



OPTIMIZATION OF THE ROLE AND FUNCTION OF HEAD NURSE MANAGEMENT IN THE HANDOVER PROCESS BETWEEN SHIFTS

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ABSTRACT

The inter-shift handover is a critical process that significantly impacts patient safety. Communication failures during handover are identified as a major cause of safety incidents. In a referral hospital in Jakarta, the managerial role in handover remains suboptimal, indicated by inconsistent supervision and lack of standard practice. To optimize the role and function of nursing management in the handover process to enhance communication and patient safety. This case report employed a descriptive qualitative approach. Data were collected through interviews, observations, and questionnaires involving staff nurses in the GP2 inpatient unit. Interventions included the development of a standardized operating procedure (SOP) for shift handovers, simulation of bedside handovers using the SBAR format, and strengthened head nurse supervision through structured monitoring. The intervention improved understanding and acceptance of the SOP (100% of respondents found it understandable and logical) and enhanced communication quality (83–87% of respondents reported information was complete, accurate, and interactive). Head nurse supervision was perceived as strong (over 90%). However, only 33.3% consistently performed bedside handovers, and documentation in the electronic medical record (EMR) system was not optimal. Key challenges included time constraints, workload, and the lack of integrated documentation systems. The application of Kotter's change model contributed to the success of the intervention by establishing a sense of urgency, forming a guiding coalition, and reinforcing the role of management as change agents. Optimizing managerial functions has proven effective in improving communication and patient safety. Continued monitoring of bedside handover practices and sustained clinical supervision are recommended to maintain the quality of nursing services.

Keywords: bedside handover; nursing manager; patient safety

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INTRODUCTION

The handover process between shifts is a complex activity that goes beyond the transfer of clinical responsibility; it is a critical form of cross-time communication within the nursing care system. Studies have shown that 60–70% of sentinel events in hospitals are caused by communication failures, most of which occur during shift changes (International, 2021; World Health Organization, 2021). Irregular information transfer, undocumented assumptions, and differing perceptions among nurses are common sources of errors that put patient safety at risk. Therefore, handover must be regarded as a strategic process that requires strong managerial functions. In the context of nursing management, the functions of planning, organizing, implementing, and supervising the handover process are often not optimally executed. Based on the management framework of Marquis and Huston (2021), the effectiveness of clinical communication depends heavily on structural clarity and the involvement of nursing leadership (Borkowski, 2021; Marquis & Huston, 2021). When these management functions are not formalized into daily work systems, handover tends to become informal, sporadic, and poorly documented.

Nurse managers, as central role holders, carry a strategic responsibility in creating an effective and safe handover environment. Robbins and Judge (2024) emphasize that leadership which fosters a culture of open and supportive communication is strongly correlated with staff compliance with communication standards (Robbins & Judge, 2024; Wagner, 2023). This suggests that the effectiveness of handover is not only about the content of communication, but also about how nurse managers create a supportive context for accurate information transfer. In practice, ward managers' supervision of handovers is still often not carried out regularly and regularly, even though supervision is part of quality control. Zahra (2024) found that only 35% of nursing units had a documented daily handover supervision schedule (World Health Organization, 2021; Zahra, 2024). This highlights the need for a data-driven managerial approach to encourage supervision as part of communication quality control during shift transitions.

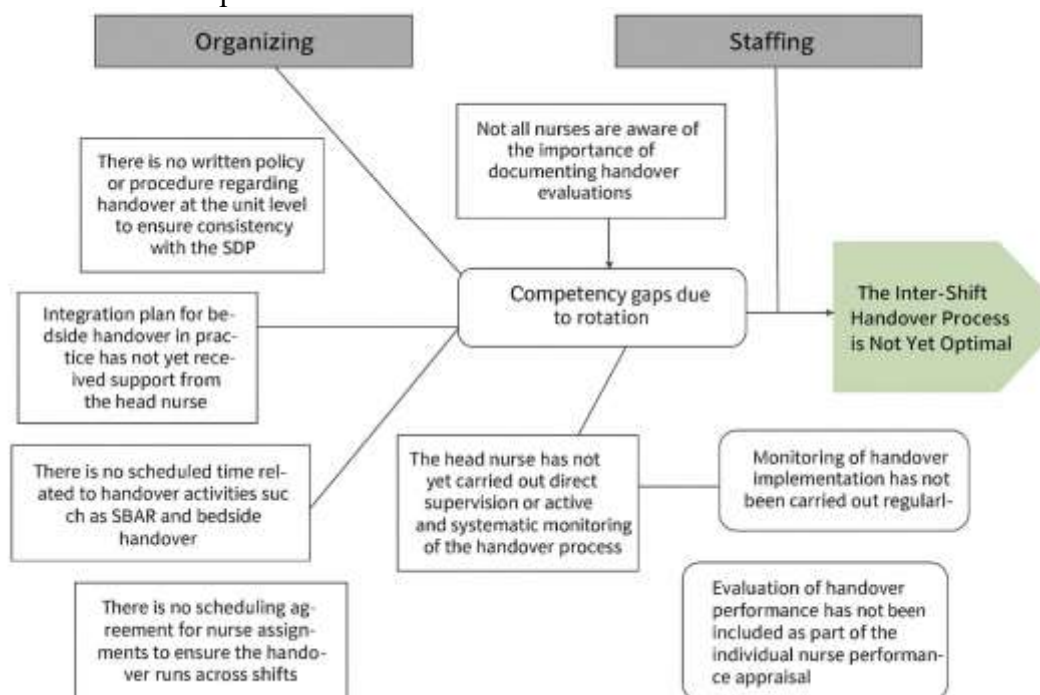
According to the Indonesian Ministry of Health Regulation No. 11/2017 and the Hospital Accreditation Standards (SNARS) Edition 1, hospitals are required to apply structured communication protocols such as SBAR in every handover. However, an evaluative study by Yetti et al. (2020) revealed that only 42% of nurses were able to deliver information in proper SBAR sequence without intensive training (SNARS, 2023; Yetti et al., 2020). This indicates that having a protocol alone is insufficient without active managerial roles in initiating training and strengthening supervisory systems. Healthcare organizations should treat the handover process as a strategic organizational intervention rather than merely a technical routine. According to Organizational Development theory by Singh and Ramdeo (2020), sustainable change requires structural support and managerial commitment to establish new professional habits (Robbins & Judge, 2024; Singh & Ramdeo, 2020). The application of ODC (Organizational Development and Change) is thus essential to ensure that any modifications to the handover system are systemic and not temporary.

Training-based interventions such as role play, simulation, and practice reflection have been shown to improve nurses' understanding of the importance of effective communication during handovers. Zahra (2024) demonstrated that SBAR compliance scores increased by 25% after nurses participated in active learning interventions such as role play and supervised practice (Huston, 2017; Zahra, 2024). This shows that managerial functions must adopt active learning approaches in staff competency development. From an organizational culture perspective, the success of optimizing handover depends heavily on the presence of a patient safety culture developed by nursing leadership. Robbins and Judge (2024) argue that organizational cultures supporting incident reporting, open communication, and continuous learning facilitate effective information transfer (Borkowski, 2021; Robbins & Judge, 2024). Such cultures do not arise naturally but must be cultivated through managerial functions that recognize their role as agents of change.

As a national tertiary care institution, RSJPDHK faces major challenges due to the complexity of cardiac cases and the high demands for accurate clinical data transfer. In such contexts, handover must be multidisciplinary and cannot rely solely on verbal reports (Marquis & Huston, 2021; Wagner, 2023). This reinforces the argument that strengthening managerial roles in the handover process is not optional, but a contextual necessity. Based on this background, the present study aims to develop and implement strategies to optimize shift-to-shift handovers at RSJPDHK through a multidimensional approach that includes the development of handover SOPs, SBAR communication, simulation, ward manager supervision, and integration with electronic documentation systems. This study is expected to contribute theoretically to the development of nursing management models based on effective communication, and practically to improving patient safety and nursing service efficiency in highly complex hospital settings such as RSJPDHK.

METHOD

This study employed a case report design with a practical implementation approach, aiming to evaluate the effectiveness of monitoring and evaluating shift-to-shift handovers in improving documentation quality in an inpatient unit. The study was conducted in the inpatient ward on the second floor, using a purposive sampling technique. The total sample consisted of 32 nurses. The project was carried out at Hospital The activities were guided by the management function framework (planning, organizing, staffing, actuating, and controlling) to ensure systematic implementation. Data collection methods included questionnaires, interviews, and observations. Once the data were collected, problem analysis was conducted using a fishbone (Ishikawa) diagram. The subjects of this study were all nurses working in the unit, with active involvement from the head nurse and team leaders, who acted as the main implementers of the monitoring and evaluation process. Following data collection, problems were prioritized, and an Action Plan (PoA) was developed using the POSAC approach. Implementation, evaluation, and follow-up planning were conducted then, guided by Kotter's eight-step change theory. The steps included: (1) creating a sense of urgency regarding the importance of supervision to improve service quality, (2) forming a change team consisting of the nursing service team, inpatient unit staff, and the head nurse, (3) developing goals and strategies for handover implementation, (4) communicating the plan to all staff through socialization sessions, (5) empowering the head nurse to drive success, (6) consolidating changes through continuous monitoring, and (7) integrating tiered supervision into the organizational culture of the inpatient unit.



Picture 1. *Fishbone* Diagram

RESULT

The initial identification process was carried out using three methods: interviews, observations, and questionnaires, with a total of 30 nurse respondents. The majority were female, consisting of 28 nurses (87.5%), while only 2 nurses (9.4%) were male. In terms of education, most respondents held a Nurse degree (81.3%), followed by 3 respondents (9.4%) with a Diploma in Nursing, 1 respondent (3.2%) with a Specialist degree, and 1 respondent (3.1%) with a Master's degree. These findings indicate that the nursing profession is predominantly female and that the majority of nurses possess a professional nurses qualification. Regarding the Nursing Competency Levels (PK), respondents were distributed across various stages: 16 nurses (50%) were at the Pre-PK (Beginner) level, 8 nurses (25%) at PK I (Advanced Beginner), 5 nurses (15%) at PK II (Competent), and 2

nurses (6.3%) at PK III (Proficient). This distribution illustrates variation in experience and competence among nursing staff, with most nurses still at the early stages of professional development.

Overall, the practice of shift-to-shift handover in this hospital demonstrated high effectiveness . Nearly 90% of nurses agreed that the handover process was carried out in a structured manner, with clear sequence and objectives, supported by the existence of Standard Operating Procedures (SOPs) acknowledged by almost all respondents. The quality of information transfer was also rated very positively: more than 83% of nurses considered the information complete, accurate, and relevant, with the majority (87.1%) applying a standardized format such as SBAR/ISBAR. Communication during handover was perceived as highly effective, with 96.8% of respondents experiencing interactive two-way communication. The use of Electronic Medical Record (EMR) shift handover forms was also widely adopted. However, one area requiring attention is bedside handover : only about one-third of respondents reported consistently practicing it, while nearly half were neutral and the rest disagreed. This suggests that although the process and content of handover were well established, bedside handover practices were not uniformly applied. In addition, although most nurses performed introductions and time contracting at the beginning of handover, there remains room for improving consistency in this aspect.

Table 1.
Results of the evaluation of the SOP Handover between Shifts

N o	Evaluation Questions	Dominant Answer	Number of Positive Answers	% Positive Answers	Interpretation
1	SOP is easy to understand	Easy	20 of 20	100%	All respondents rated the SOP as easy to very easy to understand.
2	The steps in SOP are logically structured	Yes	20 of 20	100%	The SOP structure was considered logical by all respondents.
3	Realistic and adequate time duration (MBW)	Yes	19 of 20	95%	The majority consider the time duration to be realistic.
4	The description of bedside handover is quite detailed.	Yes	19 of 20	95%	The information is clear enough, needs a little reinforcement in the unit
5	Handover at the nurse station with EMR login	Often / Yes, Always	17 of 20	85%	Consistency of implementation is needed according to EMR standards.
6	The previous nurse always opened CPPT, observation, medication during handover	Yes, Always	17 of 20	85%	The majority carry out the procedures according to procedure, but it is not yet uniform.
7	Critical information is communicated and recorded in the EMR	Yes, Always	18 of 20	90%	Implementation is quite good, can be strengthened with supervision
8	The replacement nurse provides clarification during the handover.	Yes, Always	18 of 20	90%	Two-way communication is working well
9	Previous & replacement nurse names are listed in the EMR.	Often / Yes, Always	17 of 20	85%	Not consistent, documentation needs to be improved
10	Bedside handover is done after the nurse station	Often	16 of 20	80%	Still need to strengthen the bedside handover culture
11	Nurses always introduce themselves during visits	Yes, Always	18 of 20	90%	The practice of effective communication with patients is quite good
12	Nurses check the patient's identity and condition during the visit.	Yes, Always	18 of 20	90%	Initial assessment practices were implemented quite well
13	Effective SOPs ensure patient safety and completeness of information.	Effective / Very Effective	18 of 20	90%	The SPO is considered quite successful, but there are suggestions for improvement.

Survey findings revealed that the clinical supervision function of head nurses was very strong and had a significant positive impact on staff nurses. Nearly all respondents (>90%) agreed that head nurses regularly conducted supervision, including direct observation of nursing practice. Nurses reported experiencing tangible benefits from such supervision, as evidenced by 100% of respondents stating that head nurses provided constructive feedback on their performance. This contributed to increased motivation among staff, with many feeling encouraged to work more effectively due to guidance from their head nurse. Furthermore, head nurses actively facilitated regular team meetings or evaluations and supported the resolution of interpersonal conflicts among staff. Overall, these supervisory activities were considered to contribute greatly to improving care quality and patient safety. The consistency and effectiveness of this supervision were also reinforced by the availability of Clinical Supervision Guidelines and Standard Operating Procedures (SOPs) recognized by the majority of nurses in the hospital.

DISCUSSION

The evaluation results demonstrated that the shift-to-shift handover SOP was perceived as clear, logical, and easy to understand by all respondents (100%). A total of 95% agreed that the duration was realistic and that bedside handover explanations were quite clear. Most nurses reported following the SOP consistently, including the use of EMR, SBAR communication, and inter-shift clarification. However, inconsistencies were noted in documenting nurse names and in performing bedside handover across all shifts. Overall, 90% of respondents rated the SOP as effective or very effective in supporting information completeness and patient safety. Nevertheless, reinforcement of documentation, bedside supervision, and ongoing education remain necessary to sustain quality standards.

The findings consistently emphasize the importance of optimizing managerial functions, particularly in planning, organizing, actuating, and controlling the handover process. According to Mintzberg's managerial role framework (eg, figurehead, leader, monitor, disseminator, negotiator) and Marquis & Huston's leadership and management theories, weaknesses in supervision and direction directly affect the quality of inter-shift communication. Without structured planning, organized workflows, consistent implementation, and effective supervision, handovers are prone to inefficiency and patient safety risks. Although SBAR is widely recommended by the Indonesian Hospital Accreditation Commission (KARS) and SNARS as the standard communication tool, its implementation remains inconsistent. This aligns with Yetti et al. (2020), who found that without intensive, repetitive, and systematic training, SBAR cannot be fully integrated into daily clinical practice. Similarly, bedside handover, despite its theoretical advantages (transparency, patient engagement, and error reduction), has yet to be consistently implemented at RSJPD Harapan Kita. Barriers include time constraints, heavy workloads, and limited communication culture, compounded by staff resistance due to insufficient understanding of its long-term benefits.

The head nurse's role as a change agent is therefore crucial in building and sustaining a culture of patient safety. However, supervision remains inconsistently structured and routine, echoing Zahra's (2024) findings that only 35% of units had structured supervision schedules. Effective supervision, when implemented consistently, serves not only as a quality control mechanism but also as coaching and mentoring for staff nurses. Additionally, despite the availability of EMR, verbal reporting still dominates, which risks miscommunication and incomplete data transfer. Integration of handover SOPs with EMR systems is critical for ensuring long-term effectiveness and quality assurance. Ultimately, the success of handover optimization depends not only on procedures and training but also on organizational commitment. This includes adequate resource allocation, managerial support at all levels, and a culture of continuous improvement. Without strong organizational commitment, positive changes may not be sustained. Thus, reinforcement strategies must include regular evaluation, ongoing feedback, and adaptation to evolving clinical contexts.

CONCLUSION

The intervention program successfully enhanced awareness and structure in shift-to-shift handovers. Although not all staff fully adhered to the SOP, tangible progress was achieved in terms of socialization, simulation, and supervision. Further efforts are required to strengthen head nurse supervision, regular SBAR training, and integration of SOPs with EMR and bedside handover as standard practice.

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