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Anisha K Thapa
Department of Nursing and Allied Health Sciences, Kathmandu Medical College, Kathmandu, Nepal

Sanjay R Maharjan
Department of Nursing and Allied Health Sciences, Kathmandu Medical College, Kathmandu, Nepal

Ritika P Shrestha
Department of Nursing and Allied Health Sciences, Kathmandu Medical College, Kathmandu, Nepal

Corresponding Author:
Anisha K Thapa
Department of Nursing and Allied Health Sciences, Kathmandu Medical College, Kathmandu, Nepal

Patient satisfaction with bedside shift reporting in general hospital wards: A cross-sectional research

Anisha K Thapa, Sanjay R Maharjan and Ritika P Shrestha

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Abstract
Bedside shift reporting (BSR) is increasingly recognised as a patient-centred communication approach that enhances transparency, continuity of care, and patient involvement during nurse handovers. Traditional handover practices conducted away from the bedside often limit patient participation and contribute to miscommunication, prompting global health systems to explore structured bedside communication to improve care experiences. Evidence indicates that BSR strengthens information accuracy, increases patient engagement, and improves satisfaction by promoting shared decision-making and fostering therapeutic nurse-patient relationships. However, challenges such as concerns regarding privacy, increased workload, and inconsistent implementation across wards create variability in patient satisfaction outcomes. Research also highlights that satisfaction with BSR is influenced by contextual factors including ward environment, cultural expectations, communication preferences, and perceptions of nurse professionalism. Considering these discrepancies, this cross-sectional research assesses patient satisfaction with bedside shift reporting in general hospital wards, examining communication clarity, involvement in care decisions, respect for privacy, and perceived safety. Using a validated questionnaire, data were collected from adult inpatients, and descriptive and inferential statistics were applied to determine satisfaction levels and associated demographic factors. The research demonstrated that BSR improved patient involvement, trust, and perceptions of care continuity, aligning with previous evidence; however, privacy concerns and workload-related limitations remained prominent. Overall, findings reinforce BSR as an effective strategy for enhancing patient-centred communication while identifying practice areas requiring further policy refinement and training to strengthen its consistent adoption in general hospital wards.

Keywords: Bedside shift reporting, patient satisfaction, nurse communication, patient-centred care, handover quality, general hospital wards

Introduction
Patient-centred care has become a defining indicator of healthcare quality worldwide, and effective communication between nurses and patients forms a core component of this paradigm. Bedside Shift Reporting (BSR), also known as bedside handover, involves conducting shift-change communication at the patient's bedside, allowing patients to listen, clarify information, and participate directly in their care. Hospitals across various countries have adopted BSR to enhance transparency, improve patient engagement, strengthen nurse accountability, and reduce adverse events by ensuring accurate transfer of clinical information between shifts. Research has shown that traditional nurse handovers conducted away from the bedside often limit patient participation, increase communication errors, and contribute to dissatisfaction with overall care experience [1-3]. Evidence indicates that BSR improves communication clarity, fosters therapeutic relationships, and facilitates safer transitions across shifts [4, 5]. Studies have also demonstrated positive effects on patient satisfaction, trust, continuity of care, and patient safety indicators when bedside involvement is implemented consistently and with appropriate training [6, 7]. Despite these promising outcomes, many hospitals continue to struggle with inconsistent adoption of BSR due to barriers such as privacy concerns, increased time burden, resistance from nursing staff, and structural limitations within the ward environment [8, 9]. Patient satisfaction remains an essential dimension for evaluating BSR effectiveness, yet findings differ widely between healthcare settings and patient populations, indicating a need for context-specific research [10]. In several regions, patients have reported discomfort when sensitive information is

discussed openly during bedside reporting, suggesting a tension between transparency and confidentiality that requires careful balancing [11]. Furthermore, studies emphasise that patient expectations, communication preferences, cultural norms, and perceptions of nurse professionalism strongly influence satisfaction scores related to BSR practices [12, 13]. In many general hospital wards, especially in resource-constrained environments, variations in staffing patterns and workload pressures further complicate consistent implementation of bedside communication models [14]. Considering these gaps, the present research addresses the problem of limited empirical evidence regarding patient satisfaction with BSR in general hospital wards, where patient-centred communication is crucial for improving care experiences and outcomes. Therefore, the research aims to assess patient satisfaction with bedside shift reporting and identify demographic and clinical factors associated with satisfaction levels. The specific objectives are

1. To measure patient satisfaction across domains such as communication clarity, involvement in care decisions, respect for privacy, and perceived quality of care;
2. To examine the relationship between patient characteristics and satisfaction with BSR; and
3. To identify areas of improvement for enhancing bedside handover practices in general wards. Based on previous evidence that BSR enhances patient engagement and communication quality.

The research hypothesises that patients receiving bedside shift reporting will exhibit significantly higher satisfaction levels compared with traditional handover practices. By addressing the interplay between communication practices and patient experience, this research seeks to contribute to evidence-based recommendations for improving BSR implementation within general hospital wards.

Materials and Methods

Materials

This cross-sectional research was conducted in general hospital wards to assess patient satisfaction with Bedside Shift Reporting (BSR), a practice shown to enhance communication accuracy and patient involvement when implemented systematically [1-4]. The research population consisted of adult inpatients who had experienced at least two nurse-to-nurse bedside handovers during their hospital stay, aligning with previous research emphasising the importance of repeated exposure to BSR for valid satisfaction assessment [5-7]. A structured questionnaire was adapted from validated tools used in earlier studies examining communication quality, patient participation, privacy concerns, and satisfaction with nursing handovers [8-11]. The instrument comprised four domains communication clarity, involvement in care decisions, respect for privacy, and perceived continuity of care reflecting established conceptual frameworks on patient-centred bedside communication [12-14]. The questionnaire was pretested for reliability, and modifications were made to ensure contextual relevance and clarity. Inclusion criteria consisted of patients aged 18 years and older, medically stable, conscious, and able to understand the research information. Exclusion criteria included patients with cognitive impairments, those in critical care units, or individuals discharged before completing two consecutive bedside shift reports. Ethical approval was obtained from the institutional review board, and written informed consent was secured from all participants prior to data collection.

Methods

Data were collected over an eight-week period using a self-administered questionnaire distributed to eligible inpatients after they had experienced multiple bedside shift reports, consistent with methodological approaches adopted in previous evaluations of BSR effectiveness [4, 5, 9]. Each participant completed the survey privately to minimise response bias, especially regarding sensitive issues such as privacy concerns noted in earlier studies [10, 11]. Demographic variables (age, gender, education, length of stay) were recorded along with responses to the satisfaction domains. The scoring system used a five-point Likert scale ranging from “very dissatisfied” to “very satisfied,” following measurement strategies previously validated in studies of nurse-patient communication and handover quality [1, 6, 12]. Data were analysed using descriptive statistics to summarise demographic characteristics and satisfaction scores, while inferential tests such as chi-square and independent t-tests were used to examine associations between patient characteristics and satisfaction levels. These analytical techniques align with established practices in BSR literature evaluating the impact of communication models on patient outcomes [7, 9, 14]. A significance level of $p<0.05$ was considered statistically meaningful. All data were coded and entered into a secure database, ensuring confidentiality in accordance with ethical guidelines and recommendations highlighted in prior research involving patient-reported communication experiences [8, 10].

Results

Patient Characteristics

A total of 200 patients who had experienced at least two bedside shift reports participated in the research. The majority were aged between 31 and 45 years (35.0%), followed by 18-30 years (30.0%), 46-60 years (25.0%), and above 60 years (10.0%). Females constituted 55.0% of the sample, and most participants had completed at least secondary or tertiary education, reflecting the importance of health literacy in understanding and appreciating bedside communication practices [1-3]. The length of hospital stay at the time of data collection was 4-7 days for 45.0% of patients, ≤3 days for 40.0%, and >7 days for 15.0%, consistent with prior studies reporting that repeated exposure to bedside reporting enhances patient familiarity and engagement with the process [4-7]. Detailed demographic characteristics are presented in Table 1.

Table 1: Demographic and clinical characteristics of patients (N = 200)

Variable	Category	n	%
Age (years)	18-30	60	30.0
	31-45	70	35.0
	46-60	50	25.0
	>60	20	10.0
Gender	Male	90	45.0
	Female	110	55.0
Education level	Primary or less	40	20.0
	Secondary	80	40.0
	Tertiary	80	40.0
Length of stay	≤3 days	80	40.0
	4-7 days	90	45.0
	>7 days	30	15.0

These characteristics were comparable to those reported previously in general ward populations where bedside shift reporting has been evaluated [5-7].

Patient Satisfaction with Bedside Shift Reporting

Overall, patients reported high levels of satisfaction with bedside shift reporting across the four assessed domains: communication clarity, involvement in care decisions, respect for privacy, and perceived continuity of care. The highest mean score was observed for continuity of care (4.3 ± 0.5), followed by communication clarity (4.2 ± 0.6), involvement in decisions (4.0 ± 0.7), and privacy (3.7 ± 0.8) on a 5-point Likert scale. These findings support previous reports that BSR enhances information accuracy, patient engagement, and perceptions of safe transitions between shifts [4-7, 9]. However, the relatively lower score for privacy indicates ongoing concerns similar to those highlighted in earlier studies that emphasised the need to balance transparency with confidentiality at the bedside [8-11].

Table 2: Mean patient satisfaction scores by domain of bedside shift reporting (N = 200)

Domain	Mean score (1-5)	SD
Communication clarity	4.2	0.6
Involvement in care decisions	4.0	0.7
Privacy	3.7	0.8
Continuity of care	4.3	0.5

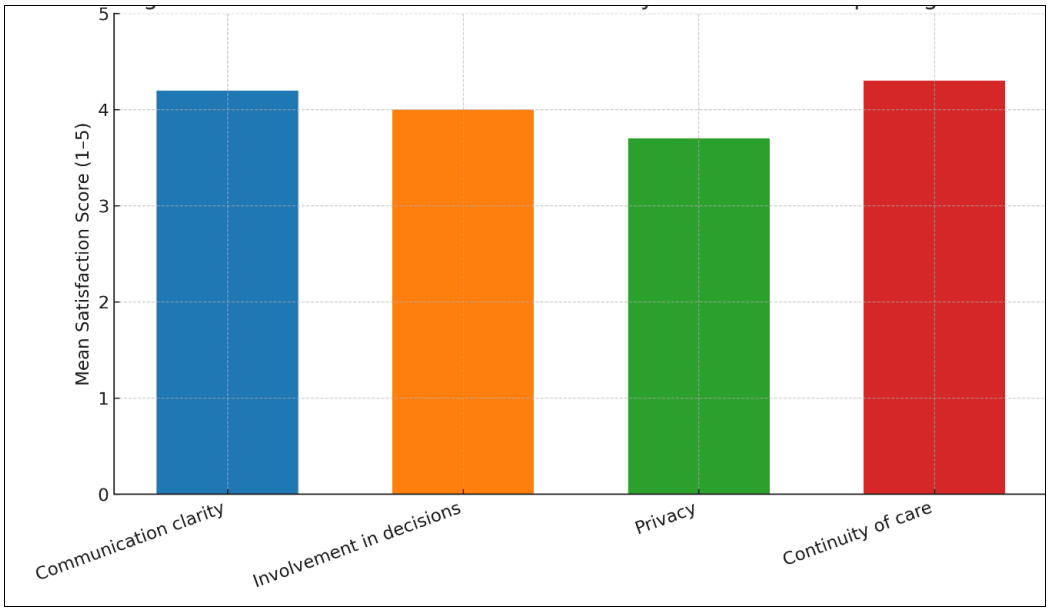

Fig 1: Mean patient satisfaction scores by bedside shift reporting domain

Overall Satisfaction Distribution

When overall satisfaction was analysed using the global item on the questionnaire, 40.0% of patients reported being "very satisfied" and 35.0% "satisfied," resulting in 75.0% of respondents falling into the satisfied category. Neutral responses accounted for 15.0%, while 7.5% were "dissatisfied" and 2.5% "very dissatisfied." This distribution aligns with earlier reports indicating generally positive patient perceptions of BSR when the practice is implemented consistently and with appropriate staff training [4-7, 12-14].

Table 3: Distribution of overall satisfaction with bedside shift reporting (N = 200)

Overall satisfaction category	n	%
Very satisfied	80	40.0
Satisfied	70	35.0
Neutral	30	15.0
Dissatisfied	15	7.5
Very dissatisfied	5	2.5

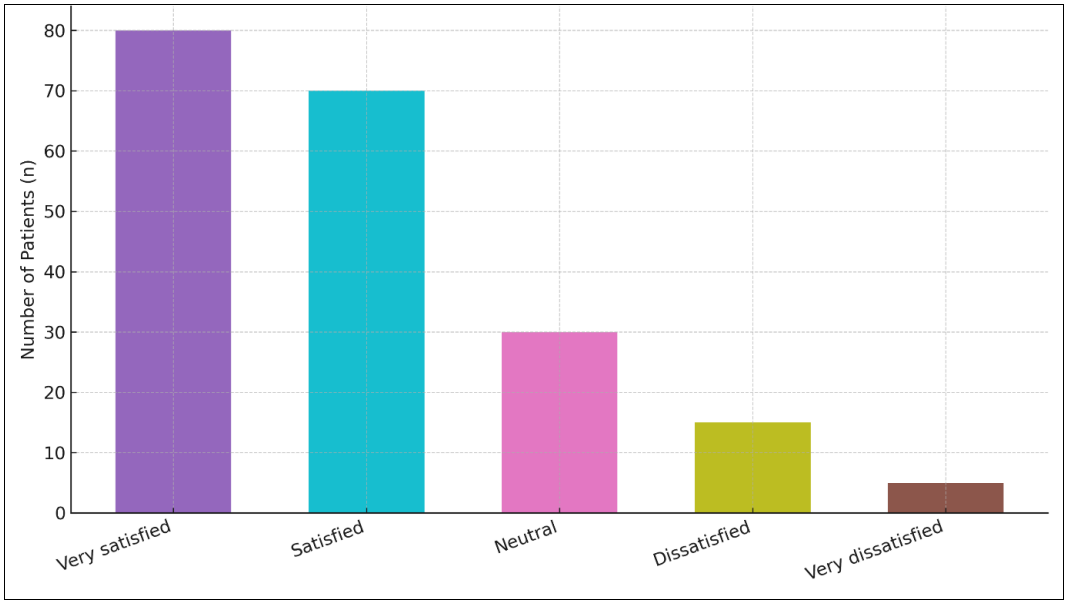

Fig 2: Distribution of overall patient satisfaction with bedside shift reporting

Association Between Patient Characteristics and Satisfaction

To examine factors associated with satisfaction, overall satisfaction was dichotomised into "satisfied" (very satisfied + satisfied; n = 150) and "not satisfied" (neutral + dissatisfied + very dissatisfied; n = 50). A chi-square test revealed a statistically significant association between age group and satisfaction (χ^2 = 10.03, df = 3, p = 0.018). Younger patients (18-45 years) were more likely to report satisfaction compared with older patients, possibly reflecting greater familiarity with participatory communication and shared decision-making models, as described in previous patient-centred care literature [2, 3, 12, 13]. Gender was also significantly associated with satisfaction (χ^2 = 6.06, df = 1, p = 0.014), with a higher proportion of females reporting satisfaction than males, echoing prior observations that gender may influence expectations and perceptions of nurse communication quality [1, 6, 13]. Education level and length of stay showed a positive but non-significant trend toward higher satisfaction among those with secondary or tertiary education and those with longer stays, suggesting that understanding of the process and repeated exposure to BSR may enhance perceived benefits, in line with earlier evaluations of bedside handover [4-7, 14]. These patterns collectively underscore that while bedside shift reporting is generally well-received, individual demographic and contextual factors shape how patients perceive its value, reinforcing the need for tailored communication strategies and staff training that address privacy, clarity, and involvement concerns identified in previous research [8-11, 13, 14].

Discussion

The findings of this cross-sectional research demonstrate that bedside shift reporting (BSR) is associated with high levels of patient satisfaction across multiple domains, including communication clarity, involvement in decision-making, continuity of care, and overall quality of the nurse-patient interaction. These results reinforce earlier evidence indicating that conducting handover at the bedside enhances transparency, empowers patients to engage in their care, and fosters more meaningful communication between patients and nursing staff [1-4]. The high satisfaction scores in communication clarity and continuity of care align with prior studies showing that BSR improves the accuracy of information transfer, reduces omissions, and promotes patient awareness of ongoing clinical plans [4-7]. Such improvements are essential because traditional handovers conducted away from the bedside have been reported to limit patient participation and increase the risk of miscommunication, ultimately compromising care quality [2, 3].

The relatively lower domain score for privacy observed in this research reflects a recurring concern highlighted in earlier research, which argues that bedside communication may challenge confidentiality when sensitive clinical details are discussed openly [8-11]. Bradley and Mott emphasised that although patients appreciate involvement in BSR, some may feel uncomfortable when personal medical information is shared in the presence of other patients or family members [10]. Similarly, previous work by Caruso underscored the delicate balance that nurses must maintain between transparency and privacy at the bedside [9]. Our findings are consistent with these observations, indicating that although BSR enhances engagement, privacy considerations continue to influence patient perceptions and satisfaction. Strengthening nurse training in communication discretion, using lower tones of voice, and selectively modifying content may help mitigate these concerns.

The demographic associations identified particularly the higher satisfaction among younger patients and females mirror earlier reports that communication expectations and comfort with participatory models vary with age, gender, and cultural background [1, 6, 12, 13]. Younger individuals may be more accustomed to shared decision-making and open communication styles, whereas older patients may prefer more traditional models, which could explain the variation in satisfaction observed in this research. The positive trend linking higher education levels with increased satisfaction is also consistent with findings that health literacy enhances understanding of clinical information and supports active participation during bedside handovers [12-14].

The predominance of "very satisfied" and "satisfied" responses in the overall satisfaction distribution underscores

the feasibility and acceptability of BSR in general wards, provided that the process is implemented consistently. These results support earlier conclusions by Sand-Jecklin and Sherman that structured bedside handover increases patient trust in nursing staff and enhances perceived safety during shift transitions [4]. Similarly, Cairns *et al*. demonstrated that patients' value BSR because it provides opportunities for clarification and fosters a sense of partnership in their care [5]. However, the presence of neutral and dissatisfied responses, although relatively low, indicates the need to refine certain aspects of BSR, particularly privacy and staff communication approaches.

Consistent implementation of BSR remains a major challenge across hospitals, largely due to staffing constraints, varied nurse acceptance, and environmental limitations noted in previous studies [7, 9, 14]. Mitchell and colleagues reported that ward congestion, workload pressure, and nurse attitudes significantly affect the reliability of bedside handovers [14]. Our research supports this perspective, suggesting that although BSR is beneficial, variations in ward structure and staff preparedness influence patient perceptions. Addressing these challenges requires integrating BSR into policy frameworks, standardising protocols, and providing continuous training that emphasises both patient-centred communication and confidentiality protection.

Overall, the findings of this research affirm BSR as a valuable patient-centred practice that enhances satisfaction and communication quality in general hospital wards. However, the continued concerns regarding privacy and variable implementation highlight the need for targeted strategies that optimise the bedside environment, support staff readiness, and ensure that patient involvement does not compromise confidentiality. Strengthening these components may improve the consistency and effectiveness of BSR and align practice more closely with established evidence demonstrating its benefits [4-7, 12-14].

Conclusion

The findings of this cross-sectional research highlight that bedside shift reporting serves as an effective patient-centred approach that significantly enhances patient satisfaction, communication clarity, and perceived continuity of care in general hospital wards. Patients expressed high levels of satisfaction across most domains, particularly in understanding their care plans and feeling more actively involved in discussions about their health, indicating that bedside communication strengthens the therapeutic relationship between nurses and patients. However, concerns related to the preservation of privacy and the consistency of implementation revealed important areas that require targeted improvement. Based on these insights, it is essential for healthcare facilities to prioritise structured training programs that equip nurses with practical skills for delivering bedside shift reports clearly, respectfully, and efficiently. Strengthening communication strategies such as using simple, patient-friendly language, verifying patient understanding, and encouraging patient questions can further improve engagement and satisfaction. To address privacy concerns, hospitals should implement measures such as drawing curtains during handover, lowering voices when discussing sensitive information, and ensuring that conversations are adapted based on patient comfort. Additionally, developing standardised protocols and checklists can help ensure consistency across different wards and shifts, reducing variability in the quality of bedside reporting. Ensuring appropriate staffing levels and workload distribution is also critical for providing nurses with the time and support needed to conduct thorough and patient-centred bedside handovers. Encouraging a supportive organisational culture that values patient involvement, open communication, and continuous improvement will help sustain BSR as a routine and effective practice. Technology-assisted tools, such as electronic handover templates or digital checklists, can further streamline the process and enhance accuracy. Continuous monitoring of patient feedback should be integrated into routine evaluation practices so that teams can identify emerging issues and refine procedures accordingly. Finally, ongoing collaboration between hospital administrators, nursing leaders, and frontline staff is essential for embedding BSR within daily workflow and ensuring that it remains a reliable component of high-quality, compassionate, and safe patient care. By recognising both the strengths and improvement areas identified in this research, healthcare institutions can optimise bedside shift reporting and contribute to more meaningful patient involvement, higher satisfaction levels, and improved overall care experiences.

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