Research Article
Overview of Covid-19 Patient Handovers at the "B" Hospital Jambi City in 2021/2022

Yemima Angel Lorence[1], Andi Subandi[2], Tuti Aryani[3]
[1,2,3]Jambi University,Jl. Raya Jambi-Ma. Bulian KM.15 Mendalo Indah
Email Corespondent: yemimangelorence@gmail.com

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There is no conflict of interest in the preparation of this research.

Abstract
Background: Handover is the transfer of responsibility carried out by the shift implementing nurse and then given to the other person in charge using the SBAR technique. The importance of the SBAR technique in handover to reduce malpractice due is to unclear communication, improve teamwork, improve patient safety, and provide complete information on patient conditions.
Objectives: Known process of handover by a nurse on a covid-19 patient at "B" hospital in 2021/2022.
Methods: This research is quantitative research with the type of observational description study with a cross-sectional approach. The instruments used were handover checklist sheets and knowledge questionnaire sheets.
Results: Implementation of the SBAR technique handover on covid-19 patients at "B" hospital Jambi did not perform well with Situation points of 75.4%, from 7 checklist points it was known that nurses were able to mention the patient's name (100%), the day of treatment, and the treating doctor (95.5%), medical diagnosis (100%), and complaints. main patient (81.8%) with good category. The background point is 49.35%, and it is shown that nurses are less able to explain nursing interventions that have been carried out, the patient's allergy history, and the patient's disease history. Point Assessment is 30.3%, of the six highest checklist points, nurses who can mention the patient's vital signs (81.8%) and elimination abilities (95.5%) are in a good category. Point Recommendation (36.6%) of the three points of the nurse checklist provides recommendations for nursing interventions that have been and need to be continued (95.5%). This is supported by the results of the nurse's SBAR technique handover knowledge, namely 59.32% (Know enough).
Conclusion: Based on the results of the research on the implementation of the weigh-in of Covid-19 patients at "B" hospital went poorly with the best aspect at the Situation point of 75.4%, supported by the knowledge of nurses about weighing and receiving, namely 59.32% which was included in the category of Sufficient Know.

Keywords: handover, SBAR, knowledge, execution

Introduction

A nurse is someone who cares for people who are experiencing health problems. Nurses are increasingly gaining a better understanding of their development. At this time, nurses are considered workers in the health services field and professionally provide services to the community.[1] The role of the nurse is what motivates the improvement of good communication between nurses and also in improving patient safety by the Regulation of the Minister of Health of the Republic of Indonesia No. 1691 of 2011 concerning patient safety standards, namely patient safety must be sustainable and communication is the key for nurses to achieve patient safety.[2] One of the communications between nurses is Handover defined as the transfer of responsibility and/or accountability for patient care from one health worker or team of health workers to another. According to Nursalam (2011), weigh-in provides benefits for nurses and patients. For nurses, the benefits of weighing and receiving are improving communication skills between nurses, establishing cooperative and responsible relationships between nurses, implementing continuous nursing care for patients, and nurses being able to fully follow patient developments. As for the patient, during the weigh-in, the patient can convey the problem directly if there is something that has not been revealed.[3] Factors that affect weighing implementation include frequency of weighing implementation, frequency of weighing implementation time efficiency, the accuracy of weighing process, supervision, and implementation of weighing, the relationship between knowledge and implementation of weighing, re-facility, and implementation weight relationship between, and the relationship between motivation. With the implementation of Weigh and Accept, we can more accurately and efficiently weigh and accept packages.

One of the communications between nurses is Handover using SBAR communication technique (Situation, Background, Assessment, and Recommendation). The SBAR communication process is a useful technique for verbal communication in interprofessional teams in inpatient rehabilitation settings. In 2017 Standar Nasional Akreditasi Rumah Sakit (SNARS) stated that SBAR is an effective communication pattern used by hospitals to communicate important matters and require immediate attention that can improve patient safety. The SBAR technique can be used to improve handovers between staff in the same or other clinical areas.[4] The application of SBAR communication to nurses in handovers also had difficulties, necessitating increased nursing management efforts to improve the SBAR format so that patient care was sustainable and satisfaction levels increased.[5] The Corona Virus is a type of virus that can infect animals and cause disease in mammals and birds. This virus attacks the respiratory system in humans, causing mild respiratory infections, lung infections, and in some cases, death. This coronavirus primarily affects the elderly, but it can affect anyone, from infants to adults. Pregnant and lactating women are also at risk.[6] The main prevention of coronavirus is to reduce the mobilization of at-risk groups before the incubation period. Other safeguards include boosting immunity through healthy food intake, increasing hand washing, wearing a mask in dangerous or crowded places, regular physical activity, adequate rest and eating the perfect food, and immediate referral if you feel unwell hospital for treatment.The evaluation has been completed.[7]

Nurses' knowledge about handovers in nursing services can help to prevent errors and obstacles caused by an individual, group, and organizational factors, as well as inappropriate handover procedures.[8] The importance of using the SBAR technique in handovers is to reduce malpractice due to unclear communication, improve teamwork, improve patient safety, and provide information related to conditions. Patient completely. Medical services during the COVID-19 pandemic that are safe and of good quality in hospitals are the main hope and goal of the community, medical professionals, leaders, and hospital owners, even in adapting new hospital service habits, which are very different before the covid pandemic, as people are required to use health care services, masks, conducting rigorous assessments, scheduling visits and limiting hospital visitors,

and the process of weighing and admitting patients with covid and non-covid diseases.[9] Safe and quality health services during the COVID-19 pandemic in hospitals are the main hope and goal of the community, health workers, hospital managers, and owners.[10]

Methods

This study uses quantitative research with a cross-sectional approach, namely to find out whether the description of handovers for Covid-19 patients is supported by the results of knowledge about handovers with the SBAR technique. The research sampling technique used accidental sampling with 22 respondents. The instrument used is a checklist instrument for handover implementation according to Nursalam (2014) and a knowledge questionnaire about handovers created by the researcher. This Questionnaire Knowledge about handovers using the SBAR technique has been tested for validity and reliability tests before conducting the study, and the results show that the corrected item-total correlation value is greater than the r table value of 0.632, meaning that 20 question items are used to measure the nurse's handover knowledge variable. All of these points are valid. Cronbach's Alpha value is 0.949 and is greater than 0.60. This shows that these 20 question items are reliable as research measuring tools. Studyplanned to start on December 13, 2021 until February 16, 2022 in the working area research site. The characteristics of the research taken in this study include age, gender, education, room, years of service, and SBAR training, in addition, a knowledge test is used to see the level of knowledge possessed by nurses with the implementation of handovers.

Results

A total of 22 respondents in an isolation room for covid-19 responded to the survey. That Table 1, the majority of has aged 26-35 years old (95,45%) with gender women (100%) in Ekapaksi and Cempaka rooms (50%). The respondents have an associate of nursing (100%) with years of service majority of 10-15 years (50%) but the majority have not joined SBAR training (59,09%) so knowledge about handover respondents in the Fair category (59,32%).

Table 1. Characteristic of respondents

Characteristic		Frequency	Precentage (%)
Age	26-35	21	95,45
	36-45	1	4,54
Gender	Women	22	100
	Men	0	0
Unit/Room	EkaPaksi	11	50
	Cempaka	11	50
Education	D3	22	100
	S1	0	0
	Ners	0	0
Years of Service	5-10	10	45,45
	10-15	11	50
	16-20	1	4,54
SBAR Training	Yes	9	40,90
	No	13	59,09
Knowledge	True	256	59,32

Handover	False	184	40,68
Implementation of the SBAR technique Handover	Situation	103	75,34
	Background	76	49,35
	Assesment	40	30,3
	Recommendation	24	36,6

Discussion

Based on the results of the study, it was found that the implementation of handovers in covid-19 patients at hospital B Jambi City, it was found that at the Situation point it was found that 22 nurses (100%) performed the Situation component with a fair category (75.34%). This is obtained from the 7-point checklist for the implementation of the weigh-in and it is known that overall nurses can mention the patient's name (100%), mention the day of treatment and the treating doctor (95.5%), mention the medical diagnosis (100%), and mention complaints. the main patient (81.8%) in the Good category. In the category Background, the results showed that 22 nurses (100%) performed the 49.35% Background component which was included in the poor category. This is indicated by the ability of nurses to be less good at explaining nursing interventions that have been carried out, unable to mention the history of allergies experienced by the patient and the history of the patient's illness. But the nurse can convey the drugs given to the patient. According to research conducted by Dinda Nirwana, the implementation of SBAR communication at USU Hospital on the background component is in a good category because the majority of nurses who carry out the "Background" component have an undergraduate nursing education (Ners), namely 31 nurses (51.4%).[11] This supports the results of the researcher's research, namely based on the demographic data of the respondents, all respondents have a DIII nursing education where this education affects the implementation of SBAR communication.

Then in the category Assessment was found that 22 nurses (100%) carried out the 30.3% assessment component in the poor category, this was obtained from a six-point checklist for handover implementation and it was known who had the highest overall point on nurses who could mention the patient's vital signs (81 .8%) and said the elimination ability (95.5%) was included in the Good category. Research conducted by Horwitz, et alfor nurses whose working period is >5 years means that compared to those <5 years, experienced nurses have an effect on communication during handovers.[12] Last in the category recommendations was found that 22 nurses (100%) carried out the Recommendation component 36.6% in the unfavorable category, this was obtained from the 3-point checklist for handover implementation and it was known that all nurses could provide recommendations for nursing interventions that had and needed to be continued 95.5% with the category good. In this component 2 implementation points are included in the poor category, namely providing a nest for education to patients and families (4.5%) and providing suggestions for discharge planning (9.1%) this happens because nurses are incomplete in its implementation. Based on the results of Wahyuni's research, entitled Effectiveness of SBAR Communication Training in Improving the Quality of Handover in Wardah Hospital PKU Muhammadiyah Yogyakarta Unit II, the results are based on the Paired sample t-test test showed a significant increase in the quality of watchkeeping after being given communication training. SBAR to nurses in Wardah ward with a significance value of p= 0.000 (p < 0.05).[13]

As for the research on the knowledge of the respondents' handover got the result that the nurses implementing the Covid isolation room were included in the fair category (59.32%) of the concept of weighing and receiving and SBAR. According to Agustin, et al 63 that respondents' knowledge of the concept of weighing and receiving was obtained from their education when they were in college so that they could still be remembered as

well as information obtained from other people.[14] Education can affect the learning process, the higher the education of the respondent, the easier it is to receive information. In this study, all respondents were 22 nurses with all Associate of nursing, so the attitude of the respondents in carrying out their duties was influential. For this reason, the implementation of patient weigh-in can be influenced by the respondent's education. Based on research conducted by Astuti, et al the results showed a significant relationship between the independent variable of the SBAR communication method and the dependent variable on patient satisfaction (Covid-19).[15]

Conclusion

Based on the results obtained, the implementation of the weigh-in using the SBAR technique at Dr. Bratanata Hospital was not going well but nurses could understand at the point of implementing the Situation (S), while at the point of implementation of the Background (B), Assessment (A), Recommendation (R) it was found in Poor category and this is supported by the level of knowledge of nurses who know enough about Weighing in using the SBAR technique.

Conflict of Interest Declaration

There is no conflict of interest in the preparation of this research.

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