# Bedside Report and Implications for Clinical Nursing Education

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## Abstract

The purpose of this senior honors thesis was to explore the general interest for the implementation of bedside report in the clinical education setting for senior nursing students at the University of Vermont doing their rotations at Fletcher Allen Health Care. A qualitative survey was sent to the nurse educators at FAHC (N=15, n=10) regarding the prevalence, the benefits, and the barriers related to bedside report. Senior nursing students (N=63, n=61) completed a brief, quantitative survey using a Likert-scale regarding their experiences with patient report, their comfort level in providing care to patients after receiving report, and their experiences and opinions about bedside report. Nurse educators identified safe patient care, patient-centered care, and patient and nurse satisfaction as benefits of bedside report. Barriers identified include a lack of confidentiality and the time-consuming nature of bedside report. All of the nurse educators felt that the inclusion of students in bedside report is feasible. Results of the student survey revealed that 78.7% (48/61) "agreed" or "strongly agreed" with the statement, "I think that bedside report would enhance nursing care." In response to the statement, "I think I would be more comfortable approaching a patient's care after receiving bedside report," 73.8% (45/61) of students "agreed" or "strongly agreed." The findings of the research may suggest an improvement in clinical nursing education through bedside report, an approach that employs both visual and verbal communication skills.


*Keywords*: nursing education, bedside report, bedside handover, clinical education

Bedside Report and Implications for Clinical Nursing Education

## Introduction

At the start of each shift, nurses receive a general report on the patients that they will be caring for, so that they are up-to-date on the patient treatment needed for that shift. Historically, patient information regarding the individual's care was not shared with the patient, leaving the individual out of his/her own care plan. Recently, there has been a shift to change this practice and increase the amount of information that is disclosed to the patient, with the ultimate goal of providing more transparent, higher quality care. The most commonly practiced model of report takes place in the staff room, at the nurse's station, or other locations away from the patient's bedside. However, more and more institutions are implementing a different way to communicate patient care information: bedside report. In bedside report, the off-going nurse, the on-coming nurse, and possibly aides caring for that patient, all gather with the patient to discuss the care that was provided in the previous shift, as well as the care that needs to be provided during the upcoming shift. Many research articles have identified the key benefits of bedside report as: (1) improvements in patient-centered care and nursing services; (2) a perceived increase in accuracy; and (3) the prevention of stereotyping and judgment of patients (Chaboyer, McMurray, & Wallis, 2010; Fenton, 2006).

During orientation to one of the units at Fletcher Allen Health Care (FAHC), University of Vermont nursing students were told that the unit, like many units in the hospital, practiced bedside report. As senior nursing students, we were excited to witness and participate in bedside report thinking that it would have the potential to make us more comfortable working with the patient and also alleviate some uneasiness that the

patient may be experiencing related to having student nurses providing care. After completing the seven-week rotation, the majority of senior nursing students on that floor did not experience bedside report (by an unofficial word-of-mouth survey) and it was apparent that the method was not utilized consistently.

**Research Question**

The question addressed in this senior honor's thesis is: What are nurse educators' and senior nursing students' general attitudes about implementing bedside report in the clinical setting in relation to the learning experience? Nurse educators and University of Vermont senior nursing students provided their perspectives on the topic to help determine whether or not the practice could be beneficial if incorporated into the student nurse undergraduate learning experience.

**Significance**

The implications and possible benefits for students participating in bedside report include: (1) nursing students may feel less intimidated on the floor during their clinical rotations; (2) visual learning is enhanced; (3) communication skills may be better developed; and (4) the student-patient therapeutic relationship will be initiated through face-to-face interaction. In addition, communication about the patient's care that includes patient involvement can ultimately increase the quality of the care delivered.

## Literature Review

CINAHL, Nursing@Ovid, PubMed, and E-Nursing Journals databases were searched for articles pertaining to bedside report. Search terms used include: *bedside, report, nursing, shift, education,* and *handover*. Results were limited to English language journals published between January 2006 - March 2013. CINAHL produced seven articles using the terms "bedside report" and "nursing," all of which were relevant to the topic. Nursing@Ovid generated nine articles based on the same search criteria, five of which were relevant. PubMed generated six articles based on the search, "(bedside report[Title]) AND nursing." Sixteen articles were selected after a review of the abstracts to determine the relevancy to this thesis. Articles describing the benefits and barriers of bedside report, as well as articles describing the implementation of bedside report in a certain unit were included in this literature review. There is little research regarding bedside shift report and its relationship to nursing education. CINAHL and Nursing@Ovid did not produce any search results using the terms "bedside," "report," "nursing," and "education." PubMed produced 35 articles using the search terms: "(((nursing) AND education) AND bedside) AND report." Only one article had the terms "bedside," "nursing," and "education" in the title. However, this article focused on time spent doing educational procedures at the bedside, not the use of bedside report. The remaining articles from the search were not relevant to the use of bedside report in the clinical setting.

### Benefits of Bedside Report

**Patient-centered care.** The practice of nursing is based upon patient-centered care; when you put the patient first, everything else follows. Research has shown that

bedside report enhances patient-centered care by offering an opportunity to promote patient involvement and participation with their own clinical care (Chaboyer, McMurray, & Wallis, 2010; Fenton, 2006).

In one Italian hospice care center that practices bedside report, families and patients were given a survey regarding their opinions of bedside report. All patients and family members reported that their sense of safety and their knowledge of the staff were increased, allowing for a better overall experience (Wildner & Ferri, 2012).

The use of bedside shift report encourages involvement of patients or family members and allows the opportunity to correct misconceptions (Maxson, Derby, Wrobleski, and Foss, 2012). Ferris (2013), a floor nurse on a busy medical-surgical unit in Washington, played a role in implementing bedside report on her unit three years ago. Despite struggling to get nurses to agree to try bedside shift report, the practice eventually spread to all medical-surgical units in her hospital, as well as to their sister facility. Ferris reported that communication with the patient and families improved, as anticipated. She also noticed that nurses had to make less rapid response calls after the implementation of bedside shift report (Ferris, 2013, pp. 48-49).

**Visualizing the patient.** "The best care comes from including the patient." After using bedside report, nurses in one particular study believed that the crosschecking of information at the bedside with the patient notes and asking questions to clarify treatments or medications helped avoid errors. Another key component was the ability to visualize the patient's condition (e.g. neurological status, drains, lines, etc.). These observations prompted better recall of information to handover while also allowing the

off-going nurse to introduce the on-coming nurse (McMurray, Chaboyer, Wallis, & Fetherston, 2010, p. 2585).

In one study, staff members reported that they were better able to prioritize care after seeing their patients during the bedside report within the first 20-30 minutes of their shift (McMurray, Chaboyer, Wallis, & Fetherston, 2010). "Improved prioritization of the workflow means the most acute patients…in the assignment are seen within the first half hour of the shift, and oncoming nurses are able to visualize the patient themselves rather than rely on comments from colleagues. Nurses are able to visualize the environment; make checks of the IV line, site, and fluids; and ask questions of patients and their colleagues" (Evans, Grunawalt, McClish, Wood, & Friese, 2012, p. 284). One nurse shift coordinator expressed the benefits of bedside report, "At bedside you can visualize what you've done for this patient. It can reveal patient cues, what's on their face, especially if a patient is unknown to you…It's taught nurses to…be more accountable, think about what they hand over and why" (McMurray, Chaboyer, Wallis, & Fetherston, 2010, p. 2584).

**Enhanced effectiveness.** In another study, 84% of nurses who participated reported that the way information was presented during report was not easy to follow (Street, et. al, 2011). Often times, shift-to-shift report is often daunting, especially to those who are just starting their clinical rotations, as the abbreviations and fast pace of the handover make it almost cryptic for students, unlicensed aids, and float nurses who are not specific to that floor to understand (O'Connell, Macdonald, & Kelly, 2008). However, "Handover at the bedside saves time, enables the nurse to put a face to the name, ensuring accurate identification of patient with information, allows the incoming nurse to ask questions and gives an opportunity to begin patient assessment. Most

importantly, bedside handover allows participation by patients, carers, and family members which enables them to be better informed about their care plan, could enhance effectiveness of handover, and improve patient safety" (Street, et. al, 2011, p. 138).

One study that addressed the need for a change in the location of report from an office-based report to bedside report, found that 80.7% of nurses who participated disagreed with the statement that "Patients are involved in the handover process" before any changes were implemented (O'Connell, Macdonald, & Kelly, 2008). After the change of location, nurses reported that being able to check the patient's condition, verifying information about their care, and receiving handover directly from the nurse who cared for the patient on the previous shift, were key strengths to the handover.

Another study comparing patient and nurse satisfaction with shift-to-shift report after the implementation of bedside report showed statistically significant improvement in satisfaction for both the patient and the nurses. Nurses felt that bedside shift report increased accountability, allowed for medication reconciliation, and enhanced multidisciplinary communication after the report (Maxson, Derby, Wrobleski, and Foss, 2012).

**Barriers of Bedside Report**

**Confidentiality.** One barrier that has been identified in the literature about bedside report is the breach of patient confidentiality that occurs when patients have a roommate, or visitors present during their handover (Chaboyer, McMurray, & Wallis, 2010). In this case study, the nurses were able to ameliorate this problem by asking visitors to leave the room, or by asking the patient if they minded having others in the room. More sensitive information that was not deemed appropriate at the bedside was

communicated away from the patient, or written down on a report sheet (Chaboyer, McMurray, & Wallis).

One study that compared nurse satisfaction before and after the implementation of bedside report on a medical-surgical unit also identified nurses' concern that the bedside method would violate the Health Insurance Portability and Accountability Act. A process revision was made after the issue was reviewed, and it was determined that any potentially sensitive or private information (e.g., infectious diagnosis, psychosocial matters) would be discussed in private conference room space (Evans, Grunawalt, McClish, Wood, & Friese, 2012, p. 283).

**Time consuming.** Another perceived barrier related to bedside report is that it is a time-consuming practice. However, research has shown that bedside report is a relatively time-efficient model (Fenton, 2006). Findings of a pilot study involving 532 bedside reports found that each took an average of 76 seconds, and the whole floor's handover was completed in 20 minutes on average. On units that used verbal handover at the nurse's station, report ranged from 20-55 minutes, with the mean time being 36.3 minutes. Nurses reported that much of the time was taken up with personal conversations due to a lack of a professional environment (Kerr, Lu, McKinlay, & Fuller, 2011). One study conducted on a 32-bed general surgical unit in a 600-bed tertiary hospital in Arizona noted a financial outcome after the implementation of bedside report. There was actually a decrease in time over shift (incidental time) by over 100 hours in the first four pay periods after the change, which translates into financial savings (Anderson & Mangino, 2006).

In Evans, Grunawalt, McClish, Wood, and Friese's study (2012), nurses noted that patients would "monopolize the report conversation" (p. 283). To ensure nurses had enough time to hand over important information pertaining to the patient's care, "staff were encouraged to inform patients that nurses first had to discuss a few points, then would address non-urgent topics raised by patients" (p. 283).

Despite some general interest in changing shift report from the nurse's station to the bedside expressed by hospitals throughout the world, there is a lack of research regarding how bedside report could be incorporated earlier – for example, in undergraduate nursing education. Kerr, Lu, McKinlay, & Fuller's study (2011) determined that nursing handover is not formally taught in the majority of undergraduate nursing programs, despite the fact that it is a task that every nurse will perform every time he/she goes to work. Although many benefits of bedside report, from the patient's, as well as from the nurse's perspective, have been shown, there is still a lack of research to support the use of educational interventions to improve handover (Gordon & Findley, 2011). The purpose of this research was to determine the frequency that bedside report is used at a local medical center and to examine the perspectives of unit nurse educators and senior nursing students related to the benefits and barriers of bedside report and implications for nursing education.

## Methods

Following Institutional Review Board (IRB) approval of the protocol (approval number CHRBS: B13-136), approval of the FAHC's Nursing Research Collaborative (NRC), and notification of the nurses' union president and the nurse managers of the units, nurse educators were recruited to participate in this research study. Nurse educators on medical-surgical, pediatric, maternity, psychiatric, critical care, and rehabilitation inpatient units were invited to participate. It was decided that the survey would not be sent out to operating room nurse educators based on a lack of relevancy.

Those who agreed to participate were surveyed regarding the prevalence, the benefits, and the barriers related to bedside report. An email, including an introduction to the researcher, a brief description of the research project, and an invitation to participate in the research was sent to 15 unit nurse educators at FAHC. A link to a qualitative survey on Survey Monkey was included in the email. The survey was approximated to take 10 to 15 minutes to complete (Appendix A). After a one-week time frame, nine nurse educators had responded to the survey. A follow-up e-mail was sent to all nurse educators to be invited again to participate if they had not already done so. After that one-week time frame, one more response was submitted and the survey was closed.

Participation was voluntary and no further follow-up emails were sent after the second invitation. Keeping any identifiers confidential protected the anonymity of the nurse educators. Completed surveys (n=10) were analyzed by organizing responses into themes that describe the nurse educators' perspectives of bedside report.

Senior nursing students (N = 63 students) were invited to participate by completing a brief, quantitative survey using a Likert-scale and yes/no questions

regarding their experiences with patient report, their comfort level in providing care to patients after receiving report, and their opinion of bedside report (Appendix B). The survey was distributed after a class period, in which all 63 students were scheduled to attend. The researcher gave a brief introduction to the thesis work to the class and then provided 10 minutes to complete the survey. Consent was implied by completion of the survey. To provide for confidentiality, the researcher left the room and asked the students to put their completed survey in a folder and the researcher re-entered the room after surveys were completed and in the folder. Sixty-one students completed the survey.

Application to the Institutional Review Board was submitted and the project qualified for exemption (approval number CHRBS: B13-136), effective for the duration of the project. All materials were reviewed and approved by the Fletcher Allen Nursing Research Collaborative (NRC) before distribution of the survey to the nurse educators.

**Data Analysis**

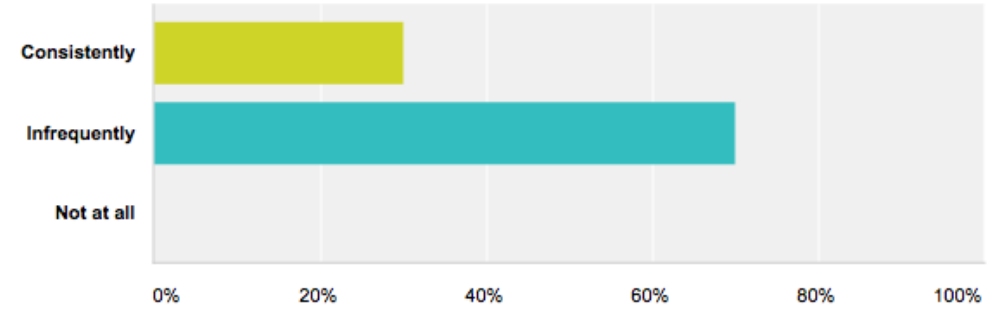
Data were analyzed using both qualitative and quantitative methods. The unit nurse educator surveys were analyzed using a qualitative approach to identify themes related to the incidence, benefits, barriers, and feasibility of bedside report. Responses to the questions were read with the intention of extracting a meaningful description of the nurse educators' perspectives that emerged from the responses. Data were then organized into themes that described the aggregate perspective of the use of bedside report in the delivery of nursing care.

Student nurse surveys were analyzed using descriptive statistics. The student nurse surveys were tallied and frequency counts with percentages of answers to each

question were calculated. The tally marks were recorded on three separate occasions, each time by the researcher, to assure the accuracy of the analysis.

## Results

The predominant themes identified in the nurse educator surveys regarding the benefits of bedside report include an increase in: (1) patient-centered care; (2) patient safety; and (3) patient and nurse satisfaction. The barriers of bedside report identified by the nurse educators are: (1) issues with patient confidentiality; and (2) time-related constraints. All ten nurse educators responded that it would be feasible for nursing students to participate in bedside report, with the majority of them stating that students would play an integral part. Of the ten nurse educators that participated, seven reported infrequent use of bedside handover, three reported consistent use, and none reported no use at all. The majority of nurse educators who reported infrequent use of bedside report stated that it is a challenge to implement consistent use (*Figure 1*).




| Answer Choices | Responses | |
|---|---|---|
| **Consistently** | **30%** | 3 |
| **Infrequently** | **70%** | 7 |
| **Not at all** | **0%** | 0 |
| Total | | 10 |

*Figure 1*. Bedside report frequency reported by nurse educators.

In the student survey, 71% (43/61) “strongly agreed” and 21% (13/61) “agreed” that they had had direct experience with patient report at the end of shift (*Table 1*).

Seventy-seven percent (47/61) of students "agreed" or "strongly agreed" that they are confident in providing report (*Table 2*). In response to the statement, "I am comfortable entering a patient's room for the first time after receiving a verbal report, 85% (52/61) of students "agreed" or "strongly agreed" that they are comfortable entering a patient's room for the first time after receiving a verbal report (*Table 3*). More than half, 61% (37/61) of students had ever experienced bedside report (*Table 4*), and 79% (48/61) "agreed" or "strongly agreed" with the statement, "I think that bedside report would enhance nursing care" (*Table 5*). Finally, 74% (45/61) of students "agreed" or "strongly agreed" with the statement, "I think I would be more comfortable approaching a patient's care after receiving bedside report." Of those 45 students, 30 (67%) of them "strongly agreed" (*Table 6*) that bedside report would make them more comfortable approaching a patient's care.

| I have had direct experience with patient report at the end of shift. (n=61) | |
|---|---|
| Strongly Disagree | 1 (2%) |
| Disagree | 2 (3%) |
| Neutral | 2 (3%) |
| Agree | 13 (21%) |
| Strongly Agree | 43 (71%) |

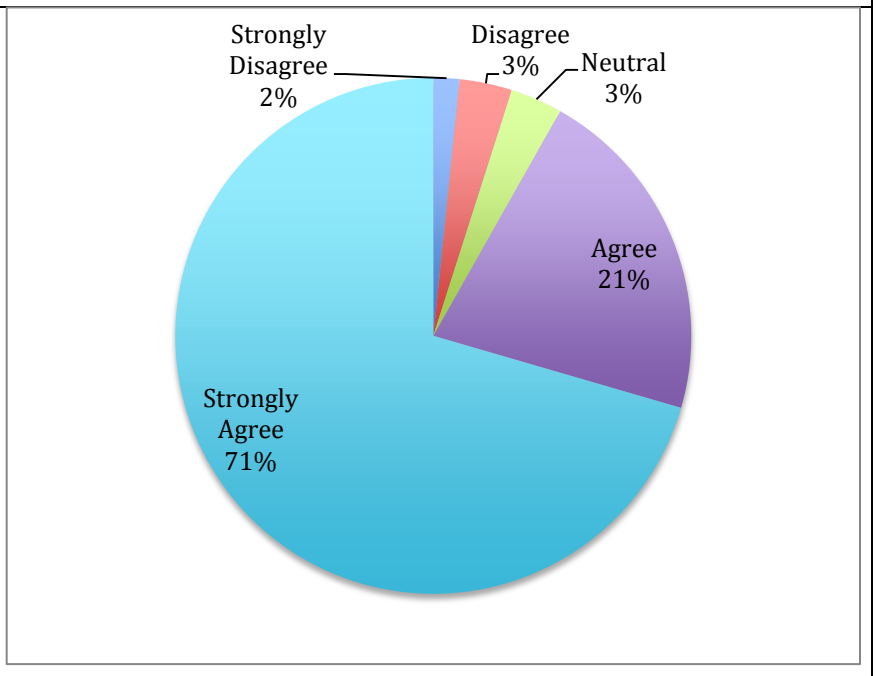



*Table 1*. Student responses regarding experience with report at the end of shift.

| I am confident in providing report at the end of shift. (n=61) | |
|---|---|
| Strongly Disagree | 0 (0%) |
| Disagree | 4(7%) |
| Neutral | 10 (16%) |
| Agree | 41(67%) |
| Strongly Agree | 6 (10%) |

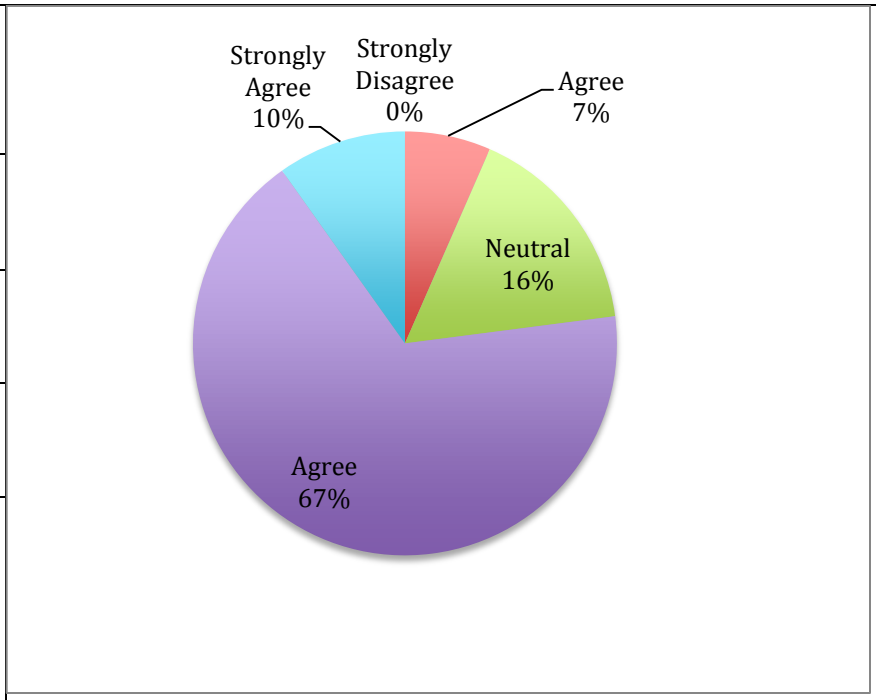



*Table 2.* Student responses regarding confidence in providing report.

| I am comfortable entering a patient's room for the first time after receiving a verbal report. (n=61) | |
|---|---|
| Strongly Disagree | 0 (0%) |
| Disagree | 2 (3%) |
| Neutral | 7 (11%) |
| Agree | 34 (56%) |
| Strongly Agree | 18 (30%) |

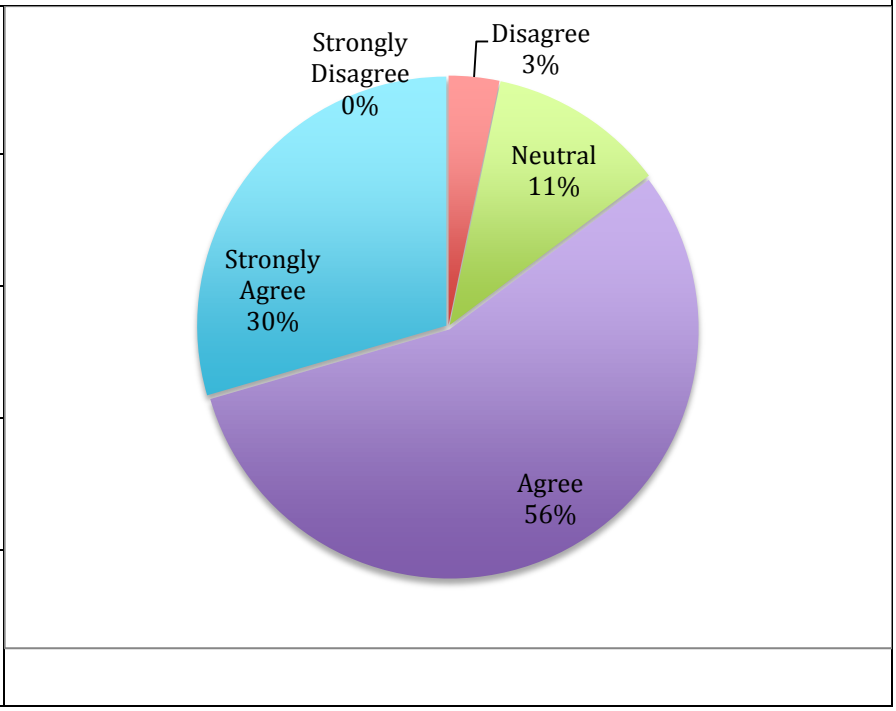



*Table 3.* Student responses regarding comfort-level after receiving verbal report.

| I have experienced **bedside** report. (n=61). | |
|---|---|
| Strongly Disagree | 7 (11%) |
| Disagree | 9 (15%) |
| Neutral | 8 (13%) |
| Agree | 25 (41%) |
| Strongly Agree | 12 (20%) |

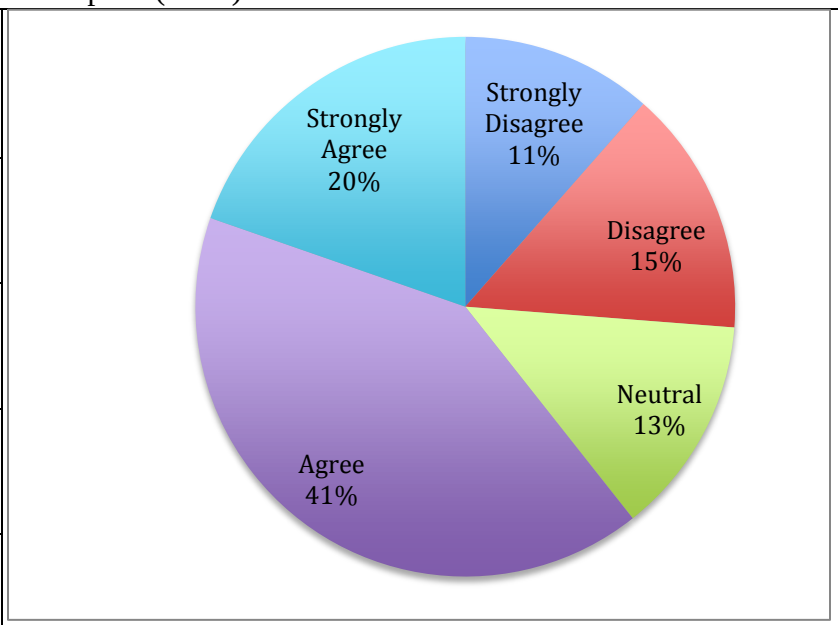



*Table 4*. Student responses regarding their experience with bedside report.

| I think that **bedside** report would enhance nursing care. (n=61) | |
|---|---|
| Strongly Disagree | 2 (3%) |
| Disagree | 2 (3%) |
| Neutral | 9 (15%) |
| Agree | 25 (41%) |
| Strongly Agree | 23 (38%) |

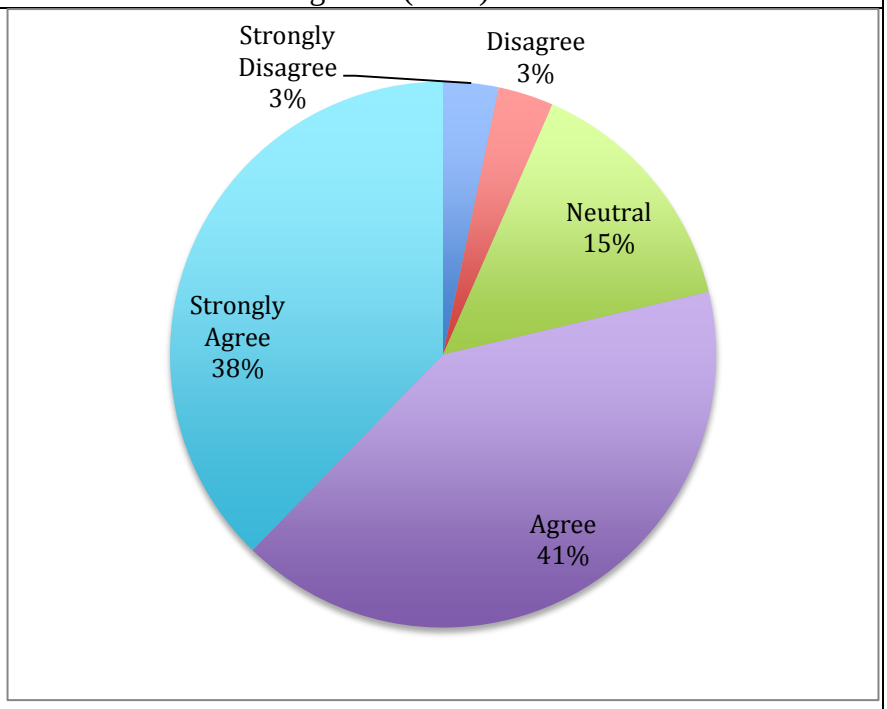



*Table 5*. Student responses regarding bedside report and enhancement of care.

I think I would be more comfortable approaching a patient's care after receiving **bedside** report. (n=61)

| | |
|---|---|
| Strongly Disagree | 2 (3%) |
| Disagree | 5 (8%) |
| Neutral | 9 (15%) |
| Agree | 15 (25%) |
| Strongly Agree | 30 (49%) |

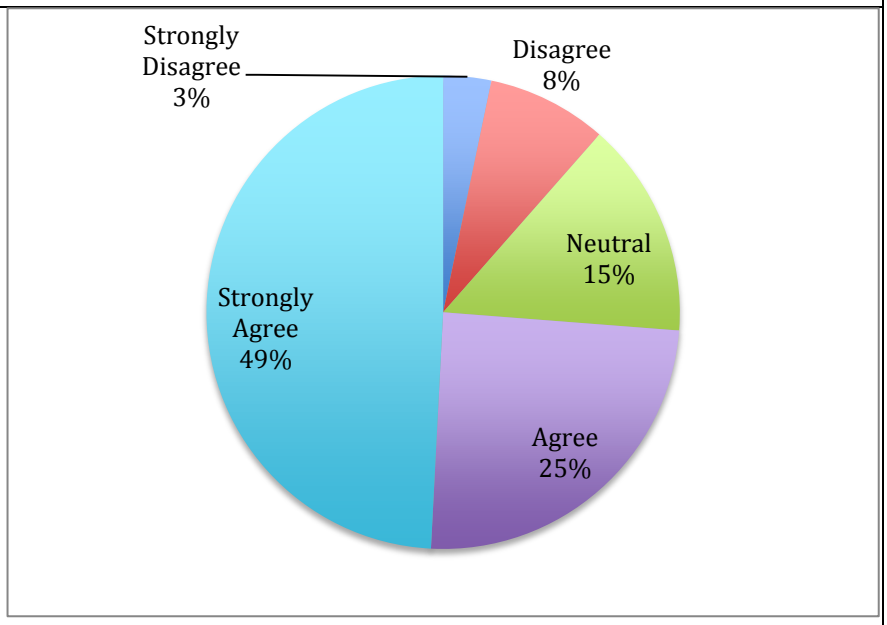



*Table 6.* Student responses regarding comfort-level after receiving bedside report.

## Discussion

### Nurse Educators

The results of the nurse educator surveys were consistent with the findings in the literature. The benefits of bedside report, as found in the literature were: (1) patient-centered care, (2) visualizing the patient, and (3) enhanced effectiveness. The nurse educators in this study described the benefits as improved: (1) patient-centered care, (2) patient safety, and (3) patient and nurse satisfaction.

**Benefits.** Patient-centered care was a predominant theme that was directly identified in both the literature review and the nurse educator surveys. In the qualitative survey, six of the ten nurse educators listed "patient-centered care" as a response to the benefits of bedside report. According to one nurse educator, "When patients are involved in their own plan of care it seems to decrease anxiety." Another felt that bedside report offers a "good chance for nurses and family members to ask questions and voice their concerns." Another nurse educator stated, "Keeping the patient in the center of their care and involved in their hospital course will increase their health outcomes and overall satisfaction."

Patient safety was another benefit identified by the nurse educators that enhances the effectiveness of care through visualization. Many educators who described patient safety as a benefit also included the ability to see the patient, to check and cross-check the equipment in the room/patient lines and drains, and to catch any errors. One educator said that "Four eyes are better than two." Another one thought that bedside report allows for "eyes on, eyes off" care in which the off-going nurse and the oncoming nurse are "looking at the patient, and at the same time checking lines, cleanliness, the 5P's, etc."

As mentioned earlier in a quote from a nurse educator, patient-centered care increases patient satisfaction. Another nurse educator stated that bedside report allows for nurse accountability, which increases nurse satisfaction because nurses can be sure that they are provided with the correct information. One educator also mentioned improved teamwork as a benefit of bedside report, which also allows for increased nurse satisfaction.

**Barriers.** The barriers of bedside report, as identified by both the nurse educators and the literature review were (1) issues with patient confidentiality, and (2) time-related constraints. However, both sources suggest that these barriers are only perceived as barriers, and may not be true disadvantages of bedside report.

Nurse educators claimed that semi-private rooms prevent nurses from using bedside report because patient confidentiality is not protected. One nurse educator responded, "Nurses perceive of a lack of confidentiality, when in fact in semi-private rooms, the patient in the other bed already knows everything about the patient." In the literature review, nurses on a unit that had implemented bedside report were able to ameliorate this issue by disclosing any potentially sensitive information (STI/HIV/pregnancy statuses, etc.) away from the bedside. One nurse educator pointed out that nurses feel they cannot "divulge 'honest' opinions/information about patients: 'this patient is really anxious and needy at times.'" Furthermore, one nurse educator even stated, "Nurses like to tell their tale of what they have experienced in caring for the patient during the shift, rather than have the report be about "the patient's experience." This final statement brings to light the need for a change in nursing practice so that care is focused back on the patient's experience.

Time never seems to be an abundant resource in the nursing profession. Much of the concern from the nurse educators regarding bedside report was how much time it would take at shift change. Due to the fact that there are multiple nurses to report off to (up to five during a single handover), there is "not enough time to find the RN and drag her to the bedside." One nurse educator noted that, "nurses think bedside report takes longer." However, the literature review showed bedside report may actually be more time-efficient than report done at the nurses' station because it keeps the nurses focused on the report as opposed to getting involved in personal conversations.

**Nursing students' participation.** All ten of the nurse educators supported student nurse participation in bedside report, as they "are part of the team involved in patient care" and "they are preparing to be a nurse and should have a hand in doing whatever nurses do." One educator acknowledged the increasing incidence of bedside report, "This is becoming a standard at more and more institutions…[students] should get used to the process now." Another nurse educator supported the idea because, "Bedside report is a great learning experience for the student. It shows them how to interact with the patient and develop relationships."

**Feasibility of implementation.** The biggest challenges regarding the implementation of bedside report according to the nurse educators is the lack of consistency and resistance to change. One nurse educator shared her experience of her attempts to promote bedside report on her unit:

> I have had this component of care focused upon each year (at least once) in a monthly reading, staff meeting update and last year even had it as part of our staff development ("education") day; to no avail...my nursing staff still persist on

> having report in the hallway, by the unit desk, or in the charting rooms. If nursing leadership and management are not present and/or does not make this a mandatory event for shift change-reports, nurses will not "do" this.

According to Lewin's unfreezing-change-refreeze model, the prior learning of doing report at the nurse's station/in the break room must be replaced through implementation of a three-step process. This can be accomplished by first "unfreezing," a process which encourages people to let go of previous practices. By increasing the driving forces, the benefits of bedside report, while also decreasing the restraining forces, the barriers of bedside report, individuals and groups are motivated to move to a new level and change their practice. Education of the staff regarding the benefits of bedside report is one approach to use in this initial stage of the process. The second stage, "change," requires a shift in thoughts, feelings, or behaviors toward a more productive method. Education on increased nurse satisfaction due to bedside report should be shared with nurses who may feel skeptical of trying the method, in an attempt to change their previous thoughts or feelings connected with bedside report. A pilot study of willing nurses could be done, in which they only use bedside report. Then, a follow-up survey of their experience with it would be shared with other nurses, in an effort to recruit more proponents for bedside report. Finally, establishing the change as a habit completes the third stage, "refreezing," so that the change is the new standardized practice (*Current Nursing*, 2011). As noted by the nurse educator, nurses will not just start doing bedside report on their own. The shift in location of report to the bedside requires a multi-disciplinary team, educational information sessions, and personal incentives for nurses to assure the implementation and continued use of the new practice.

**Senior Nursing Students**

The implications and possible benefits for nursing students participating in bedside report include: (1) students may feel less intimidated on the unit during their clinical rotations; (2) visual learning is enhanced; (3) communication skills may be better developed; and (4) the student-patient therapeutic relationship will be initiated through face-to-face interaction. In addition, communication about the patient's care can ultimately increase the quality of the care delivered.

Seventy-seven percent of senior nursing students (47/61) agreed/strongly agreed that they feel comfortable in providing report at the end of shift. With almost one-fourth of nursing students in their final semester of nursing school feeling less than comfortable in giving report (a daily nursing responsibility), there is a need for improved education in the nursing handover process. Clinical rotations are predominately focused on obtaining specific skill sets and gaining confidence as a nurse. It is important to get students involved in the handover process because it is a vital component of patient care.

Eighty-six percent of students (54/61) agreed/strongly agreed that they are comfortable entering a patient's room for the first time after receiving a verbal report. Seventy-four percent of students (45/61) agreed/strongly agreed that they would be more comfortable approaching a patient's care after receiving **bedside** report. This is an interesting figure because only 37/61 (61%) of students agreed/strongly agreed that they have experienced bedside report. This difference between students who have actually experienced bedside report and those who think they would feel more comfortable after receiving bedside report suggests that students are open to experiencing a different method of report.

**Limitations**

The major limitation of the study is that the research was conducted in only one academic medical center. The fourth-year nursing class (n=61) was the only population surveyed for student responses, despite the University of Vermont's nursing curriculum starting hospital clinical rotations during the third year. The nurse educators' population was limited to fifteen, ten of whom completed the online survey.

In the nurse educator survey, there were some inconsistencies regarding the frequency of bedside report and the feasibility of its implementation if the unit did not use bedside report. Seven of the ten nurse educators reported infrequent use of bedside report, but five of the ten nurse educators reported that they currently use bedside report when asked, "If your unit does not currently use bedside report, what do you think is the feasibility of implementing it in the future?"

Another limitation of this study is that there are no future plans to implement nursing bedside report in the clinical setting. There is resistance to "changing practice" from a nurse's perspective, as "getting buy in has proved challenging," according to the nurse educators. With the use of Lewin's Change Model, it is possible to unfreeze-change-refreeze the practice so that the benefits of bedside report drive down the barriers that are restraining the implementation of bedside report in the hospital setting (Current Nursing, 2011).

**Implications for Research and Education**

By raising awareness of the attitudes and opinions held by nurse educators and senior undergraduate nursing students regarding the use of bedside report in the clinical setting, the potential of this research is to improve students' educational experiences

through the implementation of bedside report. This research opens the gate for another interesting study regarding the attitudes of nurse preceptors regarding the implementation of bedside report during students' clinical rotations. Although the use of bedside report has been investigated and reported in the literature, more research is needed regarding its use in undergraduate nursing education.

The results of this research will be presented in aggregate form at a thesis presentation to a University of Vermont thesis committee, interested students and faculty, and Fletcher Allen Health Care nurse educators. The implications for clinical nursing education and further research will be discussed.

## Conclusion

In this senior honors thesis, the attitudes and opinions of senior nursing students at the University of Vermont and nurse educators at Fletcher Allen Health Care were explored regarding the use of bedside report. The results of the honors thesis research, in combination with a literature review, reveal that bedside report is highly regarded for the promotion of patient-centered care, increased safety, and higher patient and nursing satisfaction. Nurse educators as well as senior nursing students support the idea of the use of this practice in the clinical setting for improved education. The major challenge faced by the implementation of bedside report is the resistance toward change due to perceived barriers. The perceived barriers of bedside report are the restraining forces that counter the benefits, the driving forces, of change. The inclusion of nursing students in bedside report has the potential for various educational benefits: (1) students may feel less intimidated; (2) visual learning is enhanced; (3) communication skills as a team member may be better developed; and (4) the student-patient therapeutic relationship will be initiated through face-to-face interaction. In addition, communication with the patient about his/her care plan may ultimately increase the patient and the nurse's satisfaction regarding the quality of care.

Ultimately, more research is needed regarding the use of bedside report in the clinical setting as an integral part of the curriculum in undergraduate nursing education.

# Appendix A

Cover Letter to Nurse Educators:
Dear Nurse Educator,

Hello, my name is Emily LaPenta. I am a senior nursing student at UVM, currently working on my senior honor's thesis, "Bedside Report and Implications for Clinical Nursing Education." I am exploring the opinions of senior nursing students as well as FAHC nurse educators regarding bedside report in the clinical setting. As a nurse educator at FAHC, you are being invited to take part in this research project by completing a brief online survey about bedside report. Participation is voluntary and should only take about 10 to 15 minutes. Please follow this link to complete the survey: http://www.surveymonkey.com/s/QJZCN2C. Your confidentiality is assured and the survey is anonymous.

If you have any further questions about this research project, please don't hesitate to contact me or my faculty advisor, Dr. Jeanine Carr via e-mail/phone. If you have any questions about your rights as a research participant, you may contact Nancy Stalnaker, Director of Research Protections at (802)-656-5040. I appreciate your time and consideration.
Thank you very much.
Sincerely,
Emily LaPenta, Principal Investigator (802)733-6964, elapenta@uvm.edu
Dr. Jeanine Carr, Ph.D., RN, Faculty Advisor (802)656-2253, Jeanine.carr@uvm.edu

Survey for Nurse Educators to Complete:
1. How frequently is bedside report used on your unit?
(Consistently, Infrequently, Not at all?)

2. What do you think are the benefits of bedside report?

3. What do you think are the barriers of bedside report?

4. If your unit uses bedside report, do you think it is feasible for nursing students to participate in the process? Why or why not?

5. If your unit does not currently use bedside report, what do you think is the feasibility of implementing it in the future?

Appendix B
Senior Nursing Student Survey

Please circle the number that corresponds with your answer.

I have had direct experience with patient report at end of shift.
(Strongly disagree-Disagree-Neutral-Agree-Strongly agree)
1 2 3 4 5

I am confident in providing report at the end of shift.
(Strongly disagree-Disagree-Neutral-Agree-Strongly agree)
1 2 3 4 5

I am comfortable entering a patient's room for the first time after receiving a verbal report.
(Strongly disagree-Disagree-Neutral-Agree-Strongly agree)
1 2 3 4 5

I have experienced **bedside** report.
(Strongly disagree-Disagree-Neutral-Agree-Strongly agree)
1 2 3 4 5

I think that **bedside** report would enhance nursing care.
(Strongly disagree-Disagree-Neutral-Agree-Strongly agree)
1 2 3 4 5

I think I would be more comfortable approaching a patient's care after receiving **bedside** report.
(Strongly disagree-Disagree-Neutral-Agree-Strongly agree)
1 2 3 4 5

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