

**NURSING HANDOVER EXPERIENCES AND PERSPECTIVES IN
THE CRITICAL CARE UNIT AT MURANG'A COUNTY
REFERRAL HOSPITAL, KENYA**

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DECLARATION

This thesis is my original work and has not been presented for a degree in any other University or any other award.

Signature 

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I confirm that the work reported in this thesis was carried out by the student under my supervision.

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ABSTRACT

Continuity in delivery of nursing care to patient in the critical care unit is of utmost importance. To achieve this consistency, nurses engage in a process of transfer of patients' clinical information in the form of nursing handover. The adoption of various handover procedures result in variation of the information exchanged. In the critical care unit, the intricacy of the patient condition compounded by the advanced patient monitoring translates into a more complex nature of the nursing handover. Despite the existence of handover guidelines and formats, gaps have been detected regarding the contents of the handover and its effects on the continuity of care.

The focus of the study was to explore the experiences and perspectives of nurses with nursing handover in the critical care unit. To realize the aim of the proposed study, a phenomenological qualitative design was adopted while utilizing a deductive approach. In-depth interviews were carried out on nine critical care nurses from the Murang'a County Referral Hospital after obtaining ethical approval from relevant institutions. Thematic analysis was done manually for the qualitative data. The study results showed that critical care nurses believed they were individually equipped with adequate knowledge to carry out effective departmental and interdepartmental handover. The existence of handover policies in the critical care unit was considered a major enabler of the handover. They also believed that strained human resource, lack of standardized handover tools and deviation from the set handover rules negatively impacted the handover process. Furthermore, they reported perceived insufficiency in the management's role in handover evaluation and feedback. Moreover, all participants advocated for improvement of the current handover practices for improved quality of patient care as well as sense of self-accomplishment among the nurses. There are pertinent implications in the findings of this research for critical care nurses, nurses in other departments and policy makers. Based on the study findings the handover process would benefit from enhanced adherence to the existing handover policies. Handover training targeting nurses in other departments would promote communication of patient information between critical care unit and other departments. Periodic audits of the handover documentation and process with subsequent feedback would be a control for evaluation of the handover. Further, addressing scarcity of resources and implementing the nurses' perceived strategies would ensure a seamless handover