

Nursing Handover in Acute Care: A Cross-Sectional Survey on Nurses' Knowledge, Practices and Perceived Disruptors

Federica Raimondi¹

¹ Surgery Department, Colferro Hospital, Local Health Authority Roma 5 (ASL Roma 5), Colferro, Italy

(Corresponding Author: federica.raim@gmail.com)

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Introduction. Nursing handover transfers clinical information between shifts, affecting continuity, patient safety, and accountability. Variable practices and poor standardisation in acute care are linked to communication errors. Few nurses receive formal training, a critical gap. This study assesses knowledge of evidence-based handover methods, self-reported experience, and perceived disruptors in acute units.

Methods. A cross-sectional study involved registered nurses in acute wards. An anonymous questionnaire integrated items from HAND-Q (satisfaction, patient safety, care pathway, content) and HQR (16-item Likert: information transfer, understanding, atmosphere), plus items on SBAR/ISBAR knowledge, disruptors, and training. Descriptive statistics and Pearson correlations (SPSS v.29).

Results. 73 nurses participated (82% response rate). Fewer than 30% used any standardised framework; only 19% had formal training. Top disruptors: noise/interruptions (>70%), insufficient time (64%), verbal/written discrepancies (51%). Mean HAND-Q: 2.8/5, lowest in patient safety and care pathway. Training correlated with quality perception and consistency ($p < 0.05$).

Discussion. A gap exists between awareness and implementation, driven by organisational and environmental barriers. Interruptions and time pressure signal systemic vulnerabilities. Structured protocols, protected handover time, and formal training are priority interventions to strengthen safety culture and nursing performance.

Keywords: Nursing Handover, Shift Handover, Handover Disruptors, Patient Safety

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