferred from other units) to be studied, the author will undertake the qualitative approach with a qualitative content analysis for this study (Kristenssion, 2014, p. 116).

Sampling
The participants were CCNs with a minimum of one year clinical experience in the CCU. These nurses are constantly involved in taking reports of critically ill patients transferred from other units. The interview was carried out in one of the CCUs of a hospital in the Western region of the Sweden. Initially, the heads of the two units were asked if their unit could participate in the study. One of them declined. The second CCU accepted to participate in the study and a written information letter containing the aim and purpose of the study was sent to head of the unit (attached as appendix A). Attached to that mail was also information to the prospective informants (appendix B) as well as a letter of consent (appendix C). A total of six CCNs were selected by the head of the unit based on their years of experience in the intensive care units, men and women were selected based on their willingness to participate in the study. The interviews were conducted on two different days as agreed by the participants. The dates, time and place were scheduled at informants convenience, so that they were not pressured to schedule a date or time that did not suite them. The interviews took place in a private room that the informant considered conducive for them. A total of five CCNs were interviewed, two male and three female nurses with varied years of experience ranging between 2 ½ years- 23 years. The sixth nurse could not be interviewed because of unforeseen illness.

Table 1. Demographic data.

<table>
<thead>
<tr>
<th>Informant</th>
<th>Sex</th>
<th>Profession</th>
<th>Years of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>CCN</td>
<td>5 ½ years</td>
</tr>
</tbody>
</table>
Data Collection

The aim of the study was to seek understanding of the CCNs experience or perception of taking over report of patients from other units. In order to understand this phenomenon, the author wanted to hear directly from the CCNs about their experiences of taking the report of a patient from other units. Danielsson (2012, p. 165) pointed out that a qualitative interview creates the opportunity for the researcher to understand the informants’ experiences or perceptions through the narrative of their experiences of the phenomena in study. Danielsson further explained that it gives the informant the opportunity to narrate in their own words even though the perception of the phenomena can vary from person to person. The researcher in a qualitative research interview brings to focus the daily conversation between individuals. It is the researcher that brings structure and meaning to the conversation with the sole aim of creating or discovering new knowledge (Kvale & Brinkman, 2014, p. 17-19). Open interviews were done in this study. The interviews started with a question where the researcher asked the participants to explain how long they had worked in the intensive care units and were patients usually come from just to get the interview started. The main question was “What does it mean for you to care for a patient that is critically ill, can you explain your experience of taking the reports of these patients when their care is being transferred from other units to your care?” Follow up questions were used like: “Can you explain more? What actually do you mean? What does that mean to you?” The interviews lasted between 22-33 minutes and were recorded by a voice recorder on a mobile phone.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Female</td>
<td>CCN</td>
<td>3 years</td>
</tr>
<tr>
<td>3</td>
<td>Male</td>
<td>CCN</td>
<td>2 ½ years</td>
</tr>
<tr>
<td>4</td>
<td>Female</td>
<td>CCN</td>
<td>17 years</td>
</tr>
<tr>
<td>5</td>
<td>Female</td>
<td>CCN</td>
<td>23 years</td>
</tr>
</tbody>
</table>
**Pre-understanding**

Every human being that exists on the planet earth has a life world born out of the experiences we have during our interaction with the environment. Pre-understanding can present itself as a pre-knowledge or pre-conceived meaning about phenomena. According to Dahlberg, K., Dahlberg, H., and Nyström, (2008, p. 134-135) pre-understanding has the capacity to cloud researchers’ mind, which in turn can hinder or facilitate the researchers’ understanding of the phenomena objectively. These authors further explained that pre-understanding enhances the foundation of understanding but can at the same time obstruct openness. Dahlberg, (2014, p. 69-70) explained that the importance and the necessity for a researcher to be consciously aware of his/her pre-understanding, that it is put in check all through the process of the study. As an RN, I presently work in both surgical and medical units and have participated in both receiving and reporting information about patients. However, I have consciously tried to restrain my pre-understanding so that it did not hinder my attempts to discover new knowledge from this study.

**Data analysis**

According to Elo and Kyngäs (2008) content analysis is a method that could be used both in the analysis of qualitative and quantitative data. This analysis could be used in a deductive form. In this case the analysis is done based on previous knowledge and theory. An inductive approach is used in a situation where there is scanty knowledge about the phenomena of study. The use of either inductive or deductive approach in content analysis is dependent on the purpose of the study. The inductive qualitative content analysis method was chosen for this study. The inductive approach analyses the interview material in parts so as to be able to grasp a complete meaning. Elo and Kyngäs (2008) explained further that the inductive approach involves a process of open coding, creating categories and abstraction. Open coding entails that while the researcher is reading through the interview materials, notes and headings are made by the side. These interviews are read over and over again, and each times any sentence or word that makes a meaning or answers the research question, a note is jotted at the side. These meanings are then coded, brought together to form a group depending on how they relate to one another. A collection of the several codes that relate to one another forms a sub-category and from the sub-category a more embracing category is created. Cavanagh (1997) pointed out that the reason for creating a category is to develop a means of describing the phenomena, to enhance understanding and at the same time create knowledge. Abstractions involve developing a general interpretation of the phenomena through the creation of categories. Each of these categories is named using the contents most descriptive word (Elo & Kyngäs, 2008). In order to be true to the method as described by Elo and Kyngäs (2008), the interviews in this study were read over and over again and tentative meanings were jotted and noted in the margins of the transcripts. These notes identified the meaning units in the text that were related and at the same time answered the aim of the study. These meaning units were then compressed and coded. All the coded units that were related to one another were then grouped together to make up the sub-category. The names given to these sub-categories were based on the content characteristic word. The sub-categories were read several times in order to abstract and group into a category. The category and the sub category are what sums up the result of the study.
### Table 2. Example of the analysis

<table>
<thead>
<tr>
<th>Meaning units</th>
<th>Code</th>
<th>Sub-category</th>
<th>Main-category</th>
</tr>
</thead>
<tbody>
<tr>
<td>What I mean of course, if one is standing alone in the middle of a situation with a patient that is critically sick, it is apparently obvious that one looks only at the vital signs and perhaps forgetting to report that there is a walking frame that the patient uses when they go about, they have a pain plaster and many more------</td>
<td>Focus on life-threatening situations</td>
<td>The reporter’ focus on the vital signs</td>
<td>The patient’s situation a determinant factor</td>
</tr>
<tr>
<td>At times we receive very little information and that, of course, can be very difficult and annoying. That one has to work with very little information on a patient that one knows next to nothing about and at the same time administer very potent medication, that alone creates a lot of stress</td>
<td>The deficient report creates stress and a sense of uncertainty</td>
<td>Feelings of uncertainty</td>
<td>Communication deficit creates uncertainty</td>
</tr>
</tbody>
</table>

### Ethical considerations

In every research process, it is very pertinent and important to be careful of how the individuals and materials used in the research are approached, obtained, and addressed. There is a demand placed on the researcher to follow four criteria in every research process. The criteria are confidentiality, consent from the participant, adequate information, usability demand (Swedish research council, 2017). The author ensured that these criteria were met all through the process of this study by ensuring that the participants were well informed about the purpose of the study. They were also informed that they could choose to withdraw at any time without being obliged to explain their reason for withdrawing. The participants were assured that their confidentiality would be maintained all through the study and material from the
interview was going to be destroyed after the work was approved. This information was given verbally and written. They all understood and were able to give their consent for the interview.

**FINDINGS**

From the analysis four categories and ten sub categories emerged, and they are presented in the table below.

Table 2. Description of findings.

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub category</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient`s situation- a determinant factor</td>
<td>Reporting the acutely sick patient.</td>
</tr>
<tr>
<td></td>
<td>Reporting the more stable patient.</td>
</tr>
<tr>
<td>The work environment</td>
<td>The influence of a high work load.</td>
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<tr>
<td></td>
<td>The influence of a noisy environment.</td>
</tr>
<tr>
<td></td>
<td>The effect of lack of time.</td>
</tr>
<tr>
<td>Communication deficit creates uncertainty</td>
<td>Effects of inadequate knowledge</td>
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<td></td>
<td>Effects of the focus of the reporter.</td>
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<tr>
<td></td>
<td>Effects of lack of experience.</td>
</tr>
<tr>
<td>Structure enhances report</td>
<td>The use of communication tools.</td>
</tr>
<tr>
<td></td>
<td>The use of helpful strategies.</td>
</tr>
</tbody>
</table>

**Patient`s situation- a determinant factor**

This study shows that the patient’s situation at the reporting time is a determinant factor on how the CCN experiences the report. The informants explained that the state of the patient at the time of report to a greater extent can affect the report negatively or positively. This they said in turn can enhance, promote or undermine the patient’s safety.

**Reporting the acutely sick patient**

From the interview materials, it emerged that most of the CCNs experienced that when an acutely sick patient was reported, the report most of the time was not structured, and the report itself became very stressful. The concentration on the report was minimal as they were eager to start attending to the patient immediately. This was in order to avert
danger. The informants went on to explain that the most important thing at that point in time was to stabilize the patient’s condition and after, may be if they found time, they could read through the journal for more information on the patient. One CCN said:

“We have a lot of patients that are acutely ill transferred to us. These patients eh(--- cannot maintain a patent airway, or they may be bleeding profusely or even have a low blood pressure that require immediate attention. We may need to attend to the patient first, get prescriptions from the doctor. In this case it can be..... Kind of non-structured report and it can be a very stressful moment”.(Inf.2).

Some of the CCNs also pointed out that when a very critically sick patient was transferred to the unit, the report could be very short and less detailed depending on the patient’s situation. At times it could be that they did not even know the identity of the patient and, they did not know anything about the background of the patient. At times the only information they had may be just that the patient is unconscious, has been involved in a road traffic accident, or physically abused. This, they said, created a feeling of increased stress and uncertainty.

**Reporting the more stable patient**

On the contrary the CCNs described their experiences of taking a report of a more stable patient as very good and satisfactory. They pointed out that the report from a stable patient is usually more detailed, as the CCNs then are able to sit down, concentrate, not stressed and are able to ask questions on issues that they are not clear with. Most of these patients that are stable usually come from a CCU from another hospital. This kind of report, they explained, gives them room for clarification and that it promotes patients safety. They also pointed out that reporting give them a feeling that they are in control over the situation as they had a feeling that knowledge is power.

“The report from other intensive units in the region is very good. The patients are more stable; one takes a report that is well planned and detailed. One can sit in a separate and secluded room , it is usually a quiet report, there is possibility to ask questions eh--- -- so that one ensures that one has a clear understanding of the situation”.(Inf.1).

Another ICU nurse described the report of a more stable patient like this.

“That was absolutely the best report. It contains the facts that we need to be able to take over the care of the patient in the best possible way”. (Inf. 3).

**The work environment**

From the analysis of the interviews, it was noted that the work environment had a great influence on their daily work, care of the patients and even their relationship with others involved in the care of the patients. All the interviewed persons attested to the fact that their work- load was very high and this made them work constantly under pressure and stress. They also said that the environment is usually very noisy and the work most of the time is done fast-paced. They pointed out that there is a risk for breaking the patient’s confidentiality as most of the time the report is done inside the patient’s room.
The influence of a high workload

From the interviews, it was noted that the CCNs had a very high workload. This they explained made it difficult for them to concentrate during the report. They expressed the feeling of “not being enough” as most of the time they were doing two or three different things at a time. This they said created a feeling of divided attention and drains the brain, which in turn affected their ability to concentrate during the report.

“ That is very stressful, as one does not have focus on what one should have focus on, which is the patient one needs to transfer out. One is thinking, have I done all that I needed to do, have I aspirated the Noradrenalin from the central vein line, have I removed the arterial line, have I called the patients relatives to inform them about the transfer of the patient from the CCU to another unit, and at the same time one hears with the other ear ehh----- he requires very high Noradrenalin dose, we are starting up Codarone infusion. That I mean is not optimal”. (Inf.2).

They explained further that the high workload puts their brain constantly under pressure as there are many thoughts going on. This, they said, was not economical and made it difficult for them to be receptive of new information during report.

“ There is no cooperation, there is so much to be done, at times it is needful that the brain winds down so that one can finish a thought process. It is more economical for my brain to finish a thought process before jumping over to another so that my brain can be calm and receptive for new information”. (Inf. 2).

The influence of a noisy environment

The ICU nurses described the environment in which they work in as usually noisy. They explained that there are all kinds of alarms from equipment. It could be the alarm that goes on and at that moment that distracts attention from the report, as one has to go and check why, and fix the situation. This, they said, does not give room for to concentrate on the report. They also said that these distractions bring about a break in the flow of the report and distorts the continuity. This distortion can lead to certain information being missed. “ it is very tiresome and annoying with lots of noise around you. One cannot focus on the report”. (Inf.2)

Another ICU nurse described the environment in this way-

“ With many interruptions in the reporting, it can happen that certain information is missed. It could be me that is taking the report or the reporting nurse that misses some very important information whenever the process is interrupted, either by a telephone call or an alarm or whatever”. (Inf. 1).

In very acute cases or situations, there can be a lot of various health care professionals trying to help out with one thing or the other. This makes the environment very unconducive, rowdy and not ideal for report taking. It is also very difficult for the ICU nurses to leave the environment to go to a quieter place for the report at that point in time. This is because the ICU nurse is the one responsible for that particular patient and at such would want to be present to be able to have full control of what is happening to the patient.
The effect of lack of time

Lack of time is also one of the issues that the nurses described could influence their report taking. They explained that because of the workload in the ICU, they can hardly make out time to go through the documented report on the patients. They said that most of the time the verbal report is very scanty and contains very little information about the patient. There could be documented information in the patient’s journal where nurses could get more information about the patient, but because of a heavy workload and lack of time, they end up not reading the patient journal to get the additional information they may need to take good care of the patient.

“We have very little time and very little time to read documented------because we have so much to do. We often don’t get the time to sit down to read the patients journal. This is why i think that it is very important that the one reporting should give a very good report, because we do not meet up with the time to sit down and read documented report on the patient”. (Inf.5).

They also explained that the lack of time could be as a result of that the ICU nurse and other health care professionals involved in the patient care do not work together at times. This makes it difficult for the ICU nurse to organize her work and create time to sit down and go through the patient’s journal. One of the nurses said

“ It is so tight, we do not work together anymore, we work parallel with one another and we are very stressed. It could be that when i make out time to read through the patients journal, that is when the doctor will come to do something on the patient, or example to set in a central vein catheter, or would want to do an ultrasound. It is very difficult and time consuming when things are not planned and organized”. (Inf. 5).

Communication deficit creates uncertainty

Communication deficit is one of the issues that were identified from the analysis. The deficit could be as a result of inadequate knowledge, lack of experiences or even the focus of the report. Such deficits, they explained, could affect their reception of the report. They pointed out that good communication enhances the report and promotes patient safety while a deficit communication can create stress and feeling of uncertainty. This they said can jeopardize patient safety.

The effects of inadequate knowledge

The CCN explained that when the reporting nurse is not knowledgeable enough about the patient they are handing over, the report is usually scanty and does not contain very useful information needed for the patient care. They went on to explain that the lack of knowledge could be as a result that they themselves did not have the information needed because of the acute nature of the patient’s case. It could be for example that the patient was unconscious or in a very critical state when they arrived the emergency unit.

“Of course one has been involved in a report or hand over where one did not g adequate information or good report. One has this feeling of not knowing what is before
him, one has this feeling of uncertainty because the report has been lacking in information. One becomes stressed because one wants to know more”. (Inf. 4).

They also explained that it could be that the reporting nurse did not know much about the patient, because he or she has not been actively involved with the patient or may-be had been with the patient a very short time. In this case, the reporting nurse did not know much and at such could only give a report based on the little information she had.

“ At times the patient can come from the theater and in this case, the anesthetic nurse that has anaesthetized the patient and was with the patient during the operation is relieved and a new nurse anesthetist takes over the patient just before the patient is moved to the ICU. This new nurse is expected to report on this patient that she hardly knows anything about. In this case, the report can be lacking in content, not because they do not want to give a good report but because they do not have much information to give”. (Inf. 4).

Effects of the focus of the report

From the interview materials it was gathered that the focus of the reporter or the person handing over the report affected the handing over process. The CCNs explained that when the nurse in the other units has a patient which the condition suddenly deteriorates, because of the stress, the nurse only focuses on the immediate life threatening situation in his or her report and pays less attention to other conditions that this particular patient may also have. They explained that the ward nurse pays less attention to and did not mention in her report could be something that may be very important for the patient care. For example it could be that the patient has a pain plaster, a walking frame, or even a Pacemaker. This information is lacking in the patients report and that can affect the patient care negatively.

“I mean we all know that if one is in a middle of a very stressful situation, that a patient condition is very critical, so it is very easy that one pays more attention to the vital functions and perhaps one forgets that there is a walking frame that the patient has when they are up and about----, that the patient has a pain plaster on the arm and little things like that. These things are as well very important”. (Inf. 3).

Effects of lack of experience

The experience of the person reporting plays a very important role on the quality of the report that is being given. An experienced nurse is usually less stressed, well-coordinated, well prepared to deliver a report that is considered good. If one is inexperienced and young, the person is more prone to becoming stressed in a very critical situation. When one is stressed, the ability to concentrate, coordinate, organize and deliver a structured report becomes diminished. These results in a very bad report lacking in contents, and the tendency to forget important information is increased.

The informants explained that most of the nurses in the ward units are very young and inexperienced. This, they described, was a hindrance to a good report. They said that most of these young nurses become easily stressed, lacks coordination and the ability to give a good report in a very critical situation. This, they said, results in some information about the patient being missed or reported wrongly.
"The nurses in the ward units are not used to acute situation. They perceive that as very threatening. Most often these nurses are very young and in experienced, they are very stressed that eh--- eh------ they lose structure and that affects the report, the report becomes very short lacking content and very stressful". (Inf.3).

**Structure enhances report**

All the CCNs interviewed agreed to the fact that structure enhances a good report and at such increases patients safety. According to the nurses a structured report creates a kind of safety feeling that enhances the CCNs work. It should also be in tune with the written down guidelines regarding reporting. They explained that when a report is structured, the tendency for that reporter to miss important information becomes very minimal. They also said that a structured report enhances receptiveness as the report is easy to follow and very clear.

**The use of communication tools**

The nurses pointed out the importance of communication tools in reporting. They explained that the use of communication tools in reporting gives structure, clarity and makes the report easy for people to report and receive report with minimal stress. They said that these tools could be like a written down model for reporting for example the SBAR. They said that when there is structure in a report, the person giving the report becomes more confident, less stressed and is able to give a good report, knowing that he/she is less likely to miss anything. The person receiving the report (CCN) is also less stressed and more receptive as all information needed is being handed over to her in a well-planned and organized manner. The CCNs explained that this kind of report created a feeling of safety for them and kind of empowered them to work with that feeling of having control over the situation.

They pointed out that using the SBAR model makes sure that no information is left out; the report is short but concise, lacking nothing.

"It is very good if one can stick with the SBAR model of reporting that presents the report that is short is short but concise. Generally, I think that eh------ with a structured report, we know what the patient has and what we must do and we have a kind of control over the situation”. (Inf.2).

**The use of helpful strategies**

The nurses explained that before the reporting, they try to do things that could be helpful in the report process. They said that they could use writing pads so that they could write down information reported to them and at the same time write down instructions made by the doctors. They do this so as to be able to remember them later. Some of the CCNs also said that to ensure that no information is missed, they make sure that, if possible, and more than one staff is present at the report. These staff must be those that are directly going to be responsible for that particular patient. This they do so that they will not be the only person taking or listening to the report. Doing that also serves as a safety measure, because that all of the staff present at the report would miss the same information at the same time would be unlikely. They also said that this kind
of strategy helps to create more time to attend to the patient rather than reporting to a nurse who in turn reports to the nursing assistant.

“*I normally have a writing pad with me. And I try to write down things that I want to remember, even prescriptions that the doctors make. This is just to be------ able to remember what was said, because there can be very much information, and many people asking questions*”. (Inf.2).

Some of the CCNs also said that when information about certain things are lacking in the report, that they normally do a quick assessment of the patient using the ABCDE model. This, they said, does help them to get more information about the patient, gives them a clearer understanding of what they have before them, and knowing which measure to take next.

“*So it is a bit difficult, one does not know where to start from, so one has to go back to the ABCDE. No matter what the situation, one still needs to prioritize, airway is still airway, so one just have to make do with this until one is able to get more information to work with*”. (Inf.2).

**DISCUSSION**

**Discussion of findings**

From the findings it was clearly noted that clear and structured communication was very important for an effective handover. Promoting patient safety and good quality patient care demands a good communication (Chaboyer, Corley, Hammomd & Fraser, 2013; Nagpal et al. 2010). The purpose of this study was to illuminate the CCNs experiences of taking report of patients from other units. However from the analysis of the interview materials it emerged that the CCNs experienced that the patient situation at the time of report, the work environment in the CCU and communication deficits created a feeling of uncertainty. This, they said could jeopardize the patient safety and create unnecessary suffering for the patient and created a lot of stress to the CCN. On the other hand, the CCNs experienced that a structured report enhanced their receptiveness and at the same time gave them the feeling of control over the situation.

**Feelings of uncertainty as a result of communication failure**

In every handover, communication is one of the tools used for the transfer of information from one person to the other. From the findings of this study it was noted that deficit in communication during a handover could be as a result of inadequate knowledge, lack of experience or even the focus of the person handing over. These factors resulted in a poor quality handover lacking structure, scanty reports, containing little or no useful information and even omission of very important information. With the above, the CCNs are less stimulated, stressed and have the feeling of having lost control or the feeling of uncertainty. The CCN is left with the saddle of searching information on the patient from other sources. This they said created stress, increased their workload and at the same time put the patient’s safety in jeopardy and could even affect the health of the CCNs. Moss, Good, Gozal, Kleinpell and Sessler (2016) explained that the high level of continuous and excessive stress in a CCU could result in
poor patient management, thus putting the patients safety at risk. They said that it could also lead to CCNs developing “Burnout syndrome”. They further explained that burnout syndrome can result in decreased effectiveness, increased numbers of medical errors, lower patient’s satisfaction, and poor work performance. Continuous excessive stress they said could be as a result of high workload, insufficient time, limited resources, and limited information to effectively care for the patient. On the other hand Kowitilawakul et al. (2015); SKL (2018) explained that the use of checklist and SBAR during handover is very helpful in information management. They said that it helps to ensure that important information about the patient is not missed there by reducing stress for CCN and enhancing patient safety

Lack of experience in an acute situation could affect the quality of the report. An inexperienced nurse is prone to stress in a critical situation. Stress reduces the ability to concentrate, coordinate, organize and deliver a structured report. Kowitilawakul et al. (2015) explained the effect of inexperience on effective handover. They said that inexperience could result in omission of information and irrelevant information being communicated. They even gave instances were less information is transferred by an experienced staff to less experienced staff. On the other hand it was noted that the CCNs expressed a feeling of satisfaction when they received report from a more experienced nurse or from other CCNs from other CCU. Cohen and Hilligoss (2010) pointed out that handover between personnel with similar training and competence has a greater chance of high quality handover as the two parties share the same mental model.

The effects of work environment on reporting

The environment where a report takes place plays a significant role on the concentration, receptiveness and quality of a report. The CCNs in this study expressed that the environment made it difficult for them to concentrate during report with a risk for misinterpretation or omission of certain information further jeopardizing the patient safety. Australian commission on safety and quality health care (2010), and Swiger, Vance, and Patrician (2016) pointed out that high workload, distraction and stressful environment can negatively affect communication during a patient handover. This was also supported by Smith, Pope and Goodwin (2008). According to Westbrook et al. (2010) distractions and interruptions during a handover could bring about cognitive failures which in turn could lead to loss of important information that could hinder optimal care.

As most of the report is done bedside, the CCN expressed fears and worries that patient confidentiality is being put at risk as there are other patients present in the same room. This creates worries and anxiety for the patient and can further complicate the patient’s already existing critical situation. This is affirmed by Bruton, Norton, Smyth, Ward and Day (2016). Not having enough time to read through documented information on the patient was also one of the issues pointed out by the CCNs. Perush, Simoneau and Foster et al. (2010) pointed out that available documented journals are rarely used during verbal handover. CCNs in this study expressed the need for a well detailed and organized verbal report. Chaboyer, Corley, Hammond, and Fraser, (2013) explained that nurses rely on detailed and thorough report. They said that this information guides the nurses in making complex decisions about the patients care. The CCNs expressed the need for good cooperation between other health care professionals involved in the
patients care. The cooperation will enable them to plan, organize and create time to read the patient’s journal.

**Sustainability in the CCU**

Sustainability as defined by the Brundtland commission (1987) is a sustainable development that meets the need of the present day without compromising the possibility of the future generation to meet their own needs. Anåker and Elf (2014) described sustainability in nursing as the core of knowledge which has its’ foundation on globalism, ecology and holism. Sustainability involves the consideration of the environment at all levels. This entails the application of measures that contribute to development that upholds an environment and that does not harm the present and future generation’s opportunities to maintain a good health. To remain healthy, one must have access to clean air, clean water, be free from poison or poisonous substances, have access to nutritious food and live in a stable climate. The absence of these necessities results in ill health. The CCU is one of the most resource intense environments, the environment is stress filled and very noisy, with high energy consumption and waste production that are very toxic (Hufflings & Schenk 2014).

Hufflings and Schenk (2014) explained in their study that noisy environment is not ideal for healing. Noise in the environment has been shown to cause sleep disturbances. It has also been shown that there is a relationship between CCU delirium and sleep disturbances as a result of the noise level in the CCU (Laharyiya, Grover, Bagga &Sharma 2016; Laske & Stephens 2016). However, Hufflings and Schenk (2014) on the other hand, pointed out that a healing environment not only encourages quick recovery to the patient and families but that it could also increase job satisfaction and staffs’ commitment to work. The CCNs knowledge on sustainability and its components (ecology, globalism and holism) and how they could affect health if not properly considered in nurses day to day work is very essential in order to promote good health and enhance job satisfaction. Goodman (2016) argued that though there are well defined attributes of sustainability in nursing, there is not enough research into sustainability in nursing literatures. Goodman (2016) is of the opinion that accessing none nursing and gray literatures by nurses would help to give nurses a better understanding of sustainability. Goodman further explained that the absence of the understanding of sustainability and its inclusion in nursing education will leave the nurses in a very shallow understanding of sustainability and its’s connection with social and health inequalities.

**Discussion of method**

The purpose of the study was to illuminate the CCNs experiences of receiving report of patients from other units. The qualitative design was considered suitable for this study. The qualitative research method is applicable in studies where human’s experiences are studied. It gives an interpretation of an individual’s lifeworld through the description of what the person tells or narrates about his or her experiences of life (Henricksson &Billhut 2012; Dahlberg & Segesten 2010; Kristensson 2014). To ensure the credibility of this study, the author has carefully described the step by step process undertaken during the course of this study. For a better variation in the sampling, the age, sex and the years of experience was considered a factor. According to Polit and Beck (2012,
p.517) this helps to strengthen the credibility and dependability of the study. The size of the sampling one can describe as small. Kvale and Brinkman (2008) explained that what is most important is the quality and content of the interview. Elo et al (2014) however, explained that in a qualitative study, there is no normal acceptable sample size. They said that the optimal size is dependent on the purpose of the study, the research question and the richness of the data collected.

The intention of the author was to conduct an interview in two different CCUs in two different hospitals within the same geographical location. The author was only able to carry out the interview in a CCU in one hospital as the second CCU declined participation. The author implored the unit head to help in choosing the participants based on the inclusion criteria and the participants interest. Though the CCNs work in the same unit, it could be possible that the participants may have talked with one another and that could have affected the result of this study. The author also wonders if the result would have been different if CCNs from other CCUs in another hospital were interviewed. It could be noted however that the author is not an expert in interviewing and may lack experience in interview technique. Nunkoosing (2005) clearly explained that there is always a shift of power back and forth between the interviewer and the informants. He said that the interviewer and the informants constantly seek to equalize their respective authorities. It is the responsibility of the interviewer to know that he has the authority as the seeker of knowledge and methodological information while informants are just privileged knowers. They went on to explain that the interview exposes the thinking of the informant that is transformed into talk, and later text by the interviewer. This text is further scrutinized by the interviewer and then the reader.

The author has used open ended questions with follow up question in this study. Professional relationships could have affected the result. This was because the author shares experiences with the participants and at such there is increased risk of not asking a follow up question. To reflect upon the pre-understanding was therefore very pertinent. Anderson (2006 ,p. 44) explained that pre-understanding can becloud a researchers mind and could make the researcher interpret or measure wrongly. The interview was conducted in the Swedish language and was literally translated to English. The interviews were carefully and literally transcribed. The text was analyzed using Elo and Kygnärs (2008, 2014) content analysis method. The transcribed interviews were read several times and the words or sentences that answered the purpose of the study were noted. Schreier (2012) recommended that analysis of data should be done by more than one person. This is very essential as the author is alone in this study and as such would need someone to discuss ideas with. Therefore, discussion concerning the relevance of the presentations of categories and sub-categories has been discussed with the supervisor. Elo et al (2014) further explained that to strengthen the trustworthiness of the study, it is important to ensure the conformability of the findings. This they said it entails being able to present the findings accurately in conformation with the collected data. This helps to ensure that the interpretation of the data is not just fabricated by the interviewer. This process of reading, coding, abstraction and grouping was done over and over again to ensure that all relevant meanings that were related are abstracted and grouped rightly. To further strengthen the credibility and the trustworthiness of this study, the author has used citations from the interview materials in the presentation of the findings. Sandelowski (1994, p. 482) explained in a classical publication that a
study’s `credibility is strengthened and the validity increases when a citation of the participant is included in the result.

CONCLUSION AND CLINICAL IMPLICATIONS

Reporting over of a patient is an activity that happens constantly and on a daily basis in a CCU. Most of these reporting are done verbally. The report needs to be effective and efficient so as to promote patient safety and give job satisfaction. To report means to transfer information (communication) or responsibility to another person. The communication must be efficient and effective both on the part of giver and the recipient of the report. This study has shown that there are quite a lot of factors that could hinder an efficient reporting. To ensure good quality of care that promotes patient safety and job satisfaction it would be absolutely necessary to address these factors that hinder effective communication during reporting in the education programs and clinical practices of nurses. Issues have been raised by the CCN in this study which I believe if addressed could improve communication during handover in a CCU.

It has been noted that there are very few studies done regarding the experiences of CCN in taking reports of patient from other units. The author is of the opinion that more research needs to be done in this area to generate more knowledge that will improve this situation. For example research on what a CCN considers a good report, or CCNs experiences of the differences in reporting between a fellow CCN and a Registered Nurse (RN).
REFERENCES


**Appendix**
INFORMATIONSBREV TILL VERKSAMHETSCHEF.
Jag är sjukskörerska och studerar till specialistssjuksköterska med inriktning mot intensivvård vid Högskolan Borås. En del av utbildningen utgörs av ett examensarbete på magisternivå vilket jag kommer att genomföra som en kvalitativ intervjustudie. Syftet med examensarbetet är att belysa intensivvårdsjukskörerskor upplevelser och erfarenheter av att ta emot rapport från olika akutverksamheter och andra vårdavdelningar vid överrapportering av patienter. Rapportering av en patient från ansvarig sjukvårdspersonal till annan sjukvårdspersonal eller sjuksköterska är en viktig del av kommunikation som sker på arbetsplatsen. Enligt socialstyrelsens kompetensbeskrivning skall en sjuksköterska ha god förmåga i att kommunicera för att upprätthålla hög patientsäkerhet. Tidigare forskning har visat att överrapportering av patienter som sviktar i vitala funktioner är riskfyllda och en bristfällig kommunikation kan orsaka ökat lidande och äventyra patientensäkerhet.

Jag behöver ditt tillstånd att intervjuar 5-7 intensivvårdsjuksköterskor för att kunna uppfylla examensarbetets syfte. Deltagarna, dvs. intervjuuppersonerna kan med fördel vara både män och kvinnor i olika åldrar men med minst ett års yrkeserfarenhet samt erfarenhet av att ta emot rapport av patienter som sviktar i vitala funktioner. Jag skulle därför vilja få hjälp av er att tillfråga och välja ut intensivvårdsjuksköterskor som du anser skulle ha intresse i att delta.

Sjuksköterskor kommer att intervjuas på arbetsplatsen i ett enskilt rum eller på en plats de själva föreslår och intervjun kommer att ske under vecka 44-46. Varje intervjuetillfälle beräknas ta cirka en timma och spelas in digitalt. Intervjuerna kommer att skrivas ut i text vilka behandlas konfidentiellt och det är endast författaren och handledare som kommer att ha tillgång till utskriften. Materialet kommer att förstöras efter examensarbetet är godkänt. Resultatet kommer att presenteras så att ingen person kommer att kunna identifieras. Examensarbetet kommer att publiceras i databasen DIVA vid Högskolan i Borås bibliotek.

Jag har bifogat informationsbrev till intervjuuppersonerna med detta brev. Jag är glad om du vidare befordrar brevet till de sjuksköterskor som kan tänka sig delta i studien. Har du några frågor gällande studien så ta kontakt.

Med vänlig hälsningar
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INFORMATIONSBREV TILL RESPONDENTERNA
Jag är sjuksköterska och studerar till specialistssjuksköterska med inriktning mot intensivvård vid Högskolan Borås. En del av utbildningen utgörs av ett examensarbete på magisternivå vilket jag kommer att genomföra som en kvalitativ intervjustudie. Syftet med examensarbetet är att belysa intensivvårdssjuksköterskors upplevelser och erfarenheter av att ta emot rapport från olika akutverksamheter och vårdavdelningar.

Rapportering av en patient från ansvarig sjukvårdspersonal till annan sjuksköterska är en viktig del av den kommunikation som sker på arbetsplatsen. Enligt socialstyrelsens kompetensbeskrivning skall en sjuksköterska ha god förmåga i att kommunicera för att upprätthålla hög patientsäkerhet. Tidigare forskning har visat att överrapportering av patienter som sviktar i vitala funktioner är riskfyllda och en bristfällig kommunikation kan orsaka ökat lidande och äventyra patientenssäkerhet. Med detta brev bjuder jag in dig som är intensivvårdsjuksköterska att delta. Du bör ha minst ett års yrkeserfarenhet samt erfarenhet av att ta emot rapport av patienter som sviktat i vitala funktioner.

Intervjuerna kommer att ske på en plats som passar dig och kommer att ske under vecka 44-46. Varje intervjutilfälle beräknas ta cirka en timma och spelas in digitalt. Intervjuerna kommer att skrivas ut i text vilka behandlas konfidentiellt och det är endast författaren och handledare som kommer att ha tillgång till utskrifter. Materialet kommer att förstöras efter godkännande av uppsatsen. Resultatet kommer att presenteras så att ingen person kommer att kunna identifieras. Examensarbetet kommer att publiceras i databasen DIVA vid Högskolan i Borås bibliotek. Deltagandet är frivilligt och det innebär att du kan avbryta din deltagande när som helst utan att förklara varför. Jag hoppas därför att jag har väckt ditt intresse och att du är villig att delta i studien. Har du några frågor gällande studien så ta kontakt via

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Appendix C.

Samtyckesformulär
Informert samtycke för deltagande i intervjun om Intensivvårssjukköterskans upplevelser av att ta emot rapport från olika akutverksamheter och andra avdelningar.

Jag har fått den skriftliga och muntliga informationen om examensarbetet om ”Intensivvårdssjukköterskans upplevelser av att ta emot rapport från andra enheterna. Jag ger mitt samtycke att vara med i studien och förstår att mitt deltagande är frivilligt och att jag kan avbryta när som helst utan att förklara.

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Underskrift                              Namnförtydligande.

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Datum.