

Bedside Handover using Patient Family Centered Care on Patient Safety and Patient Satisfaction: A Systematic Review

Ismuntania¹, Kartika², Nursalam³, Fakhryan Rakhman⁴, Nurlela Mufida⁵, Idawati⁶, Maulina Iriyanti⁷, Zulfikar⁸, Muzaffar⁹, Siti Damayanti¹⁰, Fitri Apriani¹¹, Alfi Syahri¹²

^{1,2,3,5,6,7,8,9}Universitas Airlangga, Indonesia

⁴STIKes Medika Nurul Islam, Aceh, Indonesia

^{10,11,12}STIKes Seramoe Barat

Corresponding: nursalam@fkip.unair.ac.id

Abstract

Background: Bedside handover is an important patient care transfer process and must be carried out by nurses. This reporting process aims to convey, confirm, and clarify clinical information and the current condition of the patient by actively involving the patient and family. During the bedside handover, important information about the patient's status file must be communicated by fellow nursing staff as well as with the patient and family. This is thought to be able to improve patient safety and patient satisfaction.

Aim: to analyze the relationship between bedside handover using patient family-centered care on patient safety and patient satisfaction.

Methods: The systematic review comes from databases from 2015 to 2020. This systematic review used single keywords, namely "bedside handover", "patient-family centered care", "patient safety", and "patient satisfaction". The results of the final selection left 25 articles.

Results: Based on the analysis of the importance of applying bedside handover based on patient-family-centered care which was identified as being able to reduce patient safety incidents and increase patient satisfaction, the researchers were interested in researching the development of bedside handover models based on patient-family-centered care to improve the quality of patient safety and patient satisfaction.

Keywords: bedside handover, patient-family-centered care, patient safety patient satisfaction

INTRODUCTION

Indicators that measure the success of a hospital service consist of several elements which are of course very important to achieve. Among them is patient safety which should be fully guaranteed in quality but in reality, it is still a global health problem (Suryani et al., 2021). The data shows that the average application of patient safety is only 33.5%, which shows that this figure is still far from the 100% target (Suryani et al., 2021). In a study, there are also data that there were 827 incidents (190 cases of damage) described during critical care and 325 incidents (59 cases of

damage) Thomas, (2016). As for patient satisfaction data, in one regional general hospital in Indonesia, 70% of patients are not satisfied with nursing services (Hafid, 2014). Data from a hospital in an ASEAN country in 2016 found patient satisfaction of 79%, while the standard set for patient satisfaction was >80% with a complaint rate of 4-5 cases/month (Klaipetch, 2016).

Communication with the patient's family often leads to patient safety incidents. When nurses try to implement patient-family-centered care, it ends up unexpectedly because the implementation is less than optimal. If classified according to the

communication method, more than one communication method is described as making the event in question happen (Young & Young, 2017). Bedside handover done after completing the shift is an essential process that must be carried out by nurses. It aims to convey, confirm, and clarify clinical information and the current condition of the patient by actively involving the patient and family. During the bedside handover, important information about the patient's status and treatment plan must be communicated properly with fellow nursing staff as well as with the patient and family (Young & Young, 2017). According to (Wiklund et al., (2020), conveying the patient's status during the handover is very important for the continuity of the care process and patient safety.

Nurses who do not consistently perform bedside handovers are an issue that is associated with preventable errors and unexpected events, including serious injuries and even death (Bigani & Correia, 2018). Some forms of danger during hospitalization, half of which are believed to be preventable when bedside handovers are carried out following the regulations (Agency for Healthcare Research Quality, 2019). Ensuring that shift changes occur at the bedside and not just at the nurse station and involving patients is one strategy to promote patient satisfaction and safety in which patients and family members are the focus of care so that they can clarify and correct inaccuracies in information about their condition.

Bedside handovers based on patient-family-centered care (services centered on patients and families are expected to be able to suppress problems of patient safety incidents and poor

satisfaction. Through bedside handovers that are focused on patients and families, patients and families are automatically involved in the process. Various sensitive information that is not easily extracted just by examining will be obtained through bedside handovers because the nurse-patient relationship will be stronger every day so that patients have high trust in nurses and do not hesitate to convey everything they feel verbally (Vines, Dupler, Son, Guido, 2014).

METHOD

This research method can be explained as follows:

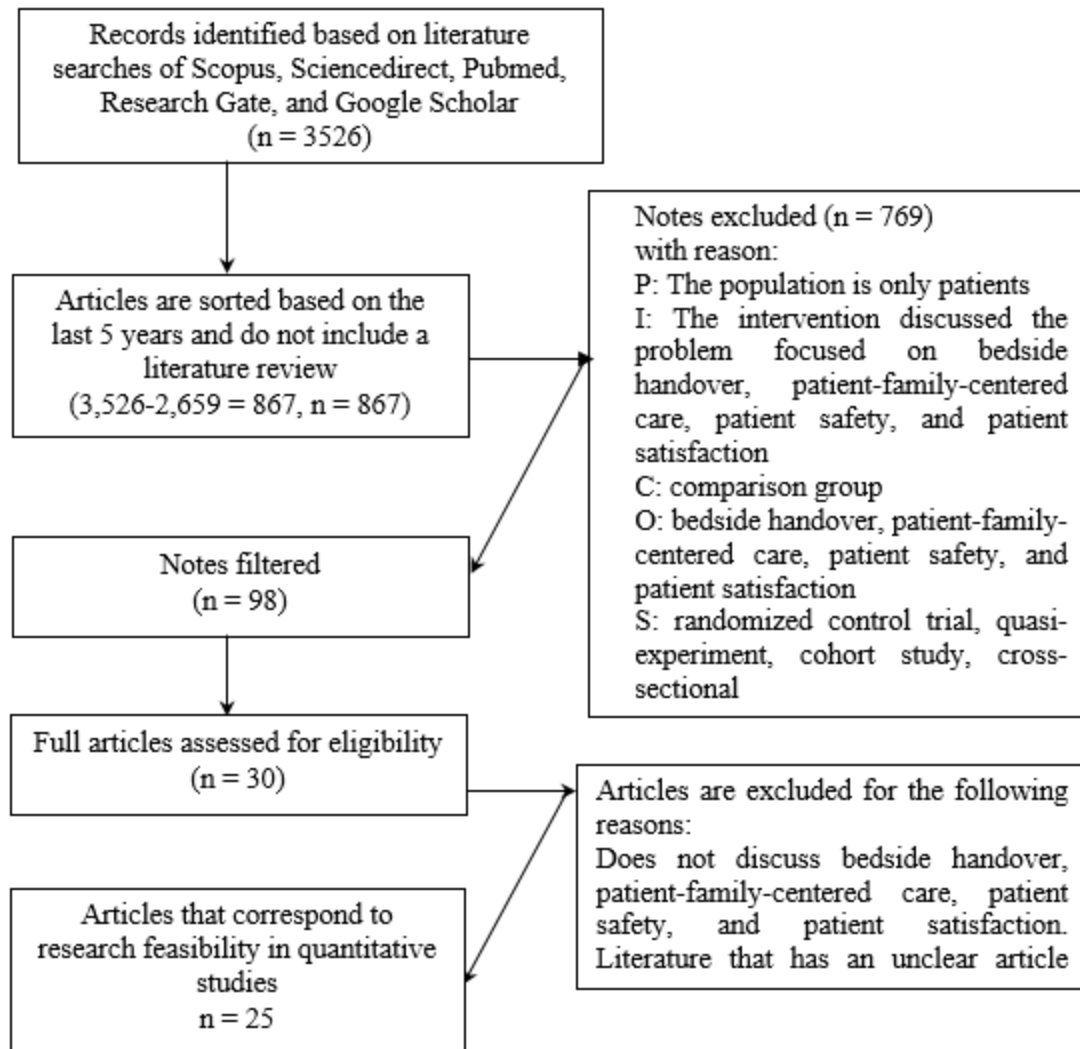
1.1 *Study design*

The design in this study uses a systematic review to identify whether there is a relationship between bedside handover and patient family-centered care on patient safety and patient satisfaction through an analysis of articles related to the research topic. The process of identifying articles used the PICOS design.

1.2 *Research sample*

The systematic review comes from databases from 2015 to 2020. This systematic review used single keywords, namely "bedside handover", "patient-family centered care", "patient safety", and "patient satisfaction". The results of the final selection left 25 articles.

1.3 *Flow chart of literature search*



Judul dan abstrak literatur yang tidak membahas tentang komponen penelitian dikecualikan dan artikel dengan sumber yang kurang jelas juga dikecualikan. Kemudian didapatkan hasil akhir yaitu 25 artikel yang sesuai dengan penelitian.

RESULT

Table 1. Table of content in research

No	Title, Authors, Year	Research Methods (DSVIA)	Result
1	<i>Patients prefer clinical handover at the bedside; nurses do not: Evidence from a discrete choice experiment</i>	D: discrete choice experiment (DCE) survey S: patient (n = 218) and nurse (n = 101) V: bedside handover discrete choice experiment nurse patient participation	Patients show a strong preference for bedside handovers compared to nurses

(Oxelmark et al., 2020)	I: <i>electronic tablet-assisted face-to-face survey</i> A: <i>a mixed logit model</i>	
2 <i>The effectiveness of bedside handovers: A multilevel, longitudinal study of effects on nurses and patients</i> (Malfait et al., 2019)	D: Longitudinal study S: 799 patients and 165 nurses V: effectiveness of bedside handover, effect on nurses and patients I: Questionnaire for patients and nurses at baseline A: Linear mixed model analysis	Except for work interruption and patient participation for nurses, no overall effect could be found for both patients and nurses. For nurses, patient participation increased, and work distraction decreased in the intervention group. Individual treatment remained stable in the intervention group, while the control group decreased.
3 <i>Nurses' perceptions of bedside clinical handover in a medical-surgical unit: An interpretive descriptive study</i> (Roslan & Lim, 2017)	D: An interpretive, descriptive, qualitative study S: 20 nurses V: Exploration of the perception of bedside clinical nurses during handover I: FGD, observing non-verbal cues such as body language and nurse expressions A: Thematic analysis is adopted to identify, analyze and report themes in the data	(1) Confidentiality may be compromised, (2) Clinical impairment during bedside handovers, and (3) Clinical impact of bedside handovers of nurse-nurse and nurse-patient communication. The sub-themes found were potential breaches of patient confidentiality, requests for confidentiality, misinterpretation of information, interruptions during handovers at the bedside, and time required.
4 <i>Developing an Evidence-Based Nursing Handover Standard for a Multi-Site Public Hospital in Switzerland: Protocol for a Web-Based, Modified Delphi Study</i> Sumber: (Tacchini-Jacquier et al., 2020)	D: Describes a multi-round survey S: 300 nurse V: Modified e-Delphi survey; consensus; nursing; shift; nursing handover; standard; inpatient transfers; evidence-based practice; multi-site hospital I: SurveyMonkey online questionnaire website and all the items will be translated into French and German. A: Quantitative analyses with a thematic analysis	The first result was the selection of various items about what the panel agreed on and the list of items on which it could not find a consensus. In the second round, the result will be a final selection of items about which the panel agrees and a list of items about which agreements can be found (that is, topics rejected for inclusion in the standard handover). The third round of the e-Delphi process becomes cognitive debriefing which involves consensus focus group discussions/no consensus items in nursing shift handovers and patient transfer standards
5 <i>Patient and nurse preferences for nurse handover—using preferences to inform policy: a discrete choice experiment protocol</i>	D: Qualitative and pilot study S: 125 patients dan 83 nurse V: Patient and nurse, handover inform policy, discrete choice experiment protocol	The two groups tend to have different, if overlapping, preferences for how handovers are carried out in hospitals Identify any attributes that might cause nursing staff to not perform handovers by encouraging patient participation in

	(Spinks et al., 2015)	<p>I: A multinomial choice model was estimated using the pilot data to confirm the face validity of the survey instrument</p> <p>A: MNL model and mixed MNL</p>	bedside handovers, according to recommended guidelines.
6	<p><i>Patients' Perceptions of Bedside Handoff Further Evidence to Support a Culture of Always</i></p> <p>(Ford & Heyman, 2017)</p>	<p>D: Descriptive study</p> <p>S: 103 adult medical surgical unit inpatients at a hospital in the Midwestern United States.</p> <p>V: bedside handover, bedside report, handover communication, handover quality improvement</p> <p>I: The instrument has been modified from that used in previous studies. This questionnaire was developed from the Trust in Nurses Scale</p> <p>A: Descriptive statistical analysis, Pearson product-moment analysis, ANOVA. analysis</p>	Substantial increase in the percentage of patients reporting experiences with bedside hand-offs. That improvement is the result of using the PDCA process to improve performance. Specific follow-up during the Check and Act Phase of the process is very effective in assessing diffusion practice handovers at the bedside and focusing the replay action if needed.
7	<p><i>Parental experience of bedside handover during childbirth: A qualitative interview study</i></p> <p>(Wiklund et al., 2020)</p>	<p>D: Qualitative design</p> <p>S: 31 postpartum mothers</p> <p>V: Bedside handover, patient experience, patient safety</p> <p>I: Interview</p> <p>A: Content analysis</p>	In general, bedside handovers were considered positive, participants felt they were treated professionally and they were involved in the handover process. One advantage of the handover is the possibility for parents to confirm information during the handover.
8	<p><i>Patients prefer bedside handover and wish to be active partners in it</i></p> <p>(Hu, 2019)</p>	<p>D: experimental survey design</p> <p>S: Patients 18 years of age or older, have chronic medical conditions and a minimum length of stay of 3 days and the nurses included are full-time nurses</p> <p>V: Patients prefer, bedside handover</p> <p>I: Survey questionnaire</p>	Within 5 months, 218 patients and 101 nurses completed the survey, with a 75% response rate for patients and 87% for nurses. These responses led to a preference model, including the 1308 patient and 909-nurse choice observations. The model illustrates that patients prefer bed handovers, but nurses prefer bedside handovers.
9	<p><i>Nursing transfer of accountability at the bedside: partnering with patients to pilot a new initiative in Ontario community hospitals</i></p>	<p>D: The pilot study used a mixed-method evaluative research design, comprising both quantitative and qualitative strategies,</p> <p>S: 44 perawat</p> <p>V: Transfer of accountability, nursing, qualitative methods, patient engagement, communication, patient experience</p>	Findings were divided into positive outcomes and challenges for bedside nurses to TOA nurses. Positive outcomes improved patient safety, more informed patients more consistent use of the whiteboard in the patient room, better engagement with family through the whiteboard and increased family involvement,

	(Miller et al., 2018)	I: Audio-recorded, transcribed, FGD A: Content analysis.	confirmation of information between nurses, increased accountability among nurses, and personal introduction/ice-breaking new nurses
10	<i>Patient satisfaction after implementation of person-centered handover in oncological inpatient care – A cross-sectional study</i> (Kullberg et al., 2017)	➤ D: A cross-sectional design ➤ S: 300 pasien ➤ V: Patient satisfaction, implementation of person-centered handover, oncological inpatient care ➤ I: e European Organization for Research and Treatment of Cancer (EORTC) ➤ A: Linear regression models, Mann-Whitney test, and Chi-square test	A small difference in patient satisfaction was found between the intervention ward and the control ward after implementing a patient-centered handover. Further evaluation of the impact eg exchange of information is needed. The intervention presented in this study, PCH, may interest all professionals in inpatient nursing. Patient satisfaction and efficient nurse delivery are core elements in the quality of care, and this study adds to current knowledge of the nurse-patient relationship.
11	<i>Nurses' Opinions of Patient Involvement in Patient-centered Care During Bedside Handovers</i> (Khuan & Juni, 2017)	D: A qualitative study ➤ S: 20 perawat V: Nurses' Opinions, Patient Involvement, Patient-centered Care, Bedside Handovers ➤ I: Semi-structured interviews ➤ A: NVivo 10 software was used for data management and content analysis	Participants' interpretation of the concept of patient-centered care was unclear; they claim that patient involvement during bedside handovers is impractical and, therefore, does not reflect patient-centered care. Some nurses' subjective view of patient involvement as impractical during bedside handovers manifested in the deliberate exclusion of patients from the handover process.
12	<i>19th Global Nursing Education Conference</i> (Vegas, 2017)	D: Pilot study S: Hospital management teams, champions from each department, register nurses, practical nurses, physicians, and hospital quality. ➤ V: Implement bedside nurses, handover, improve patient safety, and satisfaction, decrease incident reports ➤ I: SBAR communication tool any question or query ➤ A: A SWOT analysis	Although implementing the bedside handover encountered some obstacles, the process was made much smoother with precision planning, staff education, and phased implementation. Based on the pilot study, bedside handover was adopted in all inpatient units.
13	<i>The impact of patient safety culture on</i>	D: A cross-sectional online survey ➤ S: 1587 patient	All models were significant overall ($p < 0.001$), with explanatory power ranging from 29 to 48%. In rural health settings, the effective handover was

	<i>handover in rural health facilities</i>	<p>➤ V: Patient safety culture, handover, and rural health facilities</p> <p>➤ I: Open-ended questions about patient safety and quotes from the handover theme</p> <p>A: Hierarchical multiple linear regression analysis</p>	significantly associated with perceptions of patient safety ($R^2 = 0.29$). Teamwork and culture of management support were found to increase the effective submission of patient information ($R^2 = .47$), and the effective transfer of personal responsibility ($R^2 = 0.37$). Strong teamwork, management support, and an open communication culture increased department handover accountability ($R^2 = 0.41$).
14	<i>The 'SAFE PT' Handover: A Qualitative Study for Developing an Improvised Tool Facilitating Safe Patient Handover</i>	<p>D: Qualitative Study</p> <p>➤ S: 14 patient</p> <p>➤ V: Developing an Improvised Tool Facilitating, Safe Patient Handover</p> <p>➤ I: A group discussion, interviews, and surveys involving emergency physicians and nurses of different grades. This was further augmented by reviewing the literature on internationally accepted tools.</p> <p>A: Paired t-test</p>	<p>The group discussions, interviews, and surveys conducted indicate that current handover practices are necessary</p> <p>to repair and there is insufficient information</p> <p>passed between shifts. This was a concern for most of the participants and they felt that there was no reliable tool which made the handover process insecure.</p>
15	<i>A Bedside Handover Educational Intervention Effect On Patients Satisfaction In Mmc Kuningan Hospital Jakarta</i>	<p>D: A quasi-experimental nonequivalent pre-test & post-test design</p> <p>S: 118 nurse</p> <p>V: Bedside Handover, Educational Intervention Effect, Patients Satisfaction</p> <p>I: Pre and post-test sheets, and competency observation sheets. This instrument was modified from Chaboyer by the needs of the ward</p> <p>A: Descriptive statistics, Chi-Squared Test, paired t-test, independent t-test, A Structural equation modeling with the Confirmatory Modeling Strategy</p>	<p>The results of the hypothesis test showed that five of the seven independent variables had a significant effect on patient satisfaction and two more variables showed an insignificant effect on patient satisfaction; handover education intervention at bedside $t = 3.64$, the implementation of bedside handovers $t = 3.66$, bedside handover felt by the patient $t = 4.4$, age $t = 7.1$ and education level variable $t = 3.55$. Two insignificant independent variables that did not affect patient satisfaction were gender $t = -3.34$ and patient's health status $t = -2.07$. To achieve patient satisfaction, bedside handover can be applied as one of the handover methods in the inpatient room.</p>
16	<i>Emphasizing Caring Components in Nurse-</i>	D: A comprehensive search of available English literature	The philosophy of patient-centered care, JCI guidelines, requests for patient participation in health care

<i>Patient-Nurse Reporting</i>	<i>Bedside</i>	<p>S: Original article and review paper, English literature using EBSCO, Biblioteca do Conhecimento Online, and Wiley Blackwell Online library, keywords used in Mesh term were handover, communication, bedside reporting, patient involvement, and nursing.</p> <p>V: handover, communication, bedside reporting, patient involvement, and nursing.</p> <p>I: Original article and review paper, English literature using EBSCO, Biblioteca do Conhecimento Online, and Wiley Blackwell Online Library</p> <p>A: Content analysis</p>	<p>decision-making, and the drawbacks of traditional handover reports are factors that influence nurse-patient-nurse bedside reporting. All of these can have an impact on patient satisfaction, engagement, communication, and safety and can improve the nurse-patient relationship. The nurse-patient-nurse report at the bedside can be a vehicle for emphasizing the components of nursing</p> <p>according to Jean Watson's Creative Factors.</p>
17 <i>Nurses' perceptions of bedside clinical handover in a medical-surgical unit: An interpretive descriptive study</i>	(Roslan & Lim, 2017)	<p>D: An interpretive, descriptive, qualitative study</p> <p>S: 20 nurses</p> <p>V: Clinical bedside handover, nurse, hospitalization, perception</p> <p>I: Interview with focus group discussion method</p> <p>A: Thematic analysis</p>	<p>Nurses describe that bedside clinical handovers have the potential to compromise patient confidentiality and that patients and/or their family members and the environment are a constant source of annoyance and distraction.</p> <p>Bedside handovers also act as a communication platform between nurses and between nurses and patients.</p>
18 <i>Patient Participation in Patient Safety and Its Relationships with Nurses' Patient-Centered Care Competency, Teamwork, and Safety Climate</i>	(Hwang et al., 2019)	<p>D: Cross-sectional study design</p> <p>S: 355 nurses</p> <p>V: Patient-centered care, patient participation, patient safety</p> <p>I: Questionnaire</p> <p>A: Multiple logistic regression analysis</p>	<p>The level of patient participation in patient safety activities is not high. Nurses' PCC, teamwork, and safety climate were positively related to patient participation. In particular, the findings suggest that increasing the competence of nurses for patient-centered care and creating adequate safety is important for increasing patient participation in safer health care.</p>
19 <i>Patient satisfaction after implementation of person-centered handover in oncological inpatient care – A cross-sectional study</i>	(Kullberg et al., 2017)	<p>D: Cross-sectional study</p> <p>S: 325 patients</p> <p>V: Patient satisfaction, individual-centered handover</p> <p>I: European Organization for Research and Treatment of Cancer (EORTC) IN-PATSAT32</p>	<p>A difference in patient satisfaction was found between the intervention and control groups after implementing the individual-centered handover.</p>

A: Linear regression and chi-square test

20	<i>Do Bedside Handovers Reduce Handover Duration? An Observational Study With Implications for Evidence-Based Practice</i> (Malfait et al., 2018)	<p>D: Longitudinal study, descriptive comparison</p> <p>S: 638 nurses</p> <p>V: Bedside handover, Handover duration</p> <p>I: Observation sheet and interview format</p> <p>A: Descriptive analysis</p>	<p>The average bedside handover took 146 seconds for one patient (83 seconds – 204 seconds). Depend</p> <p>ing</p> <p>on the handover model used previously, the number of patients allocated to each nurse, and</p> <p>the use of structured submission content, time gain or loss as a result of bedside submission can be expected.</p>
21	<i>Patient- and family-centred care practices of emergency nurses in emergency departments in the Durban area, KwaZulu-Natal, South Africa</i> (Almaze & De Beer, 2017; Vines et al., 2014)	<p>D: A descriptive survey</p> <p>S: 44 emergency nurses (registered and registered nurses) from four emergency units in the Durban area of KZN</p> <p>V: Practice of patient- and family-centered care in the emergency department</p> <p>I: The instrument developed is the Self-Assessment Inventory Tool</p> <p>A: Descriptive statistics</p> <p>used to describe the research phenomenon. Tests including frequency, percentage, and Cronbach alpha > 0.70 were acceptable.</p>	<p>This study highlights that several aspects of PFCC services are provided by emergency nurses in the ED in the Durban area of KZN. The PFCC is a challenge, but to provide such care it is necessary to remember that a caring attitude is at the heart of nursing. As far as the world advances in terms of medical technology, nurses must keep in mind the importance</p> <p>of care and communication with patients and their FM, which is important to maintain a therapeutic nurse-patient-family relationship.</p>
22	<i>Bedside Nursing Handover: Patient's Perspective</i> (Rifai et al., 2020)(Ocloo et al., 2020)	<p>D: This study uses a quantitative approach with a descriptive survey design.</p> <p>S: This study uses a quantitative approach with a descriptive survey design. The research respondents were 100 patients who were obtained using a purposive sampling technique and met the research criteria, namely being treated in an inpatient room for at least two days.</p> <p>V: bedside handover for inpatient patient nurse</p> <p>I: Data were collected using a bedside report item survey questionnaire to measure the implementation of bedside handover based on patient perceptions which were adopted from the Survey Item Bedside Report questionnaire.</p>	<p>Based on the research results can be known that patients who received treatment in the Inpatient Room at the Jember Hospital have implemented shift shifts with bedside handovers. Patients indicated that bedside handovers helped them to understand more about their care and made them feel safe and comfortable. They also have the opportunity to interact directly with nurses. For some nursing shift changes, patients may not feel that they are involved in the bedside handover process. This is because some patients still do not understand the implementation of bedside handovers. Nurses need to keep handovers at the bedside process in their daily work. Nurse-patient relationships can be built through these</p>

		<p>A: Data obtained</p> <p>In this study, it was analyzed using univariate analysis and presented in terms of frequency, percent of age, median and minimum maximum value</p>	<p>opportunities, and bedside handovers can improve communication between patients, families, and caregivers. Nursing managers must keep their nurses to continue to involve patients in the treatment process to achieve maximum health outcomes.</p>
23	<p><i>The caring behavior of nurses is linked to the implementation of bedside handover between shifts</i></p> <p>(Clay & Parsh, 2016; Mellawani et al., 2019)</p>	<p>D: A descriptive cross-sectional design</p> <p>S: A total of 153 nurses in three hospitals in the Province of the Bangka Belitung Islands, Indonesia</p> <p>V: Bedside handover, nurse caring behavior</p> <p>I: The questionnaires used were Handover Evaluation Scale (HES) and Measuring of Nurses' Caring Behavior (MNCB)</p> <p>A: The analysis used is the Pearson correlation test.</p>	<p>There was a statistically significant relationship between nurse caring behavior and bedside handover implementation ($p = 0.000$, $r = 0.537$). Nurse caring behavior is related to the implementation of bedside handover.</p> <p>Nurse managers are expected to improve caring behavior and its implementation at bedside handovers by designing a supportive environment, providing regular supervision, and conducting evaluations.</p>
24	<p><i>Patient safety after implementation of a coproduced family-centered communication program: multicenter before and after intervention study</i></p> <p>(Khan et al., 2018; Mearl, 2019)</p>	<p>D: Prospective, multicenter before and after intervention study.</p> <p>S: All patients admitted to the study site (3106 admissions, 13171 patient days); 2148 parents or caregivers, 435 nurses, 203 medical students, and 586 residents.</p> <p>V: Patient safety, co-produced family implementation centralized communication program</p> <p>I: Intervention is given to the sample</p> <p>A: Poisson regression estimated via generalized estimating equations (GEE)</p>	<p>Although the overall error has not changed, the dangerous medical error has decreased and the family experience and the communication process improves after that</p> <p>implementation of structured communication through interventions for family-centered rounds is jointly developed by families, nurses, and doctors. Family-centered care can improve the safety and quality of care without negative impact on teaching or duration of reporting or handover</p>

<p>25 <i>Effect of Patient-Centered Care Application on Inpatient Outcomes in Rskdia Pertiwi and Rsia Ananda (Woman and Child Hospitals)</i></p> <p>(Abubakar et al., 2020)</p>	<p>D: Quantitative research with cross sectional approach</p> <p>S: 92 patients were taken proportionally, 21 from RSKDIA Pertiwi, and 71 patients from RSIA Ananda</p> <p>V: Patient-centered care, patient satisfaction</p> <p>I: PCC questionnaire, patient satisfaction questionnaire, and patient medical records</p> <p>A: Bivariate analysis using Mann–Whitney, multiple logistic analysis</p>	<p>There is an effect of PCC implementation on patient satisfaction at RSKDIA Pertiwi ($p = 0.017$) and RSIA Ananda ($p = 0.000$), but no effect was shown on clinical outcomes in RSKDIA Pertiwi ($p = 0.718$) and RSIA Ananda ($p = 0.440$), there was also no difference in the application of PCC ($p = 0.492$) between the two hospitals.</p>
---	--	---

The results of the literature review of the 25 articles can be summarized into several important aspects which will be described in the next paragraph. The research design used more designs: cross-sectional, phenomenological qualitative, quantitative, action research, randomized clinical trials (RCT), and descriptive-analytical surveys. Research subjects focus more on nurses, managers, and other healthcare teams. However, this study focuses more on the practice of nurses, patients, and families in the Hospital Inpatient Room. The variables set by the researcher are more directed at the bedside handover aspect from the patient and nurse point of view, the application of the patient-family centered care model in nursing services and its contribution to patient satisfaction and patient safety, patient-centered care model, family-centered care model, patient safety, the effectiveness of the implementation of bedside handovers, the challenges of implementing bedside handovers, the implementation of handovers in inpatient rooms, the success of the patient-family centered care model practice.

In addition, it is also related to how the handover ensures patient safety, bedside barriers that must be minimized so that patient safety can be of high quality, the point of view of medical personnel, nurses' mistakes in carrying out bed handovers, challenges to patient safety. demands, improving service quality, patient satisfaction indicators, satisfaction theory, bedside handover theory, patient-family centered care theory, patient safety, and others. Researchers used various data analysis

techniques, ranging from descriptive research to multivariate analysis.

The results of the study mostly focused on the implementation of descriptive bedside handovers, the application of the patient-family-centered care model was still rarely used. The most popularly applied is the patient-centered care model without involving the family directly during the handover. Several articles also show that family-centered care is only applied in a few units that are considered strategic. Meanwhile, research that combines a service model that focuses on patients and families during the implementation of bedside handover has not been found in this review activity.

CONCLUSION

The results of the final selection left 25 articles. Results: Based on the analysis of the importance of applying bedside handover based on patient-family-centered care which was identified as being able to reduce patient safety incidents and increase patient satisfaction, the researchers were interested in researching the development of bedside handover models based on patient-family-centered care to improve the quality of patient safety and patient satisfaction. To achieve patient safety, carrying out bedside handovers by standards and actively involving patients in the patient care process should be a priority. Accurate transfer of pertinent patient information is an important form of communication for the delivery

of high-quality patient care. Ensuring that shift changes occur at the bedside and not just at the nurse station and involving patients is one strategy to promote patient satisfaction and safety by allowing patients and family members to be active participants where they can clarify and correct inaccuracies in information about their condition.

The application of bedside handover based on patient-family-centered care was assessed to be associated with an emphasis on issues of patient safety incidents and perceived poor satisfaction. Through bedside handovers that are focused on patients and families, patients and families automatically become involved in the nursing process. Various sensitive information that is not easily extracted by simply examining will be obtained through bedside handovers because the nurse-patient relationship will get stronger every day so that patients have high trust in nurses and do not hesitate to convey everything they feel verbally.

REFERENCES

- [1] Adventus, Mahendra, D., & Martajaya, I. M. (2019). Modul Manajemen Pasien Safety. *Modul Manajemen Pasien Safety*, 22. <http://repository.uki.ac.id/2730/1/BUKUMODULMANAJEMENPASIENSAFETY.pdf>
- [2] Almaze, J. P. B., & De Beer, J. (2017). Patient-and family-centred care practices of emergency nurses in emergency departments in the Durban area, KwaZulu-Natal, South Africa. *Southern African Journal of Critical Care*, 33(2), 59–65. <https://doi.org/10.7196/SAJCC.2017.v33i2.317>
- [3] Clay, A. M., & Parsh, B. (2016). Patient- and Family-Centered Care: It's Not Just for Pediatrics Anymore. *AMA Journal of Ethics*, 18(1), 40–44. <https://doi.org/10.1001/journalofethics.2016.18.1.medu3-1601>
- [4] Eichner, J. M., Johnson, B. H., Betts, J. M., Chitkara, M. B., Jewell, J. A., Lye, P. S., Mirkinson, L. J., Brown, C., Heiss, K., Lostocco, L., Salerno, R. A., Percelay, J. M., Alexander, S. N., Abraham, M., Ahmann, E., Crocker, E., DiVenere, N., MacKean, G., Schwab, W. E., & Shelton, T. (2012). Patient- and family-centered care and the pediatrician's role. *Pediatrics*, 129(2), 394–404. <https://doi.org/10.1542/peds.2011-3084>
- [5] From the Australian Commission on Safety and Quality in Health Care. (2012). In *Medical Journal of Australia* (Vol. 197, Issue 10). <https://doi.org/10.5694/j.1326-5377.2012.tb04223.x>
- [6] Herceg, N. (2015). Improving Bedside Shift-to-Shift Nursing Report Process. *The Journal of Nursing Administration*, 44(10), 541–549.
- [7] Hwang, J. I., Kim, S. W., & Chin, H. J. (2019). Patient Participation in Patient Safety and Its Relationships with Nurses' Patient-Centered Care Competency, Teamwork, and Safety Climate. *Asian Nursing Research*, 13(2), 130–136. <https://doi.org/10.1016/j.anr.2019.03.001>
- [8] Jaulin, F., Lopes, T., & Martin, F. (2021). Standardised handover process with checklist improves quality and safety of care in the postanaesthesia care unit: the Postanaesthesia Team Handover trial. *British Journal of Anaesthesia*, 127(6), 962–970. <https://doi.org/10.1016/j.bja.2021.07.002>
- [9] Khuan, L., & Juni, M. H. (2017). Nurses' Opinions of Patient Involvement in Relation to Patient-centered Care During Bedside Handovers. *Asian Nursing Research*, 11(3), 216–222. <https://doi.org/10.1016/j.anr.2017.08.001>
- [10] Kim, N. Y., & Moon, K. J. (2021). Factors affecting patient safety culture in terms of compliance with preventing bloodborne pathogens among general hospital nurses. *BMC Nursing*, 20(1), 1–9. <https://doi.org/10.1186/s12912-020-00529-4>
- [11] Komisi Akreditasi Rumah Sakit. (2018). Instrumen Survei SNARS. In *Kementrian Kesehatan Republik Indonesia* (Vol. 1, pp. 1–222).
- [12] Kullberg, A., Sharp, L., Johansson, H., Brandberg, Y., & Bergenmar, M. (2017). Patient satisfaction after implementation of person-centred handover in oncological inpatient care - A cross-sectional study. *PLoS ONE*, 12(4), 1–14. <https://doi.org/10.1371/journal.pone.0175397>
- [13] Lloyd, B., Elkins, M., & Innes, L. (2018).

- Barriers and enablers of patient and family centred care in an Australian acute care hospital: Perspectives of health managers. *Patient Experience Journal*, 5(3), 55–64. <https://doi.org/10.35680/2372-0247.1270>
- [14] Mellawani, Yetti, K., & Nuraini, T. (2019). Caring behavior of nurses is linked to the implementation of bedside handover between shifts. *Enfermeria Clinica*, 29, 439–444. <https://doi.org/10.1016/j.enfcli.2019.06.007>
- [15] Mikky, A., Al Busafi, M., & Al Salmi, I. (2019). The ‘SAFE PT’ Handover: A Qualitative Study for Developing an Improvised Tool Facilitating Safe Patient Handover. *International Journal of Critical Care and Emergency Medicine*, 5(4). <https://doi.org/10.23937/2474-3674/1510082>
- [16] Naderi, S., Zaboli, R., Khalesi, N., & Nasiripour, A. A. (2019). Factors affecting patient safety: A qualitative content analysis. *Ethiopian Journal of Health Development*, 33(2), 73–80.
- [17] Piper, D., Lea, J., Woods, C., & Parker, V. (2018). The impact of patient safety culture on handover in rural health facilities. *BMC Health Services Research*, 18(1), 1–13. <https://doi.org/10.1186/s12913-018-3708-3>
- [18] Puspita Dewi, P. (2018). Implementation Analysis Of Effective Communication Guide On Nurses In PKU Muhammadiyah Gamping Hospital. *Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit*, 7(1), 60–68. <https://doi.org/10.18196/jmmr.7157>
- [19] Rifai, A., Afandi, A. T., & Hasanah, A. (2020). Bedside Nursing Handover: Patient’s Perspective. *NurseLine Journal*, 4(2), 123. <https://doi.org/10.19184/nlj.v4i2.15422>
- [20] Suryani, L., Kurniawan, R., & Perdani, A. L. (2021). Factors Associated with the Implementation of Patient Safety at X Hospital, Karawang, Indonesia. *KnE Life Sciences*, 2021, 624–629. <https://doi.org/10.18502/cls.v6i1.8660>
- [21] The Joint Commission. (2020). *Most commonly reviewed sentinel event types*. 1–19. <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/most-frequently-reviewed-event-types-2020.pdf>
- [22] Thomas, A. N. (2016). Patient safety incidents associated with failures in communication reported from critical care units in the North West of England between 2009 and 2014. *Journal of the Intensive Care Society*, 17(2), 129–135. <https://doi.org/10.1177/1751143715626938>
- [23] Units, I. C. (2021). *중환자실 간호사의 환자-가족 중심 간호에 대한 인식이 돌봄 행위 수행에 미치는 영향*. 23(3), 208–216.
- [24] Wiklund, I., Sahar, Z., Papadopolou, M., & Löfgren, M. (2020). Parental experience of bedside handover during childbirth: A qualitative interview study. *Sexual and Reproductive Healthcare*, 24(November 2019), 100496. <https://doi.org/10.1016/j.srhc.2020.100496>
- [25] World Health Organization. (2020). World Patient Safety Day 2020. *World Patient Safety Day*, 2.
- [26] Young, G., & Young, G. (2017). *Standardizing the Bedside Shift Report Process to Improve Communication and Promote Patient Safety Improve Communication and Promote Patient Safety*.