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A cross-sectional study on Challenges to Effective Clinical Handover Among Nurses at Gombe Hospital, Butambala District.

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Abstract

Background: Effective clinical handover among nurses is essential for ensuring continuity of care, patient safety, and quality health service delivery. This study aimed to assess the challenges to effective clinical handover among nurses at Gombe Hospital in Butambala District.

Methodology: A descriptive cross-sectional study design was employed involving 30 nurses selected from inpatient and outpatient departments. Data were collected using structured questionnaires and analyzed using descriptive statistics to generate frequencies and percentages.

Results: The majority of respondents were female (66.7%), married (66.7%), and working in the inpatient department (60%). Most nurses were certificate holders (70%) and had 10–15 years of work experience (43.3%). Individual-related challenges included limited time for comprehensive handover, with 63.3% reporting they never had sufficient time, and inconsistent documentation of patient care (76.7% sometimes documented). Although 70% acknowledged the importance of handover, only 56.7% felt it was their responsibility. Health facility-related challenges were prominent, including inadequate staffing (86.7%), long working hours with 53.3% working 12-hour shifts, frequent emergencies (60%), and lack of support supervision (63.3%). Additionally, 96.7% reported the absence of appraisal for routine handover, and 90% had not received refresher training. Lack of standardized mandatory handover components was also observed.

Conclusion: The study revealed that both individual and health facility-related factors significantly hinder effective clinical handover at Gombe Hospital. Time constraints, inadequate staffing, poor supervision, lack of training, and absence of standardized handover tools were major challenges.

Recommendations: The hospital management should strengthen staffing levels, introduce standardized handover protocols, provide regular refresher training, and ensure supportive supervision to enhance effective clinical handover practices.

Keywords: Effective clinical handover, Nurses, Gombe Hospital

Background of the study.

Clinical handover refers to a temporary or permanent transfer of the professional responsibility for some or all aspects of care regarding one patient or group of patients to another individual or professional group (Cruchinho, Teixeira, Lucas, & Gaspar, 2023). The primary role of clinical handover is to transfer responsibility regarding patients' and working station information through an organized, comprehensive, and logical manner, thereby ensuring continuity of patient care and ward activities (Pun, 2021). Nurses perform handovers by using both verbal and written reports and documents, thereby transferring all the authority, responsibility, and accountability of the work stations, patients, medication, and medical devices (Zolkefli, 2022).

Globally, accurate and complete clinical handovers follow a variable pattern from 38% to 77.8% depending on country and health care settings (Karmila, Handiyani, & Rachmi, 2019). Developed countries like China, with strict health care system policies characterized by support supervision, effective performance appraisal, and electronic recording systems, are able to achieve effective clinical handover among 73.68% nurses (Cruchinho et al, 2023). In developing countries, the predominant challenges to clinical handover range from health workload, lack of teamwork, poor communication skills, weak health facility policies, and negative attitudes towards clinical handover (Karakurt & Kose, 2023).

In Africa, clinical handover has remained a common problem among health workers, especially nurses. For example, Egypt revealed that 20% of health professionals do not perform clinical handover and 43.35 offer incomplete and unclear clinical reports (Dorgahan & Obied, 2021). In the Sub-Saharan Countries, for instance, Ethiopia's engagement in clinical handover is still a challenge, with less than 42% of nurses conducting effective and accurate clinical handovers (Bolado et al, 2023). Another example in Gambia shows that 96% of the clinical handover did not follow ethical principles like confidentiality and privacy, and 82% are not delivered in a timely manner (Rickard et al, 2023). Nurses often think that serious clinical handover should be performed for terminally or critically ill patients who need close monitoring by the next duty nurses (Obaia et al, 2023).

In Kenya, one of the East African countries, nurses working in tertiary hospitals are complaints to standard clinical handover (78%) due to extensive demand for professional accountability and continuity of care (Kipkoech, Mosol & Kolo, 2022). In addition, the institution of a shift pattern of performing duties and the adoption of electronic record systems have favored improvements in clinical handover (Maria, 2020).

In Uganda, 76% of health care workers are subjected to prolonged working hours and heavy workloads, which affects their implementation of proper clinical handover and other work- related tasks (Wangonda & Drateru, 2019). The leading cause of ineffective handover is poor documentation among nurses, especially in public health care facilities and during night shifts (Kigongo, 2019). The occurrence of these behaviors affects the continuity of patient care, resulting in many preventable deaths (Ninsiima et al, 2023. This study aimed to assess the challenges to effective clinical handover among nurses at Gombe Hospital in Butambala District.

Methodology.

Study design.

A descriptive cross-sectional study design involving quantitative data collection methods was used. The design was used because it was cheap and required a short period of time to collect the data.

Study setting.

This study was carried out at Gombe Hospital in Butambala district. The hospital is located off Mpigi–Kabulasoke–Maddu–Sembabule Road, in the town of Gombe, approximately 70 kilometres (43 mi) southwest of Kampala Capital City Centre. The facility has a bed capacity of 100, and it offers services like antenatal, postnatal, medical out and inpatient, maternal and child health services. The hospital has 136 nurses and other staff, including medical officers, pharmacists, clinical officers, midwives, laboratory technicians, radiographers, volunteers, and interns.

Study population.

The study population was nurses at Gombe Hospital.

Sample size determination.

A sample size of 30 respondents was used in the study based on the UNMEB research guidelines of 2009, which recommend a minimum sample size of 30 respondents.

Sampling procedure.

The study used a convenience sampling method, which involved looking for nurses at their respective units who the researcher found comfortable and willing to participate in the study. This was done for five days, involving six nurses on each day of data collection.

Inclusion criteria

The study involved only nurses who are staff, volunteers, and interns at Gombe Hospital who consented voluntarily.

Study variables

Independent variables.

The independent variables of the study were health worker-related challenges and health facility-related challenges.

Dependent variable.

The dependent variable of the study was clinical handover.

Research Instrument.

Self – administered questionnaires were used to collect the data from the respondents. These comprised closed and open-ended questions arranged into three sections: demographic characteristics, health worker-related challenges, and health facility-related challenges.

Data Collection Procedures.

A week before the data collection, a pre – visit was conducted by the researcher so as to become familiar with the study area. This was preceded by seeking approval to collect data from the medical superintendent of Gombe Hospital. During enrollment of the participants, the researcher first offered verbal explanations about the topic and procedures of data collections which enabled participants to consent. Questionnaires were issued to individual nurses to fill out alone, with clarifications given on questions they did not understand. Filling out the questionnaires was done immediately, and the researcher collected them at that time.

Data Management.

Filled questionnaires were first checked for completion, collection of mistakes, and editing on each day to avoid missing information after losing contact with the respondent. These were put in an envelope and kept in safe custody under lock and key, only accessible to the researcher. Analyzed data on the computer was protected from access by using a password.

Data Analysis.

Data was exported and analyzed using statistical package for the Social Sciences (SPSS) version 2020. Descriptive analysis was done to generate frequencies or proportions, and data were presented using tables, graphs, and charts.

Ethical considerations.

An introductory letter was obtained from the principal of Lubaga Hospital Training Schools and presented to the medical superintendent of Gombe Hospital, Butambala District, to seek permission for the study. The study only took place following the approval by the medical superintendent, who, in turn, introduced the researcher to the respondents. After self- introduction and explaining the study's purpose, voluntary participation was ensured. E nsured that all respondents consented before being enrolled in the study. Confidentiality, privacy, and anonymity were ensured throughout the entire data collection period. Those who wished to withdraw were free to do so at any time.

Results.

Demographic characteristics of respondents

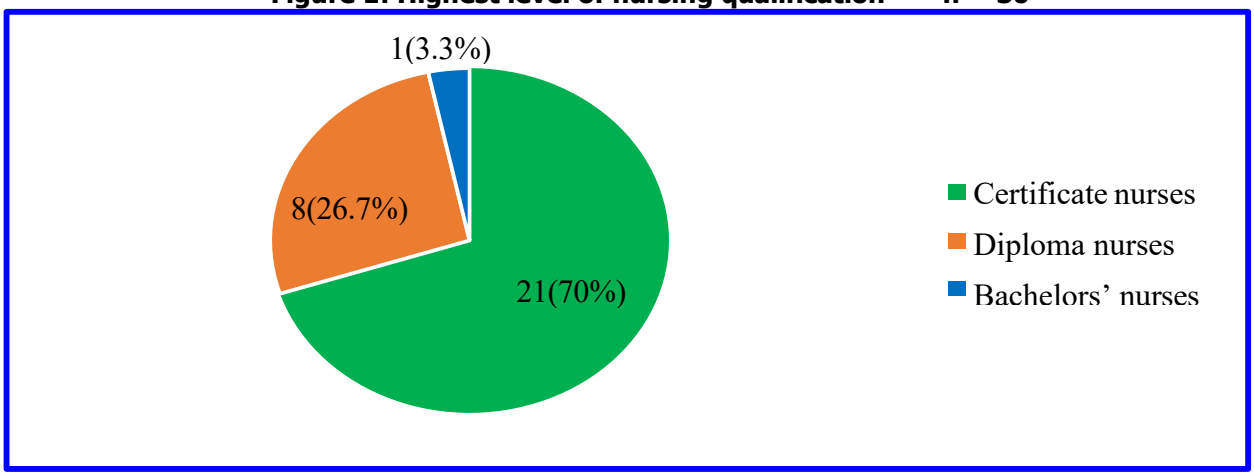
Table 1: Demographic characteristics of respondents n = 30

Variable	Frequency (f)	Percentage (%)
Gender		
Male	10	33.3
Female	20	66.7
Total	**30**	**100**
Marital status		
Single	4	13.3
Married	20	66.7
Divorced	5	16.7
Widow	1	3.3
Total	**30**	**100**
Department		
Inpatient	18	60
Outpatient	12	40
Total	**30**	**100**

Source: Primary Data 2025

Table 1 shows that the majority of the respondents, 20(66.7%), were female, while a minority, 10(33.3%), were male. The majority of the respondents, 20(66.7%), were married, while a minority, 1(3.3%), were widows. Most of the respondents, 18(60%), were working in the inpatient department, while the least, 12(40%), were working at the outpatient department.

Figure 1: Highest level of nursing qualification n = 30



Source: Primary Data 2025

Figure 1 shows that the majority of the respondents, 21(70%), were certificate holders, while a minority, 1(3.3%), were Bachelor's holders.

Table 2: Working experience n = 30

Variable	Frequency (f)	Percentage (%)
<5 years	4	13.3
6 – 10 years	5	16.7
10 – 15 years	13	43.3
>15 years	8	26.7
Total	**30**	**100**

Source: Primary Data 2025.

According to Table 2, most of the respondents, 13(43.3%), had working experience of 10 – 15 years, while the least, 4(13.3%), had working experience of less than 5 years.

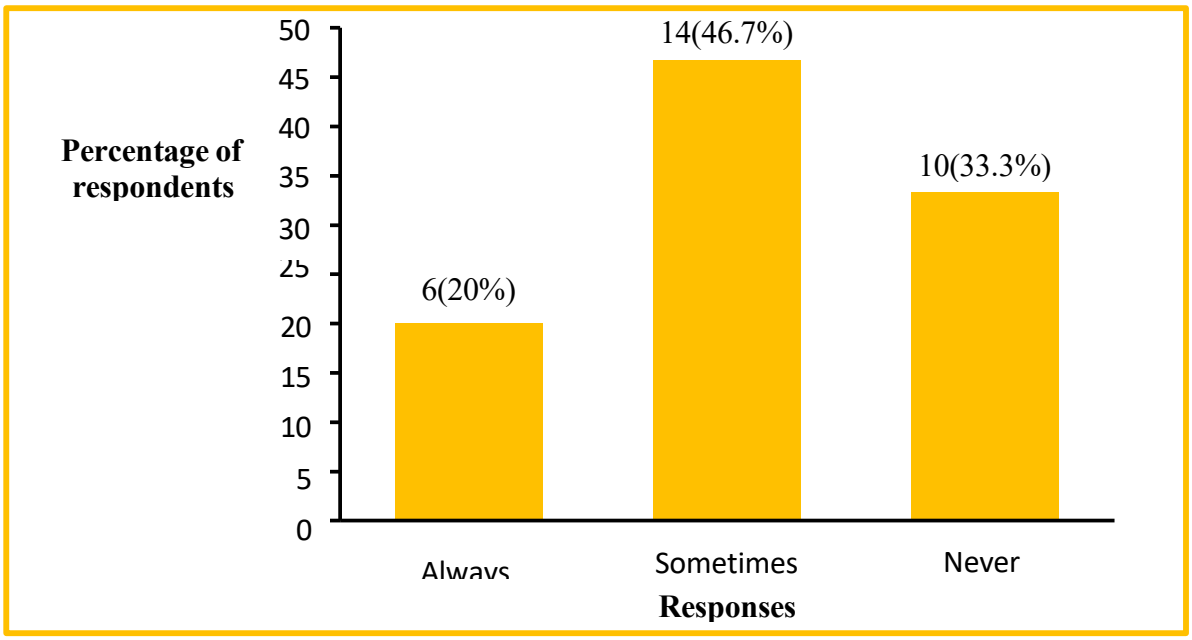
Table 3: Position at ward n = 30

Variable	Frequency (f)	Percentage (%)
General nurse	20	66.7
Assistant in charge	6	20
In charge	4	13.3
Total	**30**	**100**

Source: Primary Data 2025.

Table 3 shows that the majority of the respondents, 20(66.7%), were general nurses, while a minority, 4(13.3%), were in charge.

Figure 2: Effectiveness of the working relationship among staff in promoting report handover. n = 30



Source: Primary Data 2025.

Figure 2 shows that almost half of the respondents 14(46.7%) reported that working relationships among staffs is sometimes effective in promoting report handover, while a minority of the respondent 6(20%) mentioned always.

Table 4: Attitudes towards report handover n = 30

Variable	Frequency (f)	Percentage (%)
It's their responsibility to hand over the report.		
Agree	17	56.7
Disagree	13	43.3
Total	**30**	**100**
Report handover is important.		
Agree	21	70
Disagree	9	30
Total	**30**	**100**

Source: Primary Data 2025

Table 4 shows that most of the respondents, 17(56.7%), agreed that it is their responsibility to hand over the report, while the least, 13(43.3%), disagreed. The majority of the respondents, 21(70%), agreed that report handover is important, while a minority, 9(30%), disagreed that report handover is important.

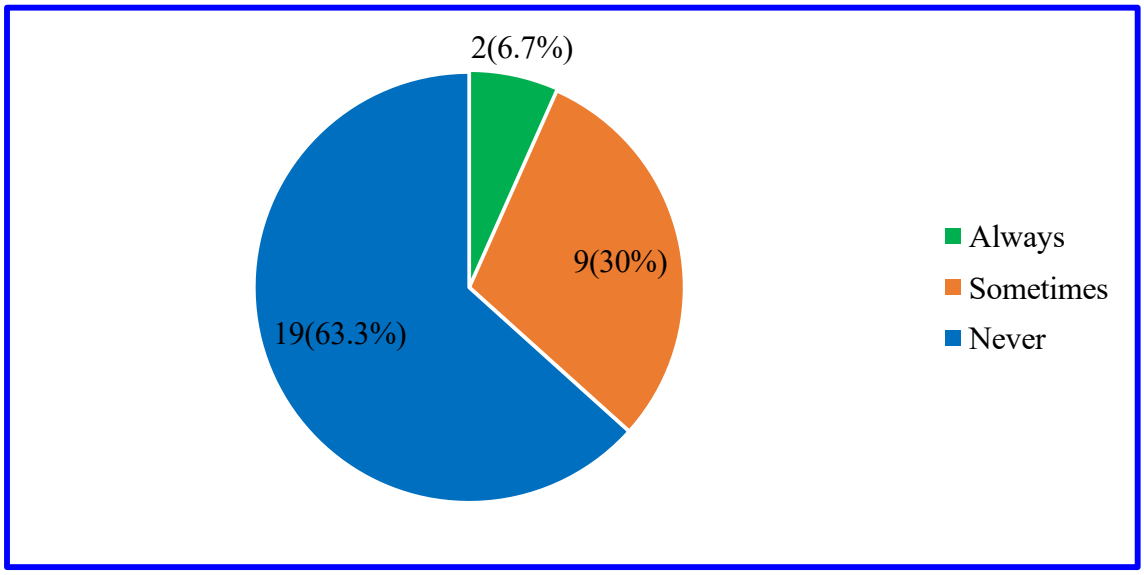
Table 5: Importances of appropriate report handover n = 30.

Variable	Frequency (f)	Percentage (%)
Promotes continuity of care	15	50
Legal protection in case of an action committed	8	26.7
Professional accountability	7	23.3
Total	**30**	**100**

Source: Primary Data 2025.

From table 5, half of the respondents, 15(50%), mentioned that report handover promotes continuity of care, while the least 7(23.3%) reported that it is for professional accountability.

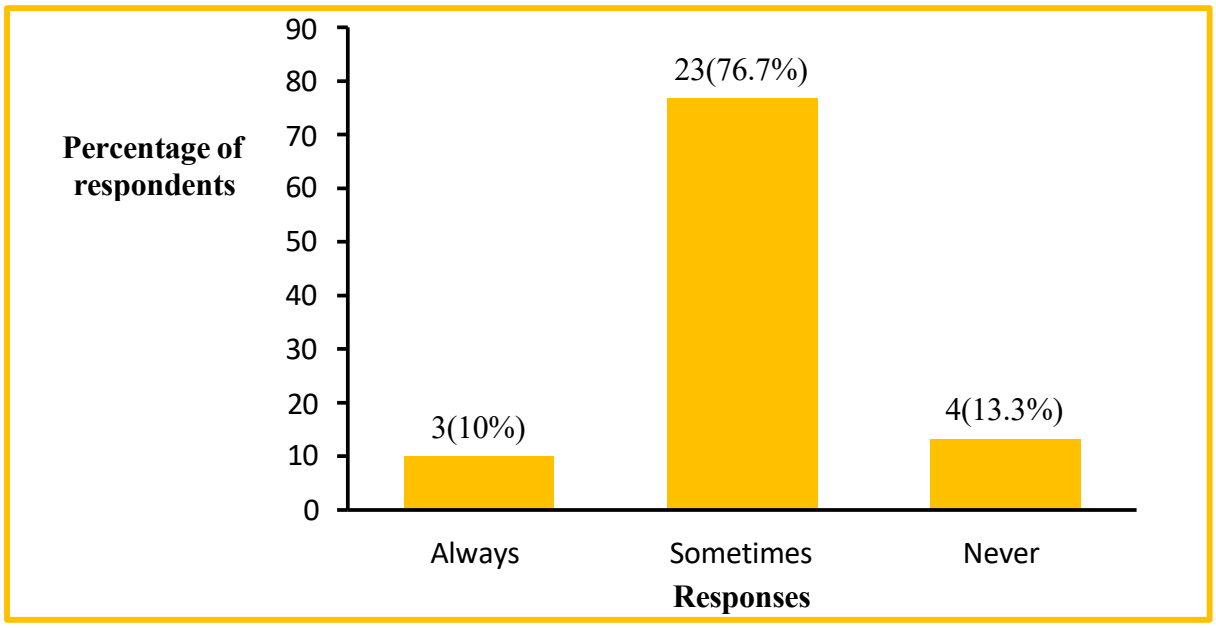
Figure 3: Time availability to offer comprehensive reports, n = 30



Source: Primary Data 2025.

The pie chart shows that the majority of the respondents, 19(63.3%), never had time to offer comprehensive reports, while a minority of 2(6.7%) always had time to offer a comprehensive report.

Figure 4: Frequency of documenting patient's care n = 30



Source: Primary Data 2025

Figure 4 shows that the majority of the respondents, 23(76.7%), reported that they sometimes documented patients' care, while a minority of 3(10%) always documented patients' care.

Health facility-related challenges to effective clinical handover among nurses.

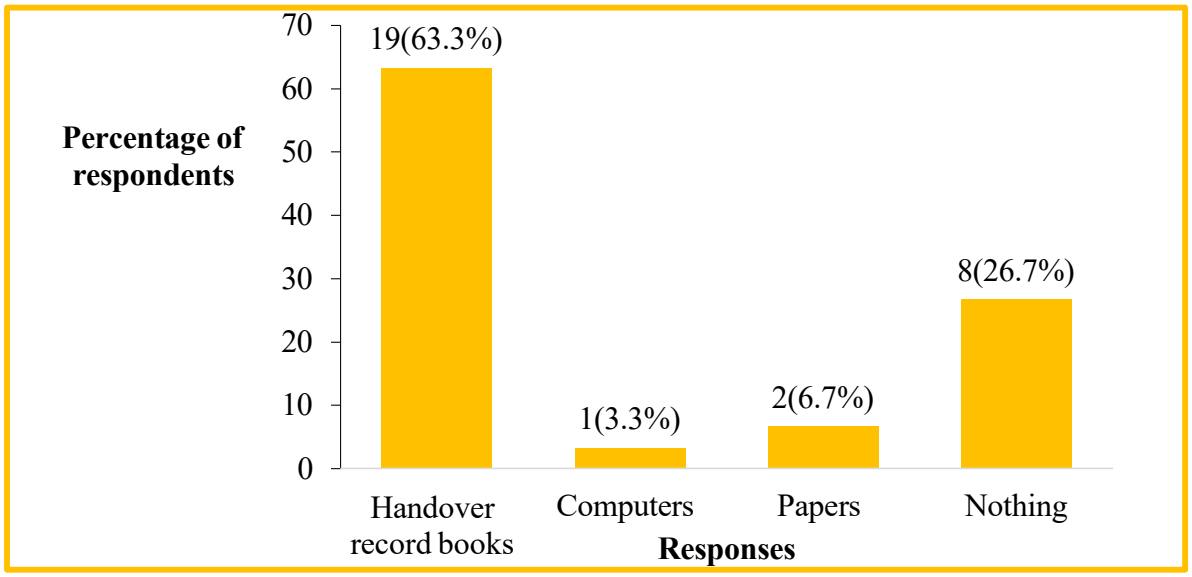
Table 6: Provision of support supervision n = 30

Variable	Frequency (f)	Percentage (%)
Always	2	6.7
Sometimes	9	30
Never	19	63.3
Total	**30**	**100**

Source: Primary Data 2025

According to Table 6, most of the respondents, 19(63.3%), were never offered support supervision, while the least 2(6.7%) were always offered support supervision.

Figure 5: Logistics needed to ensure proper handover n = 30



Source: Primary Data 2025.

From Figure 5, the majority of the respondents, 19(63.3%), needed handover record books, while a minority, 1(3.3%), needed computers.

Table 7: Length of the duty n = 30

Variable	Frequency (f)	Percentage (%)
8 hours	2	6.7
10 hours	12	40
12 hours	16	53.3
Total	**30**	**100**

Source: Primary Data 2025

Table 7 shows that most of the respondents, 16(53.3%), worked 12-hour duties while the least 2(6.7%) worked 8-hour duties.

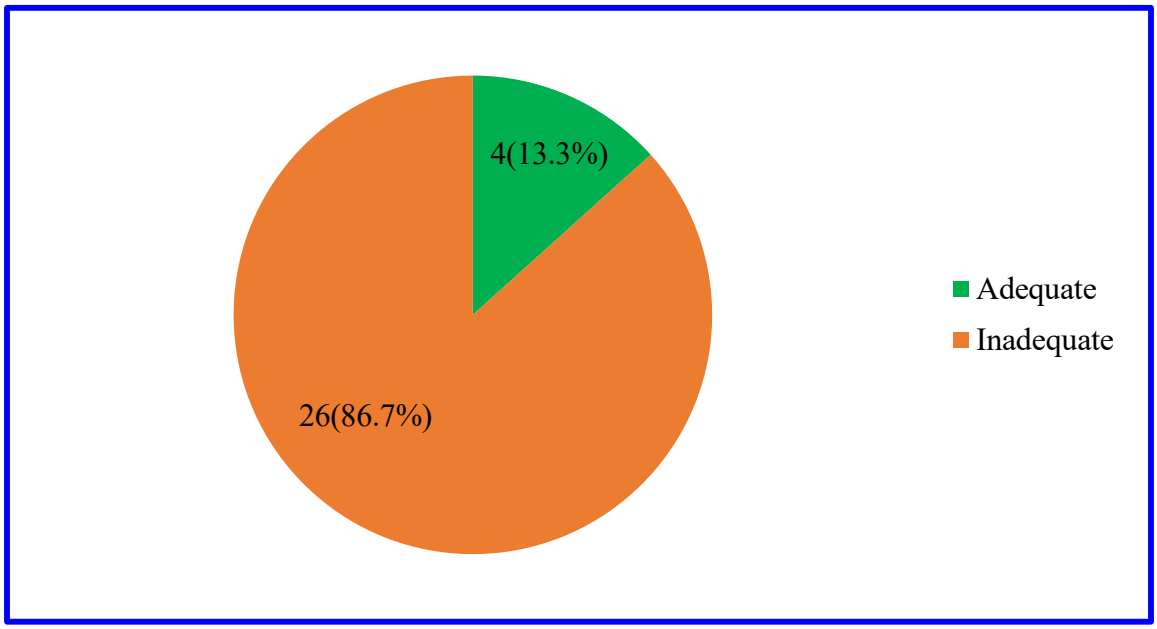
Table 8: Work schedules affect effective report handover, n = 30.

Variable	Frequency (f)	Percentage (%)
Yes	16	53.3
No	14	46.7
Total	**30**	**100**

Source: Primary Data 2025.

From table 8, most of the respondents, 16(53.3%), reported that work schedules affected effective handover, while the least, 14(46.7%), reported that work schedules did not affect effective handover.

Figure 6: Level of staffing at the unit in relation to report handover, n = 30.



Source: Primary Data 2025

The pie chart shows that the majority of the respondents, 26(86.7%), reported that the staffing at the unit was inadequate for effective report handover, while a minority, 4(13.3%), had adequate staff to perform handover.

Table 9: Presence of frequent emergencies that affect proper report handover at the unit n = 30

Variable	Frequency (f)	Percentage (%)
Yes	18	60
No	12	40
Total	**30**	**100**

Source: Primary Data 2025

Table 9 shows that most of the respondents, 18(60%), experienced frequent emergencies that affected proper report handover at the unit, while the least 12(40%) did not experience frequent emergencies.

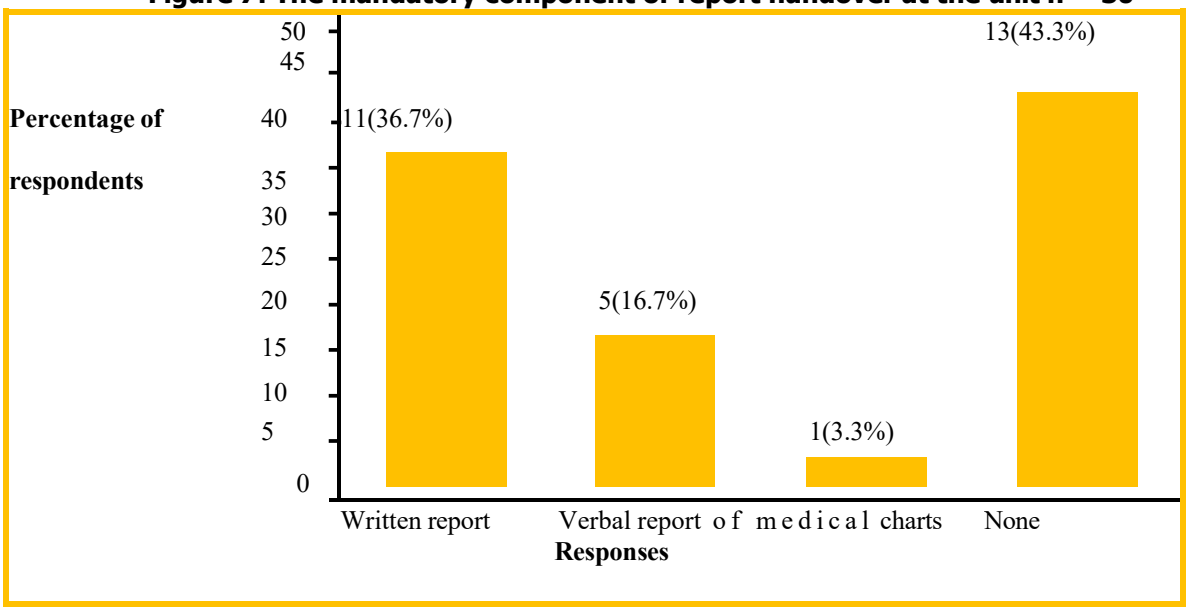
Table 10: Presence of appraisal for nurses who carry out routine report handover, n = 30.

Variable	Frequency (f)	Percentage (%)
Yes	1	3.3
No	29	96.7
Total	**30**	**100**

Source: Primary Data 2025.

The majority of the respondents, 29(96.7%), reported the absence of appraisal for nurses who carried out routine report handover, while a minority of 1(3.3%) had appraisal for nurses who carried out routine report handover.

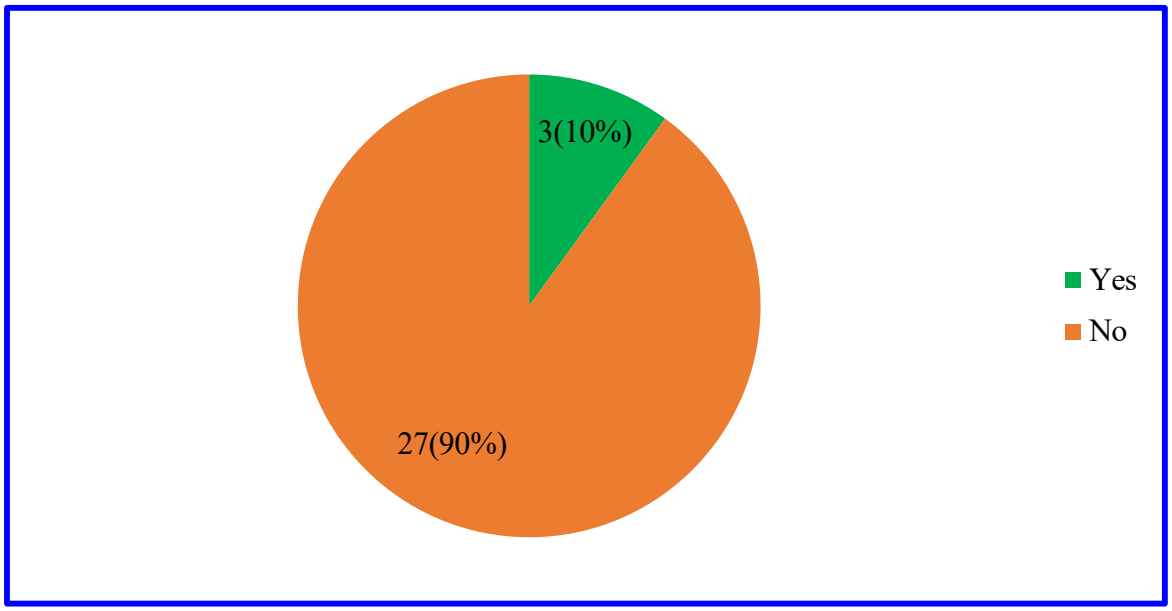
Figure 7: The mandatory component of report handover at the unit n = 30



Source: Primary Data 2025

Figure 7 shows that most of the respondents, 13(43.3%), did not have mandatory components report handover at the units, while the least 1(3.3%) reported medical charts as a mandatory component during report handover.

Figure 8: Provision of refresher training on report handover n = 30



Source: Primary Data 2025

Figure 8 shows that the majority of the respondents, 27(90%), did not receive refresher training regarding report handover, while a minority of 3(10%) received refresher training.

Discussion.

Individual challenges to effective clinical handover among nurses.

From the study findings, the majority of the respondents (70%) were certificate holders. This could lead to low information acquired in school on how to perform report handover, hence affecting their effectiveness. This is in agreement with a study by Karakurt et al (2023) carried out in Turkey, which revealed that 73.6% of health workers with bachelors' degree were correctly handing over duty. In addition, a study by Dorgahn and Obied (2021) revealed that better handover practices were reported among health workers (93.3%) with bachelors' degree.

Findings of the study revealed that most of the respondents (43.3%) had working experience of 10 – 15 years. This longer working experience could enhance higher skills in performing report handover, hence fostering the correct implementation. This disagrees with a study by Pun (2021), who revealed that 34.5% who had experience of 6 – 10 years correctly practiced handover.

Study results revealed that most of the respondents (56.7%) agreed that it is their responsibility to hand over the report. This could be because report handover is part of their job description that should be fulfilled. This agrees with a study by Kipkoech et al (2022), which revealed that 78% who were in charge and deputy in charge believed that it is their responsibility to hand over to subordinates, and thus practiced it.

From the study findings, half of the respondents (50%) mentioned that report handover promotes continuity of care. This might be because the report handover provides detailed information about the patients, which guides other health workers on the care plans of the patients. This is in agreement with a study by Suryani and Saif (2020) carried out in Malaysia, which revealed that out of 61 health workers, 27 were aware that handover is important in ensuring continuity of care and offers legal protection in case of any action committed.

Findings of the study revealed that the majority of the respondents (63.3%) never had time to offer comprehensive reports. This could be due to patient overload compared to staffing, which leaves little or no time to carry out a comprehensive report handover. The findings are in agreement with a study by Maria (2020) done in Kenya, which revealed that the absence of time to document due to poor time management among health workers was leading to poor handover among health workers.

According to study findings, the majority of the respondents (76.7%) sometimes documented patients' care. This inconsistent documentation leads to gaps in the necessary information required during handover, hence ineffective practice. This is contrary to a study by Bolado et al. (2023), which revealed that 42% of health workers who documented regularly were capable of offering a written handover report.

Health facility-related challenges to effective clinical handover among nurses.

Study results revealed that most of the respondents (63.3%) were never offered support supervision. This could have led to an inability to acquire skills from supervisors and mentors on how to perform a report handover. This is supported by a study by Kipkoech et al (2022), who found that 56% of health workers reported the absence of supervision during handover, and thus the provision of informal handover by some health workers. On the other hand, a study by Yusrawati et al (2022) done in Indonesia revealed that 90% of health workers who received support supervision had good handover skills.

The study established that most of the respondents (53.3%) reported that work schedules affected effective handover. This is probably because most of the health workers were allocated long duties (12 hours), hence become exhausted and unable to effectively perform report handover. The findings are in line with a study by Wangoda and Drateru (2019) carried out in Sironko District, Uganda, who revealed that 50% of health workers complained of longer duration of the duties that could make them exhausted and unable to hand over in detail.

Findings of the study revealed that most of the respondents (60%) experienced frequent emergencies that affected proper report handover at the unit. These emergencies would interrupt the handover sessions, hence affecting the efficiency of handover. Similarly, a study by Maria (2020) carried out in Kenya revealed that the occurrence of multiple emergencies at the hospital was associated with poor handover among health workers.

According to study findings, the majority of the respondents (96.7%) reported the absence of appraisal for nurses who carry out routine report handover. This probably led to a lack of motivation for health workers to perform report handover since they expected no additional benefits if they implemented it. This agrees with a study by Mensah (2020) carried out in Ghana, which revealed that 50% of health workers were demotivated from carrying out appropriate appraisal due to the absence of a systematic appraisal system. However, a study by Pun (2021) revealed that the existence of appraisal for health workers influenced proper handover among health workers.

The study established that the majority of the respondents (90%) did not receive refresher training regarding report handover. This could lead to knowledge gaps regarding report handovers, leading to suboptimal practices among

health workers. This disagrees with a study by Vinu and Kane (2016), who revealed that the provision of regular training about handover among health workers was enhancing health workers' ability to hand over duties to other health workers.

From the study findings, the majority of the respondents (73.3%) reported the delayed arrival of the next shift nurse as a challenge that affects report handover. This might prompt some health workers to leave duty without a report handover. This agrees with a study by Cruchinho et al (2023) in a study carried out in low- and middle-income countries, which found that the absence of time caused by the delayed arrival of the next health worker for the shift was leading to poor handover among health workers.

Conclusions.

Individual challenges that affect clinical handover among health workers were low education level, absence of time to offer a comprehensive report, and inconsistent documentation of patient information.

Health facility-related factors challenges affecting clinical handover were the absence of support supervision, longer working schedules, frequent emergencies, absence of appraisal, refresher training, and delayed arrival of the next shift nurse.

Recommendations.

Recruitment of more health workers and provision of support supervision should be implemented, which will enable the efficiency of the available staff to implement effective report handovers by addressing staffing shortages and skill necessities.

Gombe Hospital should offer refresher training on report handover to health workers, which will improve their skills in report handover.

Gombe Hospital should offer appraisal to health workers so as to motivate them to effectively perform report handover.

Health workers should ensure timely arrival on duty to avoid delays caused by the late arrival of the next shift nurse.

Health workers should consistently document patients' information, which may provide adequate information at the time of handover.

Academicians should conduct related studies on the topic, which will increase the amount of information about the topic.

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Abbreviations and Acronyms

CPD: Continuous Professional Development
MOH: Ministry of Health
UHPAB: Uganda Health Professional Assessment Board
WHO: World Health Organization

Source of funding.

The study was not funded.

Conflict of interest.

There is no conflict of interest.

Availability of data.

Data used in this study are available upon request from the corresponding author.

Authors contribution.

BN designed the study, conducted data collection, cleaned and analyzed data, drafted the manuscript, and JFN supervised all stages of the study from conceptualization of the topic to manuscript writing and submission.

Author's biography.

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