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Original article

Analysis of Patient Satisfaction with the Implementation of Bedside Handover in the Inpatient Ward of Eka Hospital PIK

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Abstract

Introduction: Effective clinical communication is a critical determinant of patient safety and satisfaction in healthcare services. Bedside handover, a structured communication process conducted at the patient's bedside, is widely recommended to support patient-centered care. However, its implementation remains inconsistent, particularly in private hospital settings. This study aimed to analyze the relationship between bedside handover implementation and patient satisfaction in Eka Hospital PIK.

Method: This study employed analytical observational design with a cross-sectional approach. A total of 60 inpatients were selected using a total sampling technique. Data was collected using a bedside handover observation checklist based on SBAR standards and a modified version of the Newcastle Satisfaction with Nursing Scale (NSNS). Data were analyzed using the Chi-square test with a significance level of $p < 0.05$.

Results: Most bedside handover practices were categorized as good (56.7%), while patient satisfaction levels were predominantly high (61.7%). Statistical analysis revealed a significant relationship between bedside handover implementation and patient satisfaction ($p = 0.002$).

Conclusion: Bedside handovers have a significant influence on patient satisfaction. Strengthening communication quality and enhancing patient involvement are essential strategies to improve healthcare service outcomes.

Keywords: Bedside handover; Nursing communication; Patient-centered care; Patient satisfaction; SBAR

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INTRODUCTION

The quality of healthcare services is increasingly evaluated based on patient safety and satisfaction, particularly within the framework of patient-centered care. Ineffective communication has been identified as a major contributor to adverse events, accounting for nearly 60% of medical errors globally (World Health Organization, 2021). This highlights the critical importance of structured communication in ensuring patient safety and continuity of care.

In Indonesia, effective communication is mandated in the National Hospital Accreditation Standards (SNARS), which emphasize standardized handover processes to ensure continuity of care (*Komisi Akreditasi Rumah Sakit*, 2022). Despite these regulations, patient dissatisfaction related to inadequate communication and limited involvement in care decisions remains a significant issue (Kementerian Kesehatan Republik Indonesia, 2023).

Bedside handover, defined as the transfer of patient information at the patient's bedside with active patient involvement, has been shown to enhance communication clarity, patient engagement, and transparency of care (Tobiano et al., 2020). Furthermore, structured communication approaches have been proven to improve patient safety and overall satisfaction (Gonzalez et al., 2020).

However, most previous studies have been conducted in public hospital settings and predominantly use descriptive approaches. Evidence regarding the implementation of bedside handover in private hospitals, particularly in Indonesia, remains limited.

Therefore, this study aims to analyze the relationship between bedside handover implementation and patient satisfaction in Eka Hospital PIK.

METHOD

This study employed an analytical observational design with a cross-sectional approach to examine the relationship between bedside handover implementation and patient satisfaction. The cross-sectional design was selected because it allows the researcher to assess both variables simultaneously at a single point in time without any intervention, thereby reflecting real clinical conditions.

The research was conducted in the second-floor inpatient ward of Eka Hospital Pantai Indah Kapuk (PIK), a private healthcare institution known for its high standards of service and patient-centered care. The study was carried out over a defined period from January to March 2026.

The study population consisted of all patients hospitalized in the second-floor inpatient ward during the study period, totaling 60 patients. A total sampling technique was applied, in which all eligible patients who met the inclusion criteria were recruited as research respondents. This approach was chosen to ensure comprehensive data representation and to minimize sampling bias.

The inclusion criteria were patients aged between 18 and 65 years, those who were fully conscious (compos mentis), able to communicate effectively, and had been hospitalized for at least 2×24 hours. The exclusion criteria included patients with cognitive impairment, communication difficulties, severe pain, or unstable clinical conditions that could interfere with participation in the study.

The variables in this study consisted of an independent variable, namely bedside handover implementation, and a dependent variable, namely patient satisfaction. Bedside handover implementation was operationally defined as the quality of communication conducted by nurses during shift changes at the patient's bedside using the SBAR (Situation, Background, Assessment, Recommendation) framework. Patient satisfaction was defined as the patient's perception of nursing care services received during hospitalization.

Data were collected using two instruments. The first instrument was a bedside handover observation checklist developed based on the SBAR communication framework and the hospital's standard operating procedures. This checklist consisted of 17 items categorized into five domains: interaction, clinical information, patient assessment, care planning, and documentation. Each item was scored using a dichotomous scale (Yes = 1, No = 0).

The second instrument was a modified version of the Newcastle Satisfaction with Nursing Scale (NSNS), consisting of 14 items measured using a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). The questionnaire assessed communication clarity, patient involvement, emotional comfort, and overall satisfaction with nursing services.

Data collection procedures were carried out through direct observation of bedside handover practices and the distribution of questionnaires to patients after receiving nursing care. The researcher ensured that all respondents clearly understood each question and provided assistance when necessary without influencing their responses.

Data analysis was performed using IBM SPSS Statistics software. Descriptive statistics were used to summarize respondent characteristics and variable distributions in the form of frequencies and percentages. Inferential analysis was conducted using the Chi-square test to determine the relationship between bedside handover implementation and patient satisfaction, with a significance level set at $p < 0.05$ and a 95% confidence interval.

Ethical considerations were strictly maintained throughout the study. Ethical clearance was obtained from the hospital's ethics committee prior to data collection. All respondents were provided with complete information regarding the study objectives, procedures, potential risks, and benefits. Written informed consent was obtained from all participants. The confidentiality and anonymity of respondents were ensured by using coded identifiers and restricting access to research data solely for academic purposes.

RESULTS

The results of this study are presented systematically according to the research objectives, beginning with respondent characteristics, followed by the distribution of bedside handover implementation, patient satisfaction levels, and the analysis of the relationship between the two variables. The findings are presented in both narrative and tabular forms to provide a comprehensive understanding of the data.

Characteristics of Respondents

The characteristics of respondents are presented in Table 1. Most respondents were aged between 31–50 years (46.7%), followed by 51–65 years (28.3%) and 18–30 years (25.0%). Female respondents accounted for 56.7%, while male respondents accounted for 43.3%. These findings indicate that most respondents

were within the productive age group and had diverse demographic backgrounds. In addition, the mean patient satisfaction score was 56.3 ± 8.4, while the mean bedside handover scorewas 13.8 ± 2.1, indicating that overall patient satisfaction and bedside handover implementation were generally in the high category.

Table 1. Characteristics of Respondents (n = 60)

No	Variable	Category	N	%
1	Age	18–30	15	25.0
		31–50	28	46.7
		51–65	17	28.3
2	Gender	Male	26	43.3
		Female	34	56.7

Bedside Handover Implementation

The distribution of bedside handover implementation is presented in Table 2. Most bedside handover practices were categorized as good (56.7%), followed by moderate (30.0%) and Low (13.3%). These results indicate that bedside handovers have generally been implemented according to established standards, although some inconsistencies remain.

Table 2. Bedside Handover Implementation

No	Category	N	%
1	Good	34	56.7
2	Moderate	18	30.0
3	Low	8	13.3

Patient Satisfaction

Patient satisfaction levels are presented in Table 3. Most respondents reported high satisfaction (61.7%), followed by moderate satisfaction (28.3%) and low satisfaction (10.0%). These findings suggest that overall patient satisfaction with nursing services is relatively high.

Table 3. Patient Satisfaction Levels

No	Category	N	%
1	High	37	61.7
2	Moderate	17	28.3
3	Low	6	10.0

Relationship Between Bedside Handover and Patient Satisfaction

The relationship between bedside handover implementation and patient satisfaction is presented in Table 4. The Chi-square test revealed a statistically significant relationship between the two variables (p = 0.002), indicating that better implementation of bedside handover is associated with higher levels of patient satisfaction. Patients who experienced good bedside handover were more likely to report high satisfaction (28 respondents), whereas those who experienced Low implementation tended to report lower satisfaction levels. This demonstrates the importance of effective communication and patient involvement in improving satisfaction outcomes.

Table 4. Relationship Between Bedside Handover and Patient Satisfaction

Bedside Handover	High	Moderate	Low	Total
Good	28	5	1	34
Moderate	8	8	2	18
Low	1	4	3	8

Chi-square test, p = 0.002

DISCUSSION

This study aimed to analyze the relationship between bedside handover implementation and patient satisfaction in the inpatient ward of Eka Hospital PIK. The findings demonstrated a statistically significant relationship between bedside handover and patient satisfaction, indicating that better implementation of bedside handover is associated with higher levels of patient satisfaction.

The results revealed that most bedside handover practices were categorized as good, suggesting that nurses have generally adhered to standard communication procedures. This finding is consistent with previous studies highlighting the importance of structured communication in improving patient outcomes. Tobiano et al. (2020) reported that bedside handover enhances patient engagement, improves communication transparency, and increases patient satisfaction. Similarly, Gonzalez et al. (2020) found that structured communication methods such as SBAR contribute to improved patient safety and satisfaction.

The significant relationship identified in this study can be explained through the concept of patient-centered care, where patients are actively involved in the care process. Bedside handover enables patients to participate in discussions regarding their condition, treatment plans, and care needs. This involvement enhances patients' sense of control, builds trust, and ultimately increases satisfaction with healthcare services.

Furthermore, the mean scores obtained in this study indicate that both bedside handover implementation and patient satisfaction were in the high category. This suggests that effective implementation of bedside handover not only improves communication processes but also positively influences patients' perceptions of care quality. Clear and structured communication during bedside handover reduces misunderstandings, enhances information transparency, and provides emotional reassurance for patients.

Compared to previous studies conducted in public hospitals, this study offers additional insight into the implementation of bedside handovers in a private hospital setting. Patients in private hospitals generally have higher expectations regarding service quality, particularly in terms of communication and interpersonal interaction. Therefore, the effectiveness of bedside handovers becomes increasingly important in meeting these expectations and maintaining patient satisfaction.

However, this study has several limitations. The use of a cross-sectional design restricts the ability to establish causal relationships between variables. Additionally, the relatively small sample size and the focus on a single hospital setting may limit the generalizability of the findings. Future research is recommended to involve larger sample sizes, multiple healthcare settings, and more advanced statistical analyses to strengthen the evidence.

Overall, this study highlights the importance of bedside handovers as a key component of nursing communication that significantly influences patient satisfaction. Strengthening its implementation through continuous training, supervision, and adherence to standardized protocols is essential to improve healthcare service quality. These findings further emphasize the importance of structured communication not only in enhancing patient satisfaction but also in aligning with global patient safety standards.

CONCLUSION

This study concludes that there is a significant relationship between bedside handover implementation and patient satisfaction in the inpatient ward of Eka Hospital PIK. Better implementation of bedside handover is associated with higher levels of patient satisfaction.

The findings of this study have important implications for nursing practice, particularly in improving communication quality and patient involvement in care. Hospitals are encouraged to strengthen the implementation of bedside handovers through standardized procedures and continuous training programs.

Future research is recommended to explore the use of more advanced analytical methods and to include a larger and more diverse sample to enhance the generalizability of the findings.

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