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A Study to Assess the Knowledge Regarding Isbar Handing and Taking Over Tool Among Staff Nurses Working at Selected Hospital in the City.

Ashvini Chappekar
ashwinipashan@gmail.com
MGM Institute of Nursing Education N-6 Cidco Chh. Sambhajinagar, Aurangabad, Maharashtra

Bidyarani Yumnam
ybidyarani@gmail.com
MGM Institute of Nursing Education N-6 Cidco Chh. Sambhajinagar, Aurangabad, Maharashtra

ABSTRACT

Clinical handover is the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person / family / legal guardian or professional group on a temporary or permanent basis. It is one of the most important skills that needs to be taught to the health professionals and students. There are number of structured formats available for clinical handover. e.g. IPASS3. I-SBAR is a mnemonic which aids in safe handover of patient information and improves communication as well as decision making. This technique improves efficiency and accuracy of Handing and Taking over process by staff nurses4. PROBLEM STATEMENT: "A study to assess the knowledge regarding I-SBAR handing and taking over tool among staff nurses working in selected hospitals of the city." OBJECTIVES OF STUDY: • To assess the knowledge among staff nurses regarding I-SBAR handing and taking over tool • To find association of knowledge regarding I-SBAR handing and taking over tool with selected demographic variables. METHODS: The study was conducted at MGM of Chh. sambhajinagar city. In present study, sample size was 80, staff nurses of MGM hospital Chh. sambhajinagar. Structured questionnaire regarding ISBAR handing and taking over tool was used to assess the knowledge of staff nurses in MGM hospital Chh. sambhajinagar. 9 RESULTS: Majority of samples 57 (71.25%) have good knowledge regarding ISBAR handing and taking over tool, 19 (23.75%) samples have average knowledge regarding ISBAR handing and taking over tool and 4 (5%) samples have poor knowledge regarding ISBAR handing and taking over tool. CONCLUSION: This study was done to assess the knowledge of regarding ISBAR handing and taking over tool. Based on the result investigator concluded that there was significant association between religion and knowledge of staff nurses regarding ISBAR handing and taking over tool.

Keyword: *DNA Storage, Data Growth, Archival Storage, Synthetic Biology, Long-Term data Preservation, Digital Data Explosion, Next-Gen Data Storage*

INTRODUCTION

“Effective teamwork begins and ends with communication” – Mike Krzyzewski

Communication is one of the most important skills we require for successful health care. A successful team is a group of many hands and one mind. Effective communication is important for safe patient care and minimizes errors.2 Health care sector has multiple forms of communication such as verbal, non-verbal, visual and telecommunication etc. Patient records are shared securely through inter- and intrahospital communications. I-SBAR (Identification, Situation, Background, Assessment, recommendation and repeat back) is an effective tool which can be used in a variety of situations, such as bedside handover, internal or external transfers (e.g. from nursing home to hospital, from ward to theatre) communicating with other members of the multidisciplinary team, and upon

discharge/transfer of patients to another health facility. Patient care is the nurse's primary role in hospital. In critical care areas such as ICU and Operating room accurate communication between members of the health team is very important. By making use of this tool one can minimize the communication error and important details of the patient are not missed during handover2 .

So, effective treatment is beneficial as it to improves patient safety through a more structured, focused and systematic communication among healthcare workers .

NEED OF STUDY

Patient care is dependent on effective communication including telephonic communication between the entire staff involved in patient care. We need to have a standardized approach to verbal and written communication since ineffective communication can compromise patient care. Interpersonal communication skills influence the quality of decisions made, as well as the level of patient motivation to follow treatment protocols and achieve desired patient health outcomes. The main effects of ineffective communication in healthcare are reduction in the quality of care, poor outcomes, compromise of patient safety, wastage of resources, and high healthcare costs. Communication failures often have a negative effect on patient and staff satisfaction. Poor communication skills can lead to errors such as mistakes on tests and further cause mistakes while prescribing and administering the wrong medicines 6 . The common causes of Communication Breakdowns in Health care are:- • Miscommunication of the patient's condition (26%) • Inadequate informed consent (13%) • Poor documentation (12%) • Unsympathetic response to patient complaints (11%) • Failure to read the medical record (7%)6 So, we need to learn and practice effective communication skills to protect our patients, save costs, and increase day-to-day operating efficiency. I-SBAR-R will help to clarify the handover shift reports and increase patient safety .

PROBLEM STATEMENT: A descriptive study to assess the knowledge regarding I-SBAR-R Handing and Taking over Tool among staff nurses working in selected hospitals of the city.

OBJECTIVES OF STUDY

To assess the knowledge among staff nurses regarding I-SBAR-R Handing and Taking over Tool

To find association of knowledge regarding I-SBAR-R Handing and Taking over Tool with selected demographic variables.

RESEARCH METHODOLOGY

RESEARCH APPROACH: Quantitative Research approach.

RESEACH DESIGN: Descriptive Study

INDEPENDENT VARAIBLE

The independent variable refers to the variable that is believed to cause or influence the dependent variable. In this study, the independent variables are knowledge regarding ISBAR handing and taking over tool.

DEPENDANT VARIABLE

The dependent variable refers to the effect or the variable influenced by the investigator's manipulation of the independent variable. In the present study, the dependent variables are staff.

SETTING OF THE STUDY

The study was conducted at selected hospital in the city.

POPULATION: Staff nurses.

SAMPLE: A part or subset of population selected to participate in research study subjects selected for present study comprises of the staff nurses.

SAMPLE SIZE: Sample size is the act of choosing the number of observation replicates to include in statistical sample. In present study, 40 nurses of MGM Hospital, 40 nurses of MIT Hospital SAMPLE **TECHNIQUE:** The sampling technique uses non-probability, purposive sampling to make sure that every element of population gets an equal chance to be part of selected sample. In present study nonprobability, purposive sampling technique is used.

TOOLS FOR DATA COLLECTION

SECTION A: Demographic data

SECTION B: Structured knowledge questionnaire regarding ISBAR handing and taking over tool.

The data was analyzed and presented in the following section:

Section 1: Description of staff nurses according to their demographic data.

Section 2: Description of staff nurses according to their knowledge regarding ISBAR handing and taking over tool.

Section 3: association of knowledge level regarding ISBAR handing and taking over tool with demographic variables.

SECTION 1: DESCRIPTION OF STAFF NURSES ACCORDING TO THEIR DEMOGRAPHIC DATA.

- **Age**

Table No.1.1.1: Distribution of samples according to their age (N=80)

Sr.no	Age in year	Frequency	Percentage
1	21-25 yrs	34	42.5%
2	25-30 yrs	34	42.5%
3	30-35 yrs	8	10%
4	Above 40 yrs	4	5%

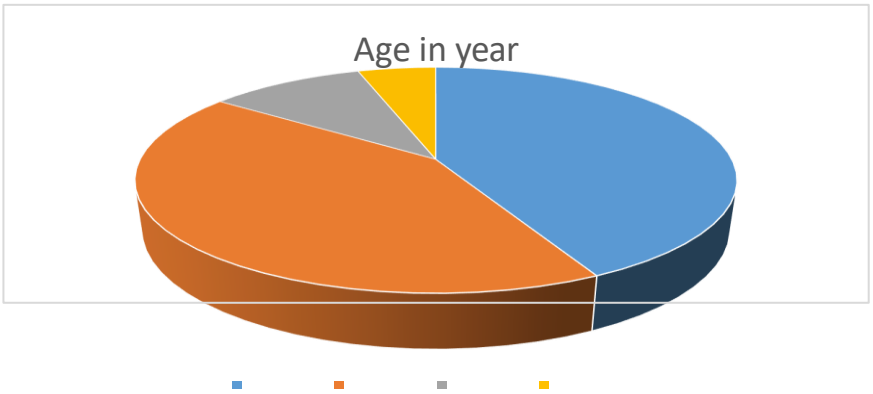

Fig. No.1.1.1: Distribution of samples according to their age (N=80)

Above figure shows that majority of samples 34 (42.5%) are under age group 21-25 years,

34 (42.5%) samples are under age group 25-30 years, 8 (10%) samples are under age group 30-35 years and 4 (5%) samples are under age group above 40 years.

Gender:

Table No.1.1.2: Distribution of samples according to their gender (N=80)

Sr.No	Gender	Frequency	Ppercentage
1	Male	7	8.75%
2	Female	73	91.25%

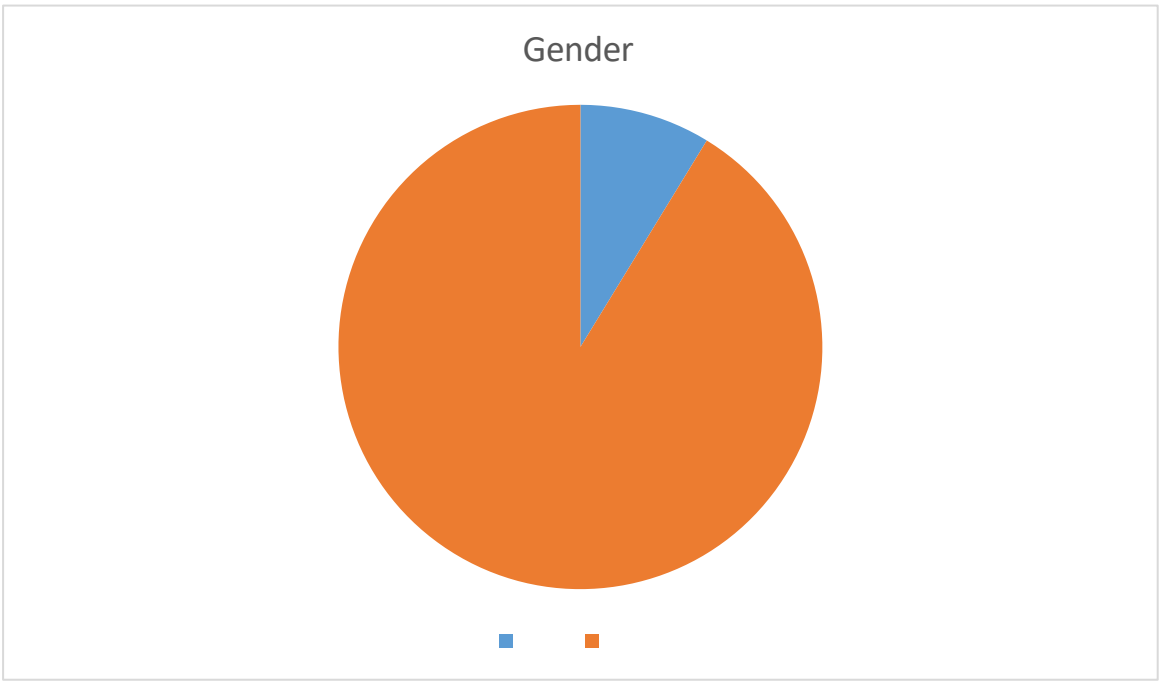

Fig. No.1.1.2: Distribution of samples according to their gender (N=80) Above figure shows that majority of samples 73 (91.25%) are female and 7 (8.75%) samples are male

- **Religion**

Table No.1.1.3: Distribution of samples according to their Religion (N=80)

Sr. No.	Religion	Frequency	Percentage
1	Hindu	44	55%
2	Muslim	6	7.5%
3	Buddhist	24	30%
4	Other	6	7.5%

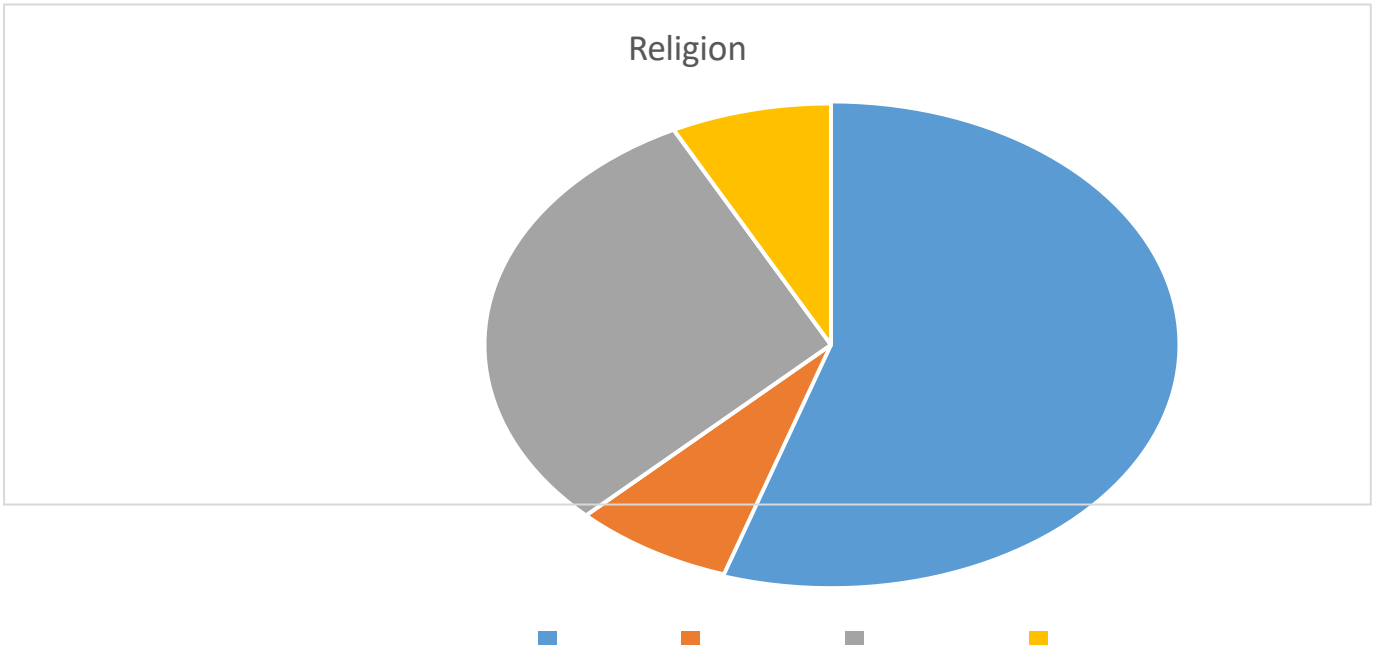

Fig No.1.1.3: Distribution of samples according to their Religion (N=80) Above figure shows that majority of samples 44 (55%) are Hindu, 24 (30%) samples are Buddhist, 6 (7.5%) samples are Muslim and 6 (7.5%) are from other religion.

- **Type of family**

Table No.1.1.4: Distribution of samples according to their type of family (N=80)

Sr. No.	Type of family	Frequency	Percentage
1	Nuclear family	33	41.25%
2	Joint family	44	55%
3	Separated	3	3.75%

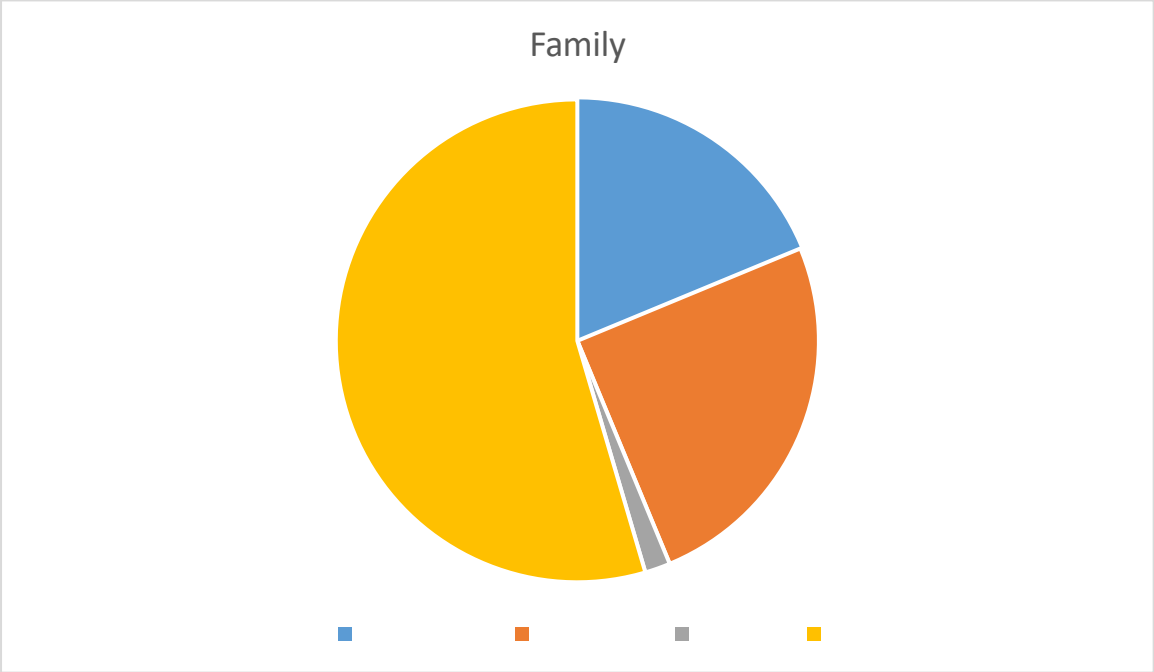

Fig. No.1.1.4: Distribution of samples according to their type of family (N=80) Above figure shows that majority of samples 44 (55%) are from joint family, 33 (41.25%) samples are from nuclear family and 3 (3.75%) samples are separated.

- **Marital status**

Table No.1.1.5: Distribution of samples according to their marital status (N=80)

Sr. No.	Marital status	Frequency	Percentage
1	Married	48	60%
2	Unmarried	32	40%

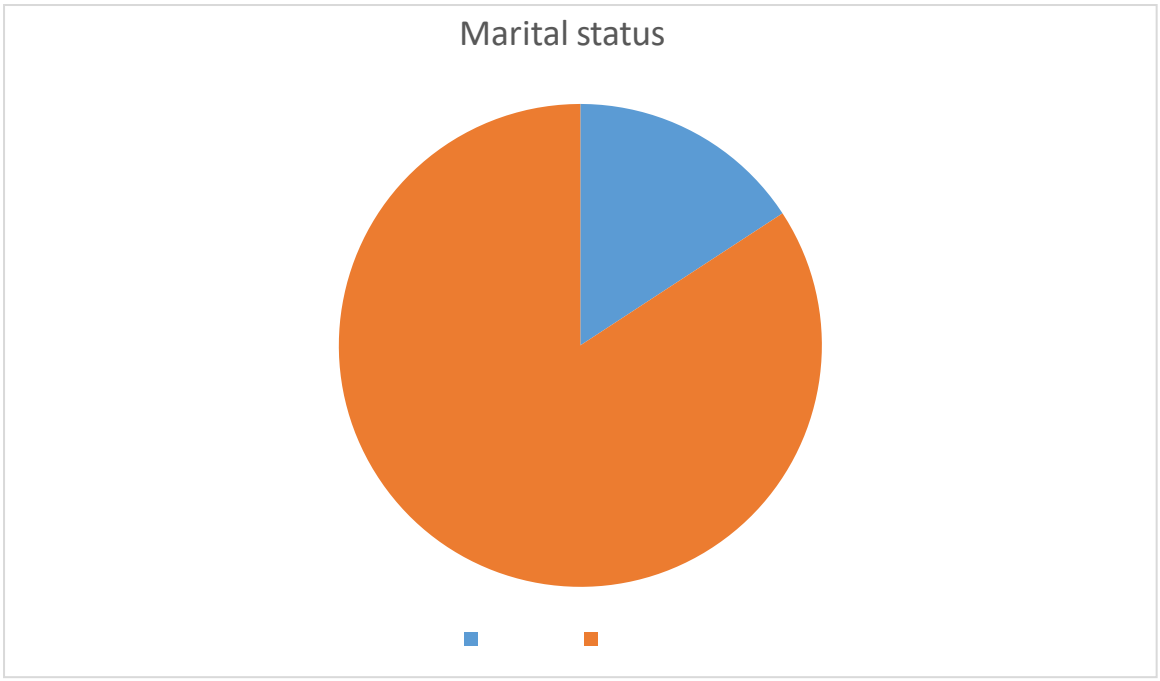

Fig. No.1.1.5: Distribution of samples according to their marital status (N=80) Above figure shows that majority of samples 48 (60%) are married and 32 (40%) are unmarried.

6. Educational status

Table No.1.1.6: Distribution of samples according to their educational status (N=80)

Sr. No.	Educational status	Frequency	Percentage
1	ANM	1	1.25%
2	GNM	61	76.25%
3	BSc	9	11.25%
4	P.B. BSc	9	11.25%

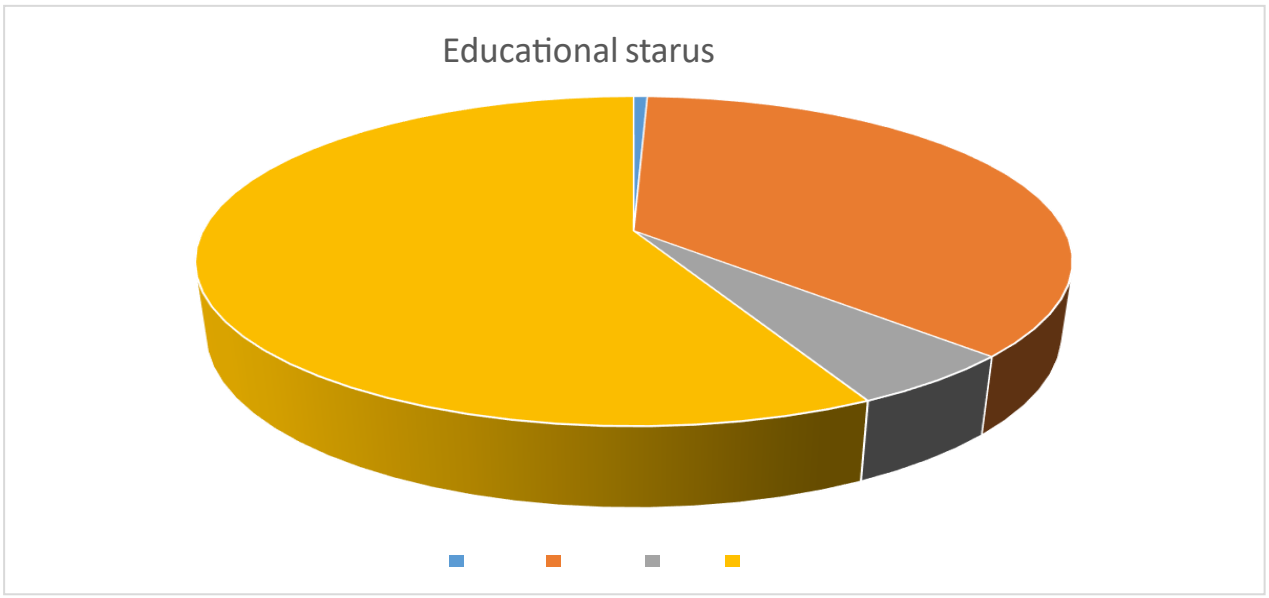

Fig. No.1.1.6: Distribution of samples according to their educational status (N=80) Above figure shows that majority of samples 61 (76.25%) have educational status GNM, 9 (11.25%) samples have educational status BSc, 9 (11.25%) samples have educational status P.B. BSc and 1 (1.25%) samples have educational status ANM.

7. Years of experience

Table No.1.1.7: Distribution of samples according to their years of experience (N=80)

Sr. No.	Years of experience	Frequency	Percentage
1	1-4 yrs	36	45%
2	5-9 yrs	29	36.25%
3	10-14 yrs	13	16.25%
4	15 & above	2	2.5%

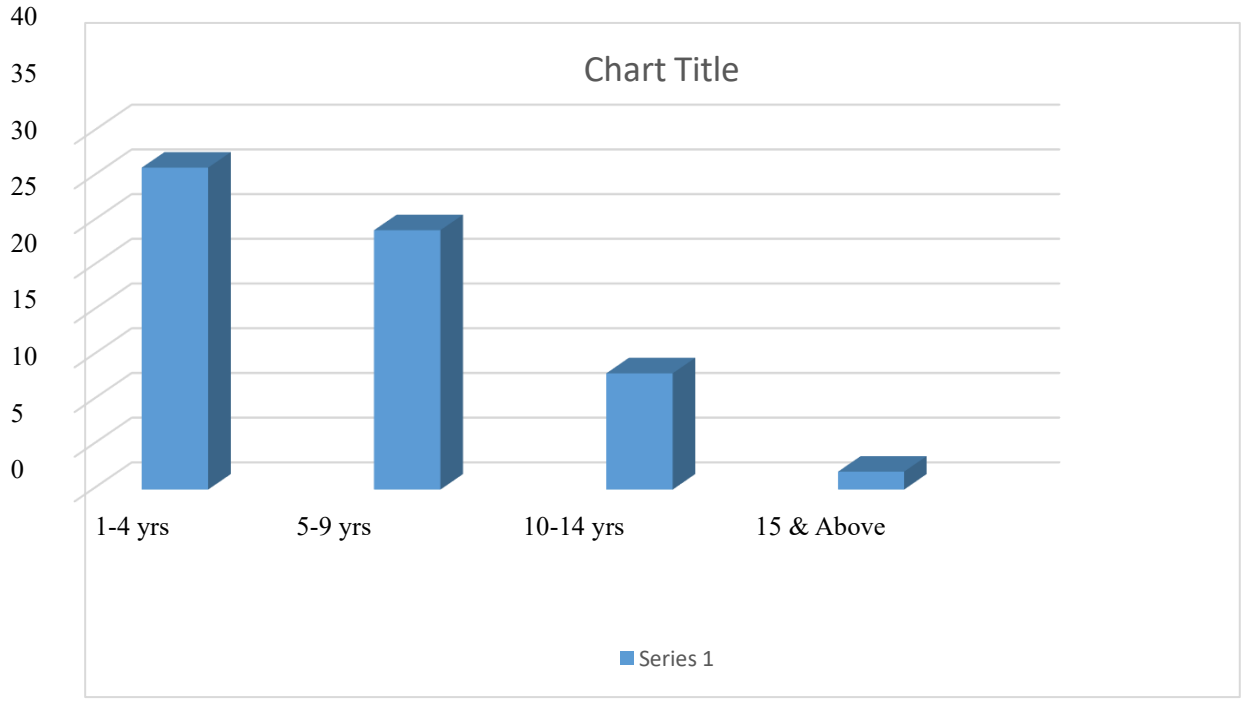

Fig. No.1.1.7: Distribution of samples according to their years of experience (N=80)

Above figure shows that majority of samples 36 (45%) have 1-4 years of experience, 29 (36.25%) samples have 5-9 years of experience, 13 (16.25%) samples have 10-14

years of experience and 2 (2.5%) samples have experience 15 years and above.

SECTION 2: DESCRIPTION OF STAFF NURSES ACCORDING TO THEIR KNOWLEDGE REGARDING ISBAR HANDING AND TAKING OVER TOOL.

Table No.2.1.1: Description of staff nurses according to their knowledge regarding ISBAR handing and taking over tool.

Sr. No.	Knowledge level	Frequency	Percentage
1	Poor	32	40%
2	Average	24	30%
3	Good	24	30%

Fig. No.2.1.1: Description of staff nurses according to their knowledge regarding ISBAR handing and taking over tool.

Above figure shows that majority of samples 57 (71.25%) have good knowledge regarding ISBAR handing and taking over tool, 19 (23.75%) samples have average knowledge regarding ISBAR handing and taking over tool and 4 (5%) samples have poor knowledge regarding ISBAR handing and taking over tool.

SECTION 3: ASSOCIATION OF KNOWLEDGE LEVEL REGARDING ISBAR HANDING AND TAKING OVER TOOL WITH DEMOGRAPHIC VARIABLES.

Table No. 3.1.1: Association of knowledge level regarding ISBAR handing and taking over tool with demographic variables. (N=80)

Sr. No.	Demographic variables	Knowledge level regarding ISBAR handing and taking over tool			D F	Chi square value	P value	Result
		Poor (0-33.33%)	Average (33.34 - 66.66%)	Good (66.67 - 100%)				
1	Age in years							
	21-25 yrs.	2	5	27	6	8.5449	0.2008	Not significant
	25-30 yrs.	2	8	24				
	30-35 yrs.	0	3	5				
	Above 40 yrs.	0	3	1				
2	Gender							
	Male	0	3	4	2	1.7770	0.4113	
	Female	4	16	53				Not significant
3	Religion							
	Hindu	2	13	29	6	23.0622	0.0008	**Significant**
	Muslim	0	4	2				
	Buddhist	0	2	22				
	Other	2	0	4				

4	Type of family							
	Nuclear family	1	7	25	4	6.2839	0.1789	Not significant
	Joint family	2	12	30				
	Separated	1	0	2				
5	Marital status							
	Married	2	14	32	2	2.0029	0.3673	Not significant
	Unmarried	2	5	25				
6	Educational status							
	ANM	0	0	1	6	2.9578	0.8141	Not significant
	GNM	4	16	41				
	BSc	0	2	7				
	P.B. BSc	0	1	8				
7	Years of experience							
	1-4 yrs.	2	8	26	6	5.6319	0.4657	Not significant
	5-9 yrs.	2	5	22				
	10-14 yrs.	0	6	7				
	15 & above	0	0	2				

The table No.3.1.1 describes that, association of level of knowledge regarding ISBAR handing and taking over tool with their demographic variables: age, gender, religion, type of family, marital status, educational status and years of experience. The chi square value was applied to compute the association between the level of knowledge and demographic variables.

The chi square value of religion was 23.0622 with degree of freedom 6 was found Association with level of knowledge regarding ISBAR handing and taking over tool. There were no any demographic variables found association with level of knowledge regarding ISBAR handing and taking over tool.

CONCLUSION

This study was done to assess the knowledge of staff nurses regarding ISBAR handing and taking over tool. Based on the result investigator concluded that there was significant association between religion and knowledge of staff nurses regarding ISBAR handing and taking over tool.

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