

Effectiveness of audit and evaluative feedback on the performance of head nurses in shift reporting

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Abstract: Accurate reporting is essential to protect patients from fragmented and hazardous care, and, audit is widely used to measure performance and can be fed back to improve performance. This study investigated the effectiveness of audit and evaluative feedback on the performance of head nurses in shift report.

Subject& Methods: 38 head nurses were included in the study; the study was carried out at Ain-Shams University Hospital, Cairo, Egypt.

Data collection: Included an audit checklist of the written shift report.

Results: none of the head nurses performance had adequate total audit at the pre-intervention phase. However, this increased to reach 100.0% at the post-intervention phase ($p < 0.001$). At the follow-up phase, it decreased to 81.6%, with significantly higher than the pre-intervention phase level ($p < 0.001$).

Conclusion: Using audit and evaluative feedback intervention with guidelines can improve the related performance of head nurses. Despite a slight decline at three-month follow-up, the improvement continues to be better compared to baseline.

Recommendations: Using audit combined with evaluative feedback in various areas of care to inform quality improvement initiatives. Hospital administration supports in addition to effective and continuous supervision are needed to avoid follow-up declines.

Keywords: Audit, Feedback, Handover, Head nurses, Shift report

I. Introduction

Communication of information from nurse to physician, from nurse to patient, or from nurse to nurse is vital to report patient changes in a timely clear manner (Harvery, 2011). The ability of the team members to understand and communicate the information enables them to work together collaboratively and coordinately to provide quality patient care (Marquis and Huston, 2016). Conversely, poor communication can lead to frustration of team members, and poor documentation can jeopardize patient outcomes (Perry, 2011). Reporting is verbal communication of patient data. It is aimed at continuity of care and informed clinical decision-making. Recording and reporting are based on the nursing process, standards of care, and legal and ethical principles (Daniel et al., 2010). A bedside shift report reassures the patient that the nursing staff works as a team that everyone knows the plan of care (Anderson and Mangino, 2006). Additionally, it can improve patient participation, and allows for a safe transition of care between providers (Grant and Colello, 2009).

Since no one nurse can serve a full day coverage, information must be passed on to others through reports, nursing processes notes and care plans. The documentation of shift report content is essential to promote the continuity of care given by different team members (Berman et al., 2011). Accurate documentation is essential to protect patients from fragmented and potentially hazardous care (Perren et al., 2011).

In nursing, auditing practice is an extensively used to measure performance and to plan quality improvement projects, meanwhile, audit is necessary, but using it only is not sufficient to improve quality (Hutchinson et al., 2015). Feedback is essential to keep employees on track towards reaching organizational goals. Effective managerial feedback tends at informing employees about their performance in view of the set goals (Berman et al., 2011). To be effective, feedback should provide evidence, through verbal or nonverbal responses, that indicated mutual understanding of the messages (McCabe and Timmins, 2013).

Positive evaluative feedback stimulates employees to do better, and through reinforcement, it makes them feel good about their contribution to the organization. However, feedback may lead to conflict, and therefore, understanding the sources of conflict associated with performance feedback is crucial for its success (Jackson et al., 2010). Moreover, effective feedback should avoid generalization, use specific recent examples of behaviors, provide privacy when giving feedback, validate the data or information with the person in question and speak only in descriptive terms (Al Ariss and Dessler, 2014).

II. Significance of The Study

The researcher noticed that the handoff among head nurses during change of shifts in the study setting was inadequate. This could be in part attributed to the lack of effective feedback on their performance. Therefore, the ultimate goal of this study was to improve the intradepartmental communication among head nurses through providing evaluative feedback regarding their performance of shift report.

Aim of the study

The study investigated the effectiveness of audit and evaluative feedback on the performance of head nurses in shift report. It was hypothesized that the performance assessed through audit will significantly improve after implementation of the evaluative feedback.

III. Subjects And Methods

Research design and setting:

A quasi-experimental study design with pre-post assessment was used in this study, which was carried out in all departments at Ain-Shams University Hospital, affiliated to Ain-Shams University Hospitals. It has 38 departments, each directed by one head nurse.

Subjects:

All 38 head nurses in the designated setting were included in the study. The only selection criterion for this group was working in the selected departments during the time of the study. The sample size was large enough to demonstrate an improvement in head nurses' audit from a baseline of 25% (based on pilot) by Odds of 3, with 95% confidence and 80% power, and a dropout rate of approximately 5%, using the Epi-Info 6.04 software package.

Sample technique:

Convenience sample technique was used in conducting this study

Data collection tool:

The researcher prepared an audit checklist of the shift report based on review of related literature (*Fontain and Morton, 2009; Amato and Laws, 2010*). It was intended to evaluate the quality of reporting of patient care, through reviewing the items of shift report, its contents, and criteria of written shift report as documented by the head nurse. The checklist consisted of 55 items to be checked as either "done" or "not done." The items covered the general characteristics of written shift report through 8 items such as written in ink, use acceptable abbreviations, and all entries dated. The audit of the content of the report included 47 items. These covered general information of the department (6 items), patient background information (5 items), health status (3 items), nursing diagnosis (2 items), identifications of significant changes (4 items), physician orders (4 items), diagnostic and laboratory tests or their results (5 items), fluid requirements (4 items), as well as patient's preoperative information (2 items), postoperative information (6 items), allergies (2 items), teaching needs (2 items) and safety needs (2 items).

For scoring, each item observed to be documented was scored '1' and '0' if not documented. The total scores for each area and for the total audit were calculated by summing-up the scores attained. These were converted into percent scores. The head nurse's audit was considered adequate if the percent score was 80% or higher and inadequate if less than 80%. This cutoff point was based on calculations based on median and first quartile with a correction factor calculated from the Discrimination Index and Internal Reliability (*Barua, 2013*).

Once the tool was prepared in a preliminary form, it was presented to a panel of experts in nursing administration for face and content validity. This jury panel consisted of five professors and assistant professors in nursing administration and medical-surgical nursing from Faculties of Nursing affiliated to Ain Shams, Cairo and Zagazig Universities.

Pilot study:

A pilot study was carried out on a sample of five head nurses from another setting representing approximately 10% of the main study sample. It served to assess the clarity and applicability of the audit checklist. It also helped to verify the sample size.

Fieldwork:

The actual fieldwork of the study lasted for twelve months from the November 2013 to April 2014, and completed from August 2014 to January 2015. It involved assessment planning, implementation, and evaluation phases.

Assessment phase: After securing all official permissions, the researcher visited each of the selected department/units at Ain-Shams University Hospital to explain the purpose and nature of the study to head nurses. Then, the researcher used the audit checklist of shift report to evaluate the quality of shift report formats. The process of audit took about 15 minutes for each head nurse's report. This was similarly done three times. The average of the three audits was used in the statistical analysis. This phase took three months.

Planning phase: After completing the data collection in the assessment phase, analysis was done in order to identify all strengths and weaknesses of head nurses' performance in writing shift reports. It also involved all comments reported and recorded by the researcher. This process took approximately one month. Based on this information, the researcher designed a performance evaluation template related to shift report and written guidelines forms. The aim of this template was to record the strengths and weaknesses of the performance of head nurses immediately after finishing the shift report audit procedure in order to facilitate the process of evaluative feedback. It was handled only by the researcher and discussed individually with subjects orally. It consisted of two parts in addition to the demographic data part. The first part contained researcher (evaluator) guidelines of the evaluative feedback interview to be followed during giving the evaluative feedback. The second part had two columns to record the strengths and weakness of the performance of head nurses as observed by the researcher. In addition, there were written guidelines and instructions to be followed by head nurses during writing shift report regarding time, method, characteristics, and content of oral shift report. It was to be distributed to them immediately after giving them the feedback.

Additionally, the researcher designed a simple shift report format after reviewing the current form used by the head nurses in the study setting, and based on review of related literature (*Amato and Laws, 2010*). It had two parts. The first part covered the date, unit, shift, total patient number, and the numbers of admissions, discharges, referrals, deaths, as well as the number of pre-operative and post-operative patients. The second part contained patient name, room number, and diagnosis, in addition to a space to document all patient data and information needed to be written in shift report. The whole phase including data analysis process took three months.

Implementation phase: The evaluative feedback was given by the researcher to head nurses in small groups using interview technique. This was done immediately after observing their performance during shift report. The researcher discussed with them the strong and weak aspects regarding their performance during shift report without specifying names or personnel. Positive comments were made on activities done correctly, while incorrect activities were explained with identification of their causes, and supported with suitable constructive comments. Discussion always ended with a summary and some words of reassurance. Each group interview took 40 to 45 minutes, with two feedbacks, one through group discussion and another through individual discussion, then the researcher distributed written guidelines format. So the evaluative feedback was given using verbal and written techniques. At that time, each head nurse was notified with time and place to discuss individually certain issues related to her performance during shift report. This phase took one month.

Evaluation phase: One month after completion of implementing evaluative feedback, the researcher evaluated the effect of the intervention on the performance of head nurses through auditing of their related written shift reports. This was done using the same data collection tool and procedure as in the assessment phase. The audits were done three times for each subject, and the average was used in analysis. This phase took two months. For follow-up, the same process was repeated three months after the intervention using the same data collection tool and procedures. This phase took also two months

Administrative and ethical considerations:

Official permissions to conduct the study were secured from pertinent authorities. The study protocol was approved by the research and ethics committee at the Faculty of Nursing, Ain-Shams University. The participants were assured about the confidentiality and anonymity of any obtained information. The study beneficence was in improving the performance of head nurses, with positive impact on patient care. The study procedures could not have any harms on participants.

Statistical analysis: Data entry and statistical analysis were done on SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations and medians for quantitative variables. Qualitative categorical variables were compared using chi-square test. Whenever the expected values in one or more of the cells in a 2x2 tables was less than 5, Fisher exact test was used instead. In order to identify the independent predictors of audit scores, multiple linear regression analysis was used, and analysis of variance for the full regression models was done. Statistical significance was considered at p-value <0.05.

IV. Results

Table 1: Personal characteristics of head nurses in the study sample (n=38)

	Frequency	Percent
Age:		
<40	15	39.5
40+	23	60.5
Range	26.0-47.0	
Mean±SD	39.3±5.8	
Median	40.0	
Nursing qualification:		
Diploma	30	78.9
Bachelor	8	21.1
Experience years:		
<10	27	71.1
10+	11	28.9
Range	3.0-18.0	
Mean±SD	8.4±3.7	
Median	8.0	
Job position:		
Head nurse	19	50.0
Assistant head nurse	19	50.0
Attended training courses:	32	84.2

Table 2: Audit of head nurses' written shift report concerning general characteristics throughout intervention phases

Adequate Audit (80%+)	Time						X ² (p-value) Pre-post	X ² (p-value) Pre-FU
	Pre (n=38)		Post (n=38)		FU (n=38)			
	No.	%	No.	%	No.	%		
General characteristics:								
Adequate	32	84.2	38	100.0	32	84.2	Fisher (0.03*)	0.00
Inadequate	6	15.8	0	0.0	6	15.8		(1.00)

Table 3: Audit of head nurses' written shift report concerning content throughout intervention phases

Adequate Audit (80%+)	Time						X ² (p-value) Pre-post	X ² (p-value) Pre-FU
	Pre (n=38)		Post (n=38)		FU (n=38)			
	No.	%	No.	%	No.	%		
General information	0	0.0	31	81.6	17	44.7	52.36 (<0.001*)	21.90 (<0.001*)
Patient background	0	0.0	34	89.5	29	76.3	61.52 (<0.001*)	46.89 (<0.001*)
Patient health status	0	0.0	24	63.2	17	44.7	35.08 (<0.001*)	21.90 (<0.001*)
Nursing diagnosis	0	0.0	29	76.3	26	68.4	46.89 (<0.001*)	39.52 (<0.001*)
Significant changes	4	10.5	33	86.8	15	39.5	44.29 (<0.001*)	8.49 (<0.004*)
Physician orders	1	2.6	34	89.5	21	55.3	57.68 (<0.001*)	25.59 (<0.001*)
Investigations	18	47.4	35	92.1	30	78.9	18.02 (<0.001*)	8.14 (0.004*)
Fluid requirements	0	0.0	36	94.7	19	50.0	68.40 (<0.001*)	25.33 (<0.001*)
Pre-operative information	1	16.7	4	100.0	2	100.0	Fisher (0.048*)	Fisher (0.11)
Post-operative information	0	0.0	6	100.0	2	100.0	Fisher (0.0048)	Fisher (0.07)
Patient allergies	0	0.0	37	97.4	38	100.0	72.10 (<0.001*)	76.00 (<0.001*)
Teaching needs	0	0.0	37	97.4	37	97.4	72.10 (<0.001*)	72.10 (<0.001*)
Safety needs	0	0.0	36	100.0	33	100.0	74.00 (<0.001*)	71.00 (<0.001*)
Total content:								
Adequate	0	0.0	38	100.0	28	73.7	76.00 (<0.001*)	44.33 (<0.001*)
Inadequate	38	100.0	0	0.0	10	26.3		

Table 4: Total audit of head nurses' written of shift report throughout intervention phases

Total Audit	Time						X ² (p-value) Pre-post	X ² (p-value) Pre-FU
	Pre (n=38)		Post (n=38)		FU (n=38)			
	No.	%	No.	%	No.	%		
Adequate	0	0.0	38	100.0	31	81.6	76.00	52.36
Inadequate	38	100.0	0	0.0	7	18.4	(<0.001*)	(<0.001*)

(*) Statistically significant at $p < 0.05$

Table 5: Best fitting multiple linear regression model for head nurses' audit score throughout intervention

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Constant	-0.14	0.02		7.160	<0.001	-0.18	-0.10
Intervention	0.56	0.02	1.00	32.857	<0.001	0.52	0.59

r-square=0.96

Model ANOVA: $F=661.37$, $p < 0.001$

Variables entered and excluded: qualification, age, job position, experience, courses

The age of the head nurses ranged between 26 and 47 years, with median 40 years (Table 1). The majority (78.9%) was having a diploma degree as a nursing qualification. Their experience ranged between 3 and 18 years, with median 8 years. Almost all of them (84.2%) had previously attended training courses.

As illustrated in Table 2, the audit of head nurses' written shift report concerning its general characteristics showed that the majority (84.2%) was adequate at the pre-intervention phase. This improved to reach 100% adequate at the post-intervention phase, with a statistically significant difference ($p=0.03$). However, it declined to baseline at the follow-up phase.

As regards the audit of the content of head nurses' shift report, Table 3 demonstrates that none of the written shift report had adequate audit findings in most content areas at the pre-intervention. The area with highest adequate content was that of the investigations (47.4%). The post-intervention phase revealed statistically significant improvements in all areas ($p < 0.001$). This improvement reached 100% in the areas of pre-operative and post-operative information, and safety needs. The least improvement was regarding patient health status (63.2%). At the follow-up phase, there were small declines in most areas, although all levels remained significantly higher compared with the pre-intervention phase. Moreover, the area of patient allergies continued to improve reaching 100.0%. Overall, none of the head nurses written shift report had adequate total content at the pre-intervention phase. This improved reaching 100.0% at the post-intervention phase. It declined to 73.7% at the follow-up phase, but was still significantly higher compared with the baseline ($p < 0.001$).

Table 4 shows that none of the head nurses shift reports had adequate total audit at the pre-intervention phase. However, this increased to reach 100.0% at the post-intervention phase ($p < 0.001$). At the follow-up phase, it decreased to 81.6%, a level that is still significantly higher than the pre-intervention phase level ($p < 0.001$).

In multivariate analysis (Table 5), the application of the study intervention turned to be the only statistically significant independent positive predictive factor for the improvement in head nurses total audit score. It explains 96% of the change in this score as the value of r-square indicates. Other head nurses' personal and job characteristics had no significant influence on this score.

V. Discussion

The present study hypothesized that the audited performance of head nurses will significantly improve after implementation of the evaluative feedback. The findings lead to acceptance of this hypothesis. Moreover, the effect of the intervention was sustained throughout a three-month follow-up.

The study sample included a head nurses with a wide variety of age and experience. This would increase the credibility and generalizability of the study findings, which would then be applicable to all ages and experience years of head nurses. In fact, the multivariate analysis of the study findings could not identify any independent significant influence of any of the head nurses' personal characteristics on the improvement of their audited performance scores.

Most of the head nurses in the present study were having a diploma degree as their nursing qualification. This is still a usual finding since at the time of the graduation of old age nurses the bachelor degree nursing programs were still rare. However, this was compensated in the present study sample by attendance of training courses in management, as the majority of them have reported previous attendance of such training courses. This is important to foster their skills and performance to be comparable to those of the nurses holding a baccalaureate degree in nursing who may have better managerial and leadership competencies, which are strongly needed for head nurse position as mentioned by *Marquis and Huston (2016)*. Therefore,

further training of diploma nurses is highly recommended as suggested by *Younan and Fralic (2013)* in a study in Lebanon.

The present study findings demonstrated significant improvements of the performance of head nurses concerning shift report general characteristics as assessed through auditing of their shift report formats. The decline to pre-intervention level as noticed at the follow-up phase could be explained by the already high level of performance at the pre-intervention phase. This high level related to the general characteristics of the shift report could be attributed to the fact that these general characteristics are basic and well known to them. In line with this, *Halm (2013)* mentioned that the general criteria of shift report are well known to each nurse since this report is an essential part of her/his routine work to be performed every day at work.

Conversely, the audit of the content of shift report formats of the present study head nurses was very deficient at the pre-intervention phase. Actually, most content areas were not achieved in any of the audited reports. Moreover, none of the head nurses had adequate total performance of shift report content at the pre-intervention phase. This indicates a major shortcoming in their performance, which could jeopardize the continuity of care and threaten patient safety. In congruence with this, *Snedecor (2016)* highlighted the importance of effective interaction during shift report exchange for patient safety. Moreover, effective shift report handling is crucial for safe transition of care among healthcare team members (*Grant and Colello 2009*).

After implementation of the evaluative feedback intervention, the performance of the present study head nurses regarding the content of shift report demonstrated significant improvements. At this phase, all of them had adequate performance. The improvement is certainly attributed to the evaluative feedback intervention as confirmed by the multivariate analysis, which identified the intervention as the only significant positive predictor of the improvement in the audited performance score. Moreover, it explained almost 100% of this change. The reason underlying the success of the intervention is mainly that it met the head nurses' identified unmet needs, in addition to the encouraging anonymous process followed during feedback interviews. In agreement with this, *Wallis (2011)* indicated the importance of feedback in improving nurses' performance and competency. Moreover, *Leavitt and Mueller (2015)* emphasized that evaluative feedback makes communication meaningful as it enables people to evaluate the effectiveness of their messages.

Another possible reason for the success of the present study intervention was the new shift report format designed by the researcher, which was aimed at easier acquisition of complete information for continuity of patient care. In line with this, a study in the United States using this approach reported improvement in the performance of shift report by nurses (*Cornell et al, 2013*). Moreover, the use of guidelines designed by the researchers could have contributed to the success of the intervention. The importance of such guidelines has been demonstrated by many studies (*Stevens 2013*); *Davis, (2014)*.

Meanwhile, the follow-up phase of the present study demonstrated some declines in the audited performance of the head nurses. Nonetheless, the levels kept at levels significantly higher compared with the pre-intervention levels. This decline is expected due to tendency to regress to the mean as revealed in previous studies (*Grabowski et al, 2016*; *Gryczynski et al, 2016*). It indicates the need for booster doses of evaluative feedback. Other research has also demonstrated a similar decline in nurses' performance at the follow-up phase of the intervention such as the study of *Sand-Jecklin and Sherman (2014)* in the United States.

VI. Conclusion And Recommendations

The study findings lead to the conclusion that an evaluative feedback intervention with guidelines and newly designed shift report formats can improve the related audited performance of head nurses. Despite a slight decline at three-month follow-up, the improvement continues to be better compared to baseline. Therefore, it is recommended to use this audit combined with evaluative feedback in the study setting and in various areas of care to plan various quality improvement initiatives. Hospital administration support in addition to effective and continuous supervision is needed to avoid follow-up declines. Further research is needed to assess the effectiveness of evaluative feedback technique on nurses and patients' outcomes.

References

- [1]. *Al Ariss A., and Dessler G. (2014)*: human resource management, Arab world edition, London: Pearson education, p. 123.
- [2]. *Amato D., and Laws S. (2010)*: Incorporating Bedside Reporting into Change-of-Shift Report. *Rehabilitation Nursing*; 35(2): 70-74.
- [3]. *Anderson D.C., and Mangino N. (2006)*: Nurse Shift report: Who Says You Can't Talk in Front of the Patient? . *Nurs Admin Q* ; 30(2): 112-122.
- [4]. *Barua A. (2013)*: Methods for decision-making in survey questionnaires based on Likert scale. *Journal of Asian Scientific Research*; 3(1):35-38
- [5]. *Berman, A., Snyder, S., McKinney, D. (2011)*: Nursing basics for clinical practice. Amazon.Tokyo, pp. 445.
- [6]. *Cornell P., Gervis M.T., Yates L., Vardaman J.M. (2013)*: Improving shift report focus and consistency with the situation, background, assessment, recommendation protocol. *J Nurs Adm.*;43(7-8):422-8. doi: 10.1097/NNA.0b013e31829d6303.
- [7]. *Daniel R., Fredrick R.F., and Grendell N.R., and Wilkins R.F. (2010)*: Nursing fundamentals caring and clinical decision making, 5th ed., London, p. 44.
- [8]. *Davis, C. (2014)*: The importance of professional standards. *Nursing Made Incredibly Easy*. 12 (5): 4

- [9]. **Fontain K., and Morton G.P. (2009):** Critical Care Nursing, 9th Ed, London: Williams and Wilkins Publisher, p. 191.
- [10]. **Grabowski D.C., Stevenson D.G., Caudry D.J., O'Malley A.J., Green L.H., Doherty J.A., Frank R.G. (2016):** The Impact of Nursing Home Pay-for-Performance on Quality and Medicare Spending: Results from the Nursing Home Value-Based Purchasing Demonstration. Health Serv Res. doi: 10.1111/1475-6773.12538.
- [11]. **Grant, B., Colello, S. (2009):** Engaging the patient in handoff communication at the bedside Nursing: 39(10): 22–24
- [12]. **Gryczynski J., O'Grady KE, Mitchell S.G., Ondersma S.J., Schwartz R.P. (2016):** Immediate Versus Delayed Computerized Brief Intervention for Illicit Drug Misuse. J Addict Med. [Epub ahead of print]
- [13]. **Halm A.M. (2013):** nursing handoffs: ensuring safe passage for patients, , Am J Crit Care. 22 (2): **158-162.**
- [14]. **Harvery G.S. (2011):** Fundamentals of Nursing: Caring and clinical judgment, 2nd Ed, Saunders, Elseiever.com, pp. 190,191.
- [15]. **Hutchinson, A., Sales, a., Brotto, V.,Bucknall, T.(2015)** implementation of an audit with feedback knowledge transitiin intervention to promote medicarion error reporting in health care: a protocol. Implementation Science.10:70
- [16]. **Jackson, E.S., Schuler S.R., and Werner S. (2010):** Managing Human Resources, 10th Ed, and South-Western, United Kingdom, p. 230.
- [17]. **Leavitt H., and Mueller S. (2015):** Relationship between feedback and communication, pp. 401-402. retrieved from word press, com.
- [18]. **McCabe., C and Timmins F, (2013):** Communication Skills for Nursing Practice, 2nd ed, Palgrave. NewYork p. 11.
- [19]. **Marquis, B. L., and Huston, C. J. (2016):** *Leadership Roles and Management Functions in Nursing.* Philadelphia: 8th ed Wolters Kluwer Health/Lippincott Williams & Wilkins.p:20-2
- [20]. **Perren AI, Markmann M, Merlani G, Marone C, Merlani P: (2011):** *Fluid balance in critically ill patients. Should we really rely on it. Minerva Anesthesiol. 77(8): 802–11.*
- [21]. **Perry, A.G. (2011):** Fundamentals of nursing: Concepts, process, and practice, 5th ed., St Louis: Mosby, pp. 50-60.
- [22]. **Sand-Jecklin K, and Sherman J.(2014):** A quantitative assessment of patient and nurse outcomes of bedside nursing report implementation. J Clin Nurs. Oct;23(19-20):2854-63.
- [23]. **Snedecor, C. (2016):** *Development of a Bedside Shift Report Policy and Guidelines to Assist Nurses with Patient Care, doctoral diss Walden University , College of Health Sciences* [Http://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=3342&context=dissertation](http://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=3342&context=dissertation)
- [24]. **Stevens K, R.(2013)** *The Impact of Evidence-Based Practice in Nursing and the Next Big Ideas. The online journal of issues in nursing(OJIN), 18(2).*
- [25]. **Wallis C.G. (2011):** Organization Development and change, 9th Ed, South western Cengage learning, p. 165.
- [26]. **Younan L.A., Fralic M.F. (2013):** Using "best-fit" interventions to improve the nursing intershift handoff process at a medical center in Lebanon. Jt Comm J Qual Patient Saf.;39(10):460-7.