

# NURSING SHIFT IN INTENSIVE CARE UNIT: STRATEGIES FOR THE EFFECTIVE COMMUNICATION

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## PASSAGEM DE PLANTÃO DE ENFERMAGEM EM UNIDADE DE TERAPIA INTENSIVA: ESTRATÉGIAS PARA A COMUNICAÇÃO EFETIVA

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## PASE DE TURNO DE ENFERMERÍA EN UNIDAD DE CUIDADOS INTENSIVOS: ESTRATEGIAS PARA LA COMUNICACIÓN EFECTIVA

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**Objective:** identifying strategies for effective communication in nursing shift in the ICU. **Method:** a quantitative and qualitative approach performed in the Intensive Care Unit of a hospital in Southern Brazil. The participants were five nurses and 21 nursing technicians working in this unit. The study period comprised the months of December 2021 and January 2022. Data were collected through semi-structured interviews and submitted to thematic and descriptive analysis. **Results:** organizational difficulties imply in the shift passage, reverberating in communication failures that can harm patient's care. Strategies for effective communication in the shift pass consist of standardization of this process at the bedside, with a structured script and priority items, following a sequence flow and organization of time and improvement activities for professionals. **Conclusion:** the shift with adequate communication and complete information has a positive impact on care outcomes, work organization, continuity of care and definition of priority demands.

**Descriptors:** Professional Practice Management, Communication, Patient Safety, Nursing Care, Shift Work, Critical Care.

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*Objetivo: identificar estratégias para a comunicação efetiva na passagem de plantão de enfermagem na UTI. Método: abordagem quantitativa e qualitativa, realizada na Unidade de Terapia Intensiva de um hospital do Sul do Brasil. Os participantes foram cinco Enfermeiros e 21 Técnicos de Enfermagem atuantes nesta unidade. O período de estudo compreendeu os meses de dezembro de 2021 e janeiro de 2022. Os dados foram coletados mediante entrevista semiestruturada e submetidos à análise temática e descritiva. Resultados: dificuldades organizacionais implicam na passagem de plantão, repercutindo em falhas comunicacionais que podem prejudicar o cuidado do paciente. As estratégias para a comunicação efetiva na passagem de plantão consistem em padronização deste processo à beira-leito, com um roteiro estruturado e itens prioritários, seguindo uma sequência céfalo-caudal e organização do tempo e de atividades de aperfeiçoamento para os profissionais. Conclusão: a passagem de plantão com comunicação adequada e informações completas, repercute de forma positiva nos resultados assistenciais, na organização do trabalho, na continuidade do cuidado e na definição das demandas prioritárias.*

*Descritores: Gerenciamento da Prática Profissional. Comunicação. Segurança do Paciente. Cuidados de Enfermagem. Trabalho em turnos. Cuidados Críticos.*

*Objetivo: identificar estrategias para la comunicación efectiva en el pase de turno de enfermería en la UCI. Método: enfoque cuantitativo y cualitativo realizado en la Unidad de Terapia Intensiva de un hospital del Sur de Brasil. Los participantes fueron cinco Enfermeros y 21 Técnicos de Enfermería actuantes en esta unidad. El período de estudio abarcó los meses de diciembre de 2021 y enero de 2022. Los datos fueron recogidos mediante entrevista semiestructurada y sometidos al análisis temático y descriptivo. Resultados: dificultades organizacionales implican el pase de turno, repercutiendo en fallas comunicacionales que pueden perjudicar el cuidado del paciente. Las estrategias para la comunicación efectiva en el pase de turno consisten en la estandarización de este proceso en la línea de meta, con una hoja de ruta estructurada y elementos prioritarios, siguiendo una secuencia céfalo-caudal y organización del tiempo y de actividades de perfeccionamiento para los profesionales. Conclusión: el pase de turno con comunicación adecuada e información completa, repercute de forma positiva en los resultados asistenciales, en la organización del trabajo, en la continuidad del cuidado y en la definición de las demandas prioritarias.*

*Descriptorios: Gestión de la Práctica Profesional, Comunicación, Seguridad del Paciente, Cuidados de Enfermería, Trabajo en turnos, Cuidados Críticos.*

## Introduction

In the hospital environment health professionals and managers face numerous challenges to ensure patient safety. Especially in Intensive Care Units (ICU), there is a significant demand for care related to the clinical instability of critical patients and risk control to avoid adverse events<sup>1</sup>. In this perspective, health communication is relevant to ensure quality care and if implemented effectively, it can be considered one of the main strategies for patient safety<sup>2</sup>.

Effective health communication is closely linked to the concept of adverse event, which refers to any pathological change caused to the patient through care practices of health professionals, which result in consequences for the health of the patient, the evolution of the underlying disease. Corroborating with the above, a study conducted in 2018, in the Southeast of the country, showed that poor communication caused errors in terms of medications and inappropriate

doses, suspension of important drugs, lack of knowledge of serious clinical conditions, nursing care and delayed parenteral nutrition<sup>3</sup>. This same study pointed out that failures, during the communication process in ICUs, are due to incompleteness, absence or errors in information about the care provided, affecting the quality of care and resulting in delayed interventions, duplicated or made mistakenly<sup>3</sup>.

According to recent data published by an American study, approximately 70% of errors and failures in professional health are related to ineffective communication between different sectors, care levels and professional categories. This same research also showed that communication failures are not always addressed through current recommendations available in the literature<sup>4</sup>. In this context, it is emphasized that effective communication in the hospital environment is an important object of study to be

explored and improved clinical practice. Health communication occurs through the transmission of information among professionals, in their multidisciplinary, passing, therefore, essential information and related to the care process, which underlies the clinical treatment of the patient at different levels of assistance<sup>5</sup>.

One of the classic moments that is perpetuated in hospital institutions for the transfer of information related to the patient is the shift, which consists of a form of verbal communication established between health professionals, to share information on the patient's clinical condition, care and work dynamics. Considering the ICU, a unit in which serious or potentially at-risk patients are assisted, it is important that all information regarding the care process is passed on effectively, objectively and clearly<sup>6</sup>.

Thus, to understand the complexity and the amount of information related to the patient and his treatment, it is necessary to contextualize the environment in which intensive care is developed. The critical patient needs advanced life support, which includes the use of mechanical ventilators, invasive devices (tubes, drains and catheters), vasoactive drugs, sedatives, analgesics and continuous monitoring of their vital parameters, being such determinants of a high amount of information<sup>7</sup>. Nursing provides continuous and uninterrupted care, and the intensive nurse, in addition to all his care and management duties, should be able to ensure the passage of information related to the patient in a categorical and clear way<sup>8</sup>. However, the Nursing Assistant it is understood that the high demand for care in ICUs and the work dynamics themselves can generate a fragmented verbal communication<sup>9</sup>.

Thus, it is questioned: what difficulties perceived by nursing professionals in the shift in the ICU? What strategies can contribute to effective communication in the shift?

This study is justified by the need to identify strategies that can ensure the transmission of information in the shift, aiming to overcome the difficulties presented by nursing professionals working in the ICU. Moreover, in the literature, most studies<sup>3-7</sup> address the positive implications

of the shift in an the losses associated with the lack of communication and the passage of incomplete information and standardized instruments to perform the shift in the ICU, being little explored the strategies that can be used to make this communication process more effective.

Given the above, the objective of the study is to identify strategies for effective communication in nursing shift in the ICU.

## Method

This is a qualitative research, which followed the Consolidated Criteria for Reporting Qualitative Research (COREQ). In addition, the quantitative, exploratory and descriptive approach was present, following the guide Strengthening the Reporting of Observational Studies in Epidemiology (STROBE). The research scenario was an ICU of a hospital in southern Brazil. The study was conducted in December 2021 and January 2022. In this unit, adult individuals who need intensive care are hospitalized, with ten beds with monitoring equipment, mechanical ventilation and infusion devices, two isolation beds dedicated to patients with COVID-19. The nursing shift is performed between the shift change (morning, afternoon and night), with oral communication. Nurses have a descriptive script to guide the passage of information. The nursing work regime, in the daytime, is characterized by two shifts of six hours each, while the night one counts twelve hours in alternate days.

The study participants were nursing professionals, nurses and nursing technicians working in the ICU. For the definition of the study participants, it was considered as an inclusion criterion to be working in the unit, as foreseen in the work scale of December 2021 and January 2022, the period in which the study occurred. We excluded professionals who were on leave during the study period, justified by health reasons, leave and vacation.

They totaled 33 nursing professionals who met the criteria, being these five nurses and 28 nursing technicians. They were invited to participate in the research before an online

invitation, containing information about the research. The Informed Consent Form (ICF) was also presented, with all the ethical information, especially the recording of the interview. The study was accepted by 26 nursing professionals, five nurses and 21 nursing technicians, who formalized their participation by signing the ICF.

Data collection occurred through a semi-structured interview, conducted in person in a private room, available in the ICU, with an average duration of approximately ten minutes. For data collection, an instrument with open and closed questions was used, developed on the Google Forms platform, addressing the following topics: Characterization of professionals; Communication and language used; Difficulties for the shift; Strategies for the shift. The data collection instrument was also composed of questions with good/good or bad scales, from which the participants evaluated aspects related to the shift and environmental factors.

The interviews were recorded, at the same time that the data collector was also filling out the form with punctual information. Subsequently, the interviews were transcribed in the form itself, composing a corpus organized in Google Excel spreadsheet, containing all the participants' responses.

For the qualitative treatment of the data it was used the thematic analysis following the stages of pre-analysis, exploration, treatment and interpretation. In the pre-analysis, considering the objective of the study, we performed the repetitive reading of the data and the identification of key words and phrases, which composed the indicators of the analysis. Subsequently, the exploration of the data occurred, with the grouping of the analysis indicators. In the final stage, data treatment and interpretation were performed with the inference of meanings of the themes that formed the thematic categories.

For the quantitative treatment of the data, simple statistics were used with the support of the Google Suite spreadsheet tool. The descriptive analysis was used to calculate the average age, time of training and time of operation in the ICU of the participants. It was also used the frequency distribution for the analysis of sex and evaluation

of communication items at the time of the shift and the factors that may hinder this process.

The study participants belong to two categories of nursing professionals (nurses and nursing technicians), which in the shift show similarities in the systematic that is adopted to perform communication. Therefore, in the presentation of the quantitative results, it was decided not to segregate into two groups, considering that the division would not be significant for the characterization of professionals, evaluation of communication criteria and factors that interfere in the shift passage. In the presentation of the qualitative results, there is the discrimination of the professional category in the identification of the speeches of the participants.

This study followed the legislation that guides research involving human beings. It was approved by the Ethics and Research Committee of the *Universidade Federal do Pampa*, under the opinion CAAE: 50535421.1.0000.5323 on 11/5/2021. The confidentiality and anonymity of the participants were preserved and, therefore, they were identified with the acronym NUR for nurses and TEC for nursing technicians, followed by the number corresponding to the order of the interview.

## Results

The average age of the participants in this study was 31.1 years and the majority (N=21, 80.7%) were female. The training time (completion of graduation for nurses and the technical level course for nursing technicians) was 5.5 years. Regarding the time of operation in the ICU, the average was 2.9 years, and seven professionals work less than one year in the unit.

Two thematic categories that configure the perception of nursing professionals on the shift in the ICU were identified, being them: difficulties of the nursing team facing the shift and strategies for effective communication in the shift in the ICU.

Difficulties faced by the nursing team when changing shifts

The study participants evaluated items related to the shift, presented in Table 1. The short time

allocated for communication, the lack of quality and completeness of the information, as well as training/qualifications variables were evaluated as bad in the shift transition process, indicating the main difficulties faced.

**Table 1.** Assessment of communication at the time of shift change, according to the perception of nursing technicians and nurses.

Items evaluated	Nice/Good		Bad	
	N=26	%	N=26	%
Clarity of communication	19	73	07	26.92
Use of supporting instruments	19	73	07	26.92
Environment for the shift passage	18	69.2	08	30.76
Quality of information	12	46.15	14	53.80
Allotted time	09	34.61	17	65.38
Completeness of the information	07	26.92	19	73
Occurrence of training and training	07	26.92	19	73

Source: created by the authors.

All participants stated that care is impaired when information is missing in the shift, an aspect that can also be observed in the evaluation of the item completeness of information, in which 73% of participants evaluated as poor in the shift passage, as shown in table 1.

The failure in verbal and written communication can cause losses to patients and their safety, because they are often subjected to unnecessary interventions or do not receive certain care, delaying treatment and diagnosis. These situations, according to the statements of the nursing technicians, are mainly related to the performance of tests, administration of medicines and care with devices.

*I was told on duty that the patient was scheduled for catheterization at seven o'clock in the morning, the other shift, the other day. I did all the preparation, left the patient in NPO (nothing oral) from midnight. NPO is fasting, he does not feed, nothing oral. I did the trichotomy at 6:00 in the morning. The secretary (hemodynamics) called us, before our shift ended, asking if he had any patients to do catheterization. I said yes, that we passed that had already scheduled. She asked who had scheduled, because she had no request. I found the requisition with the tests, and the other shift had not been scheduled. The catheterization had not been scheduled. I had to schedule the catheterization. She (the secretary of hemodynamics) told me that she was not sure that the examination would be that day, because she had already scheduled others, and I had already prepared the patient (TEC 01).*

*Tests such as tomography, [...] resonances, tests that are done and that need a greater demand of professionals. Sometimes we arrive and have to do these tests and nobody knows, because it was not passed on duty. There's no progress, and no nursing notes. Or any medication that's been suspended, and it's not checked, and it's not on the prescription. You end up managing, because you think it is prescribed. This is something that is very recurring (TEC 11).*

*The drain of a patient, we ended up not taking care of. It was turned, and the drain was pulled. Also with the central catheter [...], because they were without sutures and did not pass on duty (TEC 20).*

It is also possible to observe that the lack of effective communication, in the shift, implies the disorganization of work, the discontinuity of care and unnecessary demands. It is clear in the speech of nursing technicians that there is time required to clarify and solve the situations caused by the lack of complete information at the time of the shift.

*For example, I think it is important to pass if any medication was suspended, if some amount was drained, if the patient did not urinate, if he had any unusual changes, if he became hypertensive. If it does not pass, it becomes complicated to give the sequence of care (TEC 09).*

*Mainly, why did the patient commit? Most technicians do not know how to inform and do not know what to do [...] has the questions of medications, even for you to orient yourself and remedy the situation at the moment (TEC 18).*



*Regarding medication, sometimes a lack of drawer passage (medicine storage drawer) correct, makes it difficult in the application and in the delay of the patient receiving the medicine. And until you go to the pharmacy to pick up, in the morning you do not have time [...] but you always have to find time to get organized the shift for the other colleague (TEC 06).*

Participants, technicians and nurses, reported difficulties to perform the shift with effective and safe communication, highlighting the lack of attention of the professional who receives the shift; the lack of completeness of the information; distance from the patient's bed, when the professional receives or passes the shift, which prevents the conference and highlighting of the most important information; lack of time; excessive amount of irrelevant information, especially for recently admitted patients.

*It depends on the colleague, has some colleagues who are easier to pass the shift, pay attention. I think the lack of attention in the shift passage [...] So the shift to the bedside, check the material, check medicine, I think I had to have (TEC 07).*

*Sometimes it's time, and there's a lot about the patient to say. It's a complex patient (NUR 04).*

*[...] Some do not even go to the box to pass the shift. As much as it is the same patient every day, always have changes (TEC 08).*

*There are people who receive the shift sitting, who do not go to the box (TEC 21).*

*The colleague wants to receive the shift sitting, asks to pass only the changes [...] Do not want to go to bed to see the patient who is sometimes a new patient (TEC 10).*

*[...] now a patient of 3, she was with chest drain and the colleague did not pass me. Important information is not passed (TEC 12).*

Table 2 presents factors that may hinder the shift in the ICU. The professionals indicated the noise of alarms, the high flow of professionals, the parallel conversations, the hasty exits and the delays for the shift, as factors that significantly impact the work processes and, therefore, the especially, hinder the passage of duty.

**Table 2.** Factors that can make shift handovers difficult, according to the perception of nursing technicians and nurses.

Items evaluated	N=26	%
Delays for the shift passage	25	96.15
Side conversations	24	92.3
Hurried exits	23	88.46
High flow of professionals in the ICU environment	22	84.61
Alarm noises	18	69.23
Phone calls and messages	13	50
Interruptions in communication	06	23
Uneven lighting	06	23

Source: created by the authors.

In table 2 it is possible to observe that the main factors that interfere with the shift passage are: delays for the shift passage (N=25, 96.15%); parallel conversations (N=24, 92.3%); hasty exits (N=23, 88.46%); high flow of professionals in the ICU environment (N=22, 84.61); alarm noise (N=18, 69.23%). These same aspects were also observed in the speeches of the participants, in which it is evident that the noises of the environment and the lack of punctuality to take the shift are difficulties faced to ensure the quality of communication in the shift passage and organization and continuity of care.

*With the noise, sometimes I cannot, and the shift change is always with a lot of movement, conversations [...] I get lost (TEC 08).*

*We know that there are complications in the unit, and this ends up delaying the shift, but one of the things that happen, routinely in the ICU, is that you arrive at 19h to take the shift [...] and some colleagues take too long to pass the shift. This ends up delaying our work, what we have to do and patient care (TEC 01).*

Most professionals (N=20, 76.92%) reported the occurrence of delays for the shift, showing that these can happen due to complications with the patient. However, the professionals indicated that most of the delays in the shift passage occur

due to the delays in the tasks of the previous shift, affecting the work in the later shifts, generating a greater overload of tasks.

*The difficulties are the lack of punctuality, especially from colleagues in the next shift. Often they arrive very late, and we end up not passing, but we communicate the nurse. Because you will not be waiting until 7:30 in the morning here (TEC 11).*

### Strategies for effective communication during ICU shift handover

The nursing technicians perform the shift in a verbal way, with the support of notes made on tickets and by messages in social networks. The nurses reported the use of a structured script for the shift with verbal and written communication. They also use the exchange of messages on social networks for punctual communications during the shift.

In addition, they cite that the main strategy for effective communication in the shift in the ICU is the standardization of this process. The majority (N=25, 96.1%) performed the shift to bedside in up to five minutes (N=14, 53.8%), using formal language (N=21, 80.7%). The shift passage to the bedside are evidenced in the reports, especially nursing technicians, as the most appropriate place to perform the shift, because it ensures the visualization of the patient and the intensive support to which he is subjected, ensuring the completeness of the information.

*And the people who are leaving should pass calmly, inside the box, viewing more (the patient) and actually pass (information) that should pass. The question of visualization helps a lot (TEC 02).*

*It's like I said, visualize, take the colleague to the box. Show the basics there, the center, the vital signs, how he's holding up. And other major changes. Changed the night? Something the patient presented. And so, you visualizing, you pass better, and the colleague visualizes (TEC 02).*

The nursing technicians and nurses also highlight the importance of a systematized script, with the description of the information, following a cephalocaudal order, with the most relevant items for the shift: general state of the patient and history of problems/diagnoses (when recently hospitalized); level of consciousness, vital signs and clinical changes in the shift;

complementary tests performed and pending (preparations); complications (detailed situations) and interventions; devices; medications for continuous use, added and suspended; allergies; detailed procedures performed; and guidelines for safe care.

*Who knows how to have a script, because I think it does not have a pre-defined script, and some things sometimes pass, in the eyes of some (TEC 01).*

*I think it's important to know the state of the patient, what he has done with tests, what devices are being used in this patient. In addition to the medications made and which complications occurred on duty (TEC 01).*

*Vital signs mainly, changes in infusions of medications, changes in antibiotics (TEC 04).*

*Information about the general condition of the patient, about the main changes that happened during the shift, or the day before. Especially those who need intervention or some administration of medication to return to the state of balance (NUR 04).*

*Ideal, as I said, that they had all the information, that they were complete, cephalopod. That spoke of everything. Changes in signals, devices that have been switched, that have been passed. Medications, drawer passage as well. The ideal would be the bedside that the colleague had passed and could be visualizing everything of the patient (TEC 11).*

*The shift pass when passed in a cephalopodal way helps a lot, makes you not forget some device used, or something that was inserted into the patient. Also the dilutions that are being infused, sometimes the patient has several infusion pumps, so when everything is being infused, for example Nora to 10 ml/ h, and check with you at the time of the shift, [...] helps to reduce errors in medication administration (TEC 01).*

Another important strategy reported, especially by nursing technicians, is the organization of time. The punctuality of the entry and exit of the professionals favors the shift passage, so it is necessary the organization of the work process (scales of distribution of patients among the technicians), thus assisting the dynamics of the shifts.

*[...] I believe that greater punctuality in the shift would be interesting (TEC 01).*

*Usually the professional wants to spend the shift running, to leave. I think there should be more tranquility. I think it is very important the shift passage (TEC 16).*

*It has to be more specific. Have more time to pass the shift and be more objective (TEC 17).*

The nurses point out that the shift, which is made through verbal communication, can be supported in the records in medical records.

Nursing developments and notes need to be complete to favor the clarification of doubts of information passed on duty, and can be consulted at any time to ensure the security of information.

*Some information needs to be further described [...] the most pointed changes, so that one can consult during the shift, so that one can resume some medication that was administered during the day during the shift period (NUR 04).*

*Especially in postoperative patients, all recommendations involved that need to be followed, some are not always written, but that need to be adopted. This information in the shift passage helps to keep the patient more stable during the shift (NUR 04).*

Nursing technicians and nurses stated that the shift, with complete information, has a positive impact on care. According to the professionals, effective and complete communication in the shift passage favors the safety of the patient in relation to the administration of drugs, flow of tests and immediate interventions in the face of complications.

*For example, if the patient is unsaturated, every day he has a low level of saturation. It is important that he passes this on duty so that the intubation material is left well. The right sedations, and not to miss anything, central access and everything, peripheral access. That's why it's important (NUR 01).*

*Look, about some procedure that the patient is going to do. Like take one in the afternoon. In the morning, if you can anticipate the bath, it would be easier. Well then, you arrive only medicates, see the signs and move forward [...] So I think with this information you can anticipate something that is done in the afternoon to be more effective the service (NUR 06).*

*For example, a medication that could not be passed. Because sometimes the patient is allergic and he tells the employee who is on duty and ends up getting lost. If you don't pass on that information, you will administer a medication that will harm the patient (TEC 14).*

The improvement activities, on the importance of the shift in the care of severe patients, are strategies to sensitize them about the importance of effective communication in patient safety. According to the report of the participants, only three participated in training on this topic, thus justifying the need for improvement in the skills of effective management of information in the shift.

## Discussion

The qualification of communication processes is an important means to improve the care offered and ensure patient safety. Among the most opportune moments to ensure the efficiency of communication is the shift, and the success of this depends on the good articulation of the work with the important information inherent to therapy<sup>11</sup>. In the present study, the shift proved to be a process to be continuously improved and, if improved, can promote safe and qualified nursing care.

Similar findings in an observational study showed that communication failures refer directly to patient care plan information, their current health condition, and their clinical history. When such information is not passed on legitimately, it directly affects the quality of nursing care. Still, this same study showed that certain nursing care was not performed due to ineffective communication. These factors resulted in the workload of professionals and damage to the integrity and safety of the patient<sup>3</sup>.

As in the present study, a descriptive study showed that certain negative factors significantly impact the shift, and that the movement of people/professionals favors the interruption during the process. It is also evident that communication failures are also related to the absence of effective participation of all nursing staff, diversion of attention from professionals, disorganization and indiscretion of important informations<sup>11</sup>.

Another descriptive and observational study, conducted in an ICU of a large university hospital, exposed the main factors that impact the shift and nursing care. These factors highlighted the noise of equipment, parallel conversations between professionals, underutilization of the standardized support instrument and lack of objectivity in the information. This research also concluded that such evidenced results point to the need to reinforce the appropriate use of communication support technologies, as well as



to stimulate the participation of all nursing staff that transmit and receive the information<sup>12</sup>.

As causes of incompleteness of information there are variables to be considered, such as environmental and organizational factors, which include inadequate time spent for the transmission of information about the care provided, interruptions during the shift, possible pending/delayed care activities and even the dynamic movement of the unit, being pointed out as occasional factors of information dispersion<sup>13</sup>. In this way, the shift happens poorly, impairing the performance and development of their clinical reasoning, implying the quality of care<sup>13</sup>.

Nursing professionals face numerous difficulties in their performance in intensive care units, among these can be mentioned the high amount of shared information, and also the high flow of multidisciplinary professionals. Such factors directly imply the quality of communication, especially in the shift change<sup>7</sup>. The shift can also provide dialogue between multidisciplinary teams and in return, is described as a confusing and trivialized method. A study conducted in the south of the country showed that the weaknesses in the exchange of technical information between the team regarding patient care represented a strong barrier to overcome<sup>14</sup>.

With regard to the physical environment of the ICU, it should be emphasized structural aspects that can affect the performance of the team, such as the constant noise of alarms, irregular lighting, space limitations, quantity of equipment and the need for uninterrupted monitoring of all equipment. It is also emphasized that the greater the severity of the patient's clinical condition, the more information will be inherent in the care process. Such unique characteristics, belonging to the ICU, may imply the ability to manage and transfer information, ideas and opinions among team members.

In the literature, it is possible to identify that in addition to the factors mentioned above, there are other barriers associated with difficulties for the transmission of information in the shift. Distance from the patient's bed is considered a barrier to the effectiveness of the shift, since it

happens far from the patient's bed and makes it difficult to confer and highlight the most important informations<sup>6</sup>.

Time management, for the shift, is also listed as another significant difficulty. Prolonged time can become exhausting for professionals, contributing to the dispersion of attention. On the other hand, the brevity of the shift favors the loss of information. A study conducted in a general adult ICU concluded that the time for the shift must be adapted to the needs of each sector, and the individual characteristics of each patient<sup>6</sup>.

Recent studies have highlighted the need for intervention in the management of services to overcome the limitations and strengthen the positive aspects, with the standardization of the on-call transition processes being means to contribute to the qualification of assistance. Therefore, it is important to emphasize that the professionals who participated in the present study listed possible strategies for the improvement of the shift, among which they cite the possibility of implementing a the occurrence of the shift at the bedside, the completion of the records in a complete way in the medical record and the continuous improvement of the professionals; also indicated in a study carried out on the theme<sup>15,16</sup>.

The standardization of the shift passage can serve as support to health professionals, through the use of resources and tools to assist the transmission of information during the process, that the records can be accessed during the next shift, causing a positive impact on the work processes.

Duty handover instruments, which involve written communication as support for verbal communication, can mean good strategies for the systematization of this process, as well as reorganization of work. They also represent a type of complementary communication, which reduces the occurrence of omission and/or forgetfulness of relevant issues, minimizing the failures of exclusively verbalized communication<sup>16</sup>. In the present study, it is observed that nurses present an instrument, but nursing technicians do not, a fact that contributes to the lack of standardization, which may cause the dispersion of important information.

The study encompasses important implications for nursing practice in ICU, indicating the need and importance of systematization of shift passage, aiming at effective communication in this process. Therefore, it is necessary to use tools to assist the shift that can delimit the priority and most relevant information to be shared, minimizing communication failures.

Perspectives, also foreseen in the literature, which recommends the use of cephalopod Checklist that facilitate clinical reasoning and the organization of critical patient information. These scripts provide information on the general condition of the patient, clinical history, level of consciousness, vital signs and clinical changes in the shift, tests performed or pending, complications and interventions, medications for continuous use, among others allergies and guidelines for safe care are passed on effectively favoring continuity of care<sup>6</sup>. In addition, the importance of continuous qualification of working professionals is noted so that patient safety and care are not impaired by the occurrence of ineffective<sup>17</sup>.

Still, from the present study, it is recommended the elaboration of new researches, with more robust methodological designs, aiming to rescue the clinical implications of the shift with effective and systematized communication. Also, the development of instruments and software to support the shift, aiming at the completeness of information and optimization in this process.

Among the limitations of this research can be mentioned the non-observance of the shift, which would allow the identification of other determinants of communication failures, and other possible strategies identified by professionals. In addition, the study was limited to the number of professionals working in the research context, which impaired the quantitative approach, as well as the segregation of participants into groups, according to professional category, to improve the analysis of results.

### Final Considerations

Nursing professionals are faced with difficulties in the shift in the ICU: the short time allocated for communication; the lack of quality

and completeness of information and training/qualifications; the lack of attention of the professional who receives the shift; the distance from the patient's bed, when the professional receives or passes the shift; the excessive amount of information. These difficulties can lead to communication failures, which lead to losses to patients and impacts on the quality of care, especially in the postponement of tests, errors in the administration of drugs and carelessness with devices.

On the other hand, strategies were identified to overcome these difficulties and to promote effective communication in the nursing shift in the ICU, among them: the standardization of the shift, considering the organization of time and the realization of it at the bedside; the implementation of a systematized support script, containing the most relevant information; the need for training and updating of nursing professionals to perform effective and efficient communication. Thus, it is concluded that the shift, with adequate communication and complete information, has a positive impact on care outcomes, work organization, continuity of care and definition of priority demands.

### Collaborations:

- 1 – conception and planning of the project: Lucas Moreira Siqueira;
- 2 – analysis and interpretation of data: Josefina Busanello;
- 3 – writing and/or critical review: Camila Bueno Alves;
- 4 – approval of the final version: Ana Paula de Lima Escobal; Caroline Monteiro Bittencourt; Deisy Mello Pinto.

### Conflicts of interest

There are no conflicts of interest.

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