

Implementation In The Hospital Treatment Room Of Weigh-In Patient Receiving With Bedside Handover Method

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ARTICLE INFO

Keywords:

Protocol, weigh-in, bedside handover, action research

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ABSTRACT

The methodology for employing the bedside handover method while deploying patient receiving weighers between shifts is a set of instructions for doing so. This study aims to apply the bedside handover approach to patients receiving weights in hospital inpatient rooms. Action research, which is conducted in one cycle, is the research method used. The data gathering techniques included a focus group discussion guide, a patient satisfaction survey, a nurse work satisfaction survey, and an observation format. The 15 nurses who took part in this study were chosen using the purposive sample method. Both quantitative and qualitative statistical tests were used to assess the data on both a qualitative and quantitative level. This study developed a plan for implementing acceptable patient weights utilizing the bedside handover approach in hospital inpatient rooms. This study advised the hospital administration to test the draft protocol for the bedside handover approach to be used as a standard protocol..

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1. Introduction

To provide nursing care for patients, nurses must communicate with one another through patient acceptance. The nursing staff is intended to use patient acceptance weigh-ins as one of the strategies to deliver pertinent information at each shift change, as a practical guide in providing information about the patient's present state, treatment goals, treatment plans, and establishing service priorities (1). A crucial aspect of patient care is exchanging information regarding patient progress between medical professionals in the hospital (2).

Applying proper weighing often takes the shape of ritual activity, a traditional practice, or one-way communication in developing nations. The patient's good weigh-in is only implemented as part of a routine and based on habits. Too long a weigh-in time, a lack of accepted weigh-in standards, nurses who leave the patient before weighing, patient status mobilization, and nurses who have not received formal receive weigh-in communication training are common obstacles that arise during the implementation of the accepted weigh-in. Such acceptable weighing issues may make nurses less satisfied with their jobs, leading to more mishaps and patient and other healthcare team complaints (3). According to (4), there are four types of acceptable weights: verbal, which involves the exchange of information about the patient verbally; non-verbal, which consists of the nurse only reading the patient's medical records; taped, which involves the nurse providing information by recording it for the next shift nurse to listen to; and bedside, which consists of the nurse and the patient speaking face-to-face and allowing the patient to interact and be a central part of the weighing process. In keeping with the study of (5), which sought to determine the efficacy of the four ways of receiving patients while weighing them.

When rethinking the process of weighing accepting patients in nursing, the study's findings showed that face-to-face dialogue with patients, systematic documentation, patient involvement, and technology were all successfully utilized. Several hospitals in Indonesia have implemented acceptable weights in place of the conventional accepting weigh-in, performed only sufficiently at the nurse's desk without verifying the patient's condition directly, using one-way communication to prevent the emergence of questions or discussions. If a check is done on the patient only to ensure the patient's condition generally, there is no input or feedback from the patient and family.

Additionally, a few hospitals have used bedside handovers. According to the study's findings, there is a significant difference between patient satisfaction with traditional patient acceptance and weighing patient acceptance with bedside handover. Analysis (6) seeks to ascertain the difference in patient satisfaction regarding the method of weighing patients with traditional and bedside handover.

The research was conducted (7) in Queensland hospitals by the Australian Commission on Safety and Quality in Health Care, and it identified five key elements that serve as operational standards for nurses conducting

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acceptable weights: preparation, introduction, information exchange, patient involvement, and safety scans. The National Clinical Guideline (8), which is based on this study, suggests following standardized procedures to increase safety and quality, including weighing patients using the bedside handover method and involving patients and families in the accepted weighing process to ensure that they are informed about the condition they are in, the treatment they will receive, and the treatment being given to them.

According to several research, using the bedside handover method to weigh patient admissions can also improve patient satisfaction. The study's findings reveal that there are four main themes, namely: the patient feels recognized as a partner in the treatment; the patient sees the bedside handover as an opportunity to change the inequality in the informed information; some patients prefer passive involvement instead of being fully involved in the weigh-in, and most patients appreciate the ease of the bedside handover method (10).

This seeks to gauge how satisfied patients are with obtaining bedside handovers that adhere to the norms of the surgical unit. The results showed that patient satisfaction increased from 76 percent to 87.6 percent after three months of weighing receipts using the bedside handover method in compliance with the criteria. The research (11) findings that bedside handover can increase patient satisfaction scores on Hospital Consumer surveys Assessment Of Healthcare Providers and Systems, as it assists in keeping client information and being active in treatment plans, support this.

In addition to affecting patient satisfaction, the bedside handover method will also affect nurses, affecting work satisfaction. (12) investigation on whether the bedside handover approach of patient weighting is a crucial step in boosting nurse satisfaction. The study's findings revealed three themes: enhancing inter-nurse communication, satisfaction with using a sustainable nursing strategy, and inspiration.

According to the phenomenon in the field studied by Mursidah (13), the application of receiving weights in hospitals has used the bedside handover method. Still, its application has not been maximized because, during the weighing activity, patient involvement is almost not paid attention to, causing various obstacles such as less focused information, long times, and error in receiving messages that affect misperceptions. Hence, it is less effective and efficient.

The initial survey, which was conducted by observation in the hospital's inpatient room, yielded the information that only the team leader of the previous shift and the team leader of the upcoming transition weigh the receive; the accept consider is only performed in the nurse's room, where it is then passed around to each patient. However, this method is not ideal because it only provides the patient's name and diagnosis. There is no input from the patient and family if the patient is only checked to confirm their overall condition.

2. Method

Since action research is a type of research activity based on collective and reflective principles carried out by participants in social situations to improve social or educational practice, action research was used to develop a protocol for the implementation of the patient receiving weights with the bedside handover method in the inpatient room of class I hospitals (14).

To conduct action research, a researcher must be able to aid the problem they are researching by providing more than just information or understanding about it (15). The four stages of this research are organized based on the idea of the four "moments" of action research proposed by Kemmis and McTaggart. This research is one cycle of action research (16). Planning, doing, watching, and reflecting are the four steps. The reconnaissance step (preparation), which is the first stage in looking for issues linked to weighting receiving patients in the hospital inpatient room, is necessary since it is the first action research study researchers have undertaken in hospitals.

3. Result and discussion

The introduction of patient-acceptable weigh-ins as perceived by nurses

According to participants, the execution of the patient's admission weigh-in was not ideal because it was only done at the dinner table, wasn't done in front of the patient, was only done on models, and wasn't standardized. Soup. Several participants described how this consideration of patient admission was put into practice as follows:

"I've attempted a pre-start form in which we talked, shared, and related common issues to all patients went to bed, then returned to the post and inquired about the team's plans. Plan: We mistakenly believed that just the treatment station would return " (P1).

Participants' comments on how well this patient assessment was done line up with the findings of the observations. Patient assessment performance was observed on the morning, afternoon, and evening shifts.

Advantages of implementing weigh-in patients

According to participants, the advantages of completing patient assessments were: 1) enhancing the quality of treatment to be sustainable, 2) assisting nurses in planning the subsequent phase of care, and 3) assisting patients in obtaining optimal health. Services, When conveying continuous work activities connected to the care provided

to the patient from the previous shift to the following change, some participants described the advantages of using this patient wave as follows: (P1.).

"...from the transfer, we know what has already been done, what the patient has gotten, and what he should do, so if there is no pass, for example, everything is gone," the author writes (P2).

How to remove the constraints that prevent patients receiving weights from being implemented

Participants recommended two strategies to get beyond the weighing barriers: timing the patient's drug delivery and mutual trust between the nurses on the subsequent and prior shifts. A number made the following suggestions of participants for how to get past the challenges faced by patients:

For the time being, it would be exactly as described, with a high shift believing that a colleague was being used to report what the transition was doing and that we didn't go to the patient's bedside (P1.)

The introduction of patient admission considerations is anticipated

Participants reported that two things are expected while conducting patient studies: 1) a wave of SOPs, 2) the introduction of patient ballast uniforms in hospital rooms, and 3) the socialization of all nurses through role-playing. The following expectations were stated by various participants regarding the conduct of patient studies:

It should probably be done as well; yes, the SOP is correct, but whatever it wants to say in this format, how, or even the phrase, needs to be revised, and it needs to be played well. (p.1) L147-L148) "We anticipate a more thorough SOP as a result; it has to be redirected" (P.1).

The level of patient satisfaction with the services offered

Table 1. Distribution of the frequency of patient satisfaction before application (n = 15)

Category	F	%
Not Satisfied	2	13.3
No Opinion	4	26.7
Satisfied	8	53.3
Very Satisfied	1	6.7

The survey was about patient satisfaction with the services provided by 15 patients. Of the 15 respondents, two respondents (13.3%) were dissatisfied, eight respondents (53.3%) were satisfied, and one respondent (6.7%) was satisfied. Services offered.

Nurse job satisfaction rate

Table 2 Distribution of nurse satisfaction frequency before application (n=9)

Category	F	%
No Opinion	5	55.7
Satisfied	3	33.3
Very Satisfied	1	11.1

The nurse's job satisfaction questionnaire was distributed to 9 nurses. Of the nine respondents, 3 (33.3%) expressed satisfaction, and 1 (11.1%) stated that they were delighted with the work of nurses.

Cycle Action Research

Planning stage

We are creating a draft protocol for implementing patient admission using the hospital's bed-moving procedure. To assist nurses in performing patient assessments, this initial protocol was developed. Planning the creation of a protocol for patient evaluation using the bed delivery method is the goal of this stage.

To accomplish the research's goals, researchers plan many activities, including 1) arranging a meeting with the nursing management team to discuss the research's activities and how it will help hospitals provide better nursing care; 2) preparing to share the findings of data collection on patient admission practices from the survey stage, and 3) planning a protocol development scheme for patient intake.

Stages of acting and observing

The proposed activities from the planning phase are implemented during this phase. Meetings of the nursing management team are one of the activities carried out during this phase, along with the dissemination of the data collected about patient admission procedures during the investigation phase and the creation of patient admission protocols utilizing the evening transfer method.

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Stage of reflection

The action research cycle ends with the reflection phase, which tries to analyze, synthesize, interpret, and draw conclusions on significant issues.

Participants' opinions on the procedure for creating guidelines that are used for patient admissions utilizing the bedside handover technique

To create patient admission protocols utilizing the bed transfer approach, researchers led a discussion group with six volunteers who had followed all phases of the study throughout the reflection phase.

Results on five issues, including 1) patient evaluation utilizing the bedside birth technique, 2) protocol barriers to making patient assessments using the bedside birth method, and 3) efforts to overcome obstacles, were found during the 50–60 minute interview. Develop a protocol for using the bedside transfer method to implement patient weighing, 3) supporting factors for the implementation of the protocol for using the bedside transfer method to develop patient weighing methods, and 4) the advantages of the bedside transfer method to implement the formulation protocol.

Creation of a protocol for patient evaluation based on delivery mode. The conversation in the focus group included six people. To construct a protocol following a preset plan, it was discovered that there are five phases to take: 1) gathering information about actions; 2) gathering information about stakeholders. 3) decide on the format for producing SOP, 4) write the SOPs' contents, and 5) complete SOP preparation. Several participants indicated the following steps for creating a protocol for performing patient assessments utilizing the bed delivery method:

" we're glad to be a part of the process of making this SOP operational, ma'am" (P6. L47-L48). We also follow the hospital's SOP script format, which we use. We're simpler because of it, ma'am" (P1). "I like the design we came up with. I'm hoping we can hang around and test things in the room later, okay? (P2.)

"... finish the protocol of surgery between patients and as soon as the patient complains, ask me if I believe the solution we came up with is accurate" (P2.)

There are challenges in developing the methodology for employing the bedside handover approach to weigh patient receipts.

The following issues were listed as an individual or personal hurdles in the protocol for the formulation of the assessment of maternity patients at the bedside: 1) incomplete presence, 2) too much poverty, 3) lack of references, 4) orientation to old-fashioned notions, and 5) lack of attention. Some participants described obstacles to taking into account patients who will be delivered in beds:

"The timing is slow, and it takes a little while for the correct arrival." (P6.) "... it's challenging to get together, for instance, due to the numerous draft team events. Finding the ideal moment is challenging (P2.)

"Ma'am, there is no mention of the bedside transfer method of weighing patients" (P3.)

Efforts to overcome obstacles in the development of protocols for the implementation of patient weighing with the bedside handover method

To overcome challenges in creating protocols for the implementation of patient admissions by the delivery method in bed, efforts should be made in the following areas: 1) establishing meeting rules, 2) sending invitations, 3) setting up trials, and 4) inspiring staff. Various participants conveyed their efforts to surpass these barriers: "We can get past this issue because researchers have also previously conducted operational experiments" (P3.)

"... how can we not last long? We must be clever in how we divide the time. We also want outcomes since this research is crucial" (P6.)

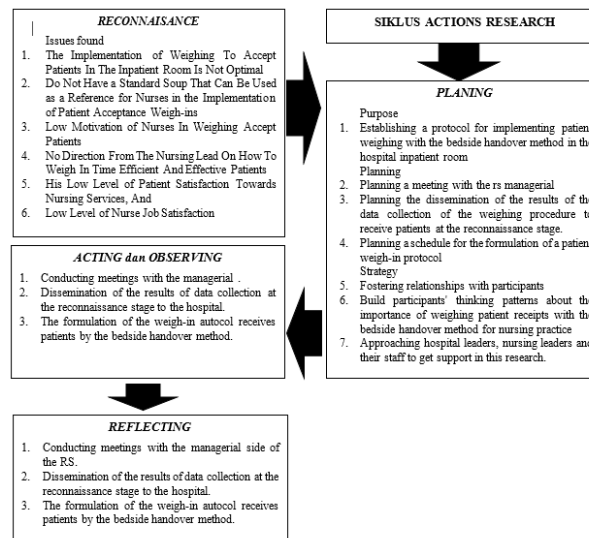
Factors that will support the creation of a procedure for using the bedside handover method with patient weighing

The hospital's director and section head's support in 2000, the facility's accessibility, the involvement of executive nurses, and the availability of supplies and equipment are all contributing factors to establishing protocols for implementing patient admission considerations by the bedside delivery method. This is consistent with the participant statement that follows:

"The head of the nursing section is supportive" (P3.)

"... Involve the implementing nurse in making this SOP, ma'am" (P4.) "... Availability of materials and supplies provided by the hospital regarding the procedures to be carried out by patients. Therefore, we choose to alter it (P5.)

Figure 1: Actions Research process for developing a protocol to implement weighing patient receiving with the bedside handover method in the hospital.



Discussion

Action research development process

This study employed an action research methodology to create a weighing procedure using the bedside handover method at Sultan Agung Hospital in Banjarbaru. There are similarities and distinctions between action research focusing on (1) infrastructure development to boost the National Health Service Foundation's research capacity. The duration of the research process can be used to compare different types of studies.

This investigation is a three-month-long cycle of action research. According to (2), it is best for beginning action research researchers to keep the process short because doing so will make it more challenging to stay committed and keep track of the research's advancement. Action research might last from one to forty-eight months (2). The methodologies used for data gathering show how action study studies on (1) and studies on creating patient assessment protocols employing bed delivery systems differ from each other. While research (1) employs the in-depth interview method and focus group discussion, the research on developing a weighing procedure to welcome patients using the bedside handover method uses the focus group discussion method, observation, self-report, and field notes.

Following (3), patient records, focus groups, and interviews can all be used to gather data for action research. Focus groups, in-depth interviews, and data collection methods created by researchers in line with explanation (3) are frequently employed to gather information about issues in research institutes. The findings will give the research institute both favorable and unfavorable feedback. Researchers first complete the exploration stage, which tries to explore the study topic and identify the appropriate research challenges before beginning the action research cycle.

The lack of standard operating procedures nurses employs when assessing patients was one of several ways that the researchers observed that patient evaluations were poorly performed in inpatient rooms. The issues the investigator found during the surveillance and investigation phases are identical. (17)

Implementing the assessment and admission to the department has not been encouraging, and it appears that the SOP connected to the evaluation of entries is deficient in essential elements. Standard operating procedures (SOPs) are detailed instructions that are outlined to achieve uniformity in the performance of specific functions, according to (18). SOPs can also assess how well a supervisor is doing their job. The lack of guidelines from 2000 on assessing patients and nurses' low motivation to do so are the causes of poor patient assessment in other clinics. among sisters. A person's willingness to perform tasks with duties and responsibilities is determined by their level of work motivation (19).

Managers are crucial in inspiring workers to meet corporate objectives. Encouraging collaboration is one of the tasks managers must complete to create an engaging environment. The nurse's incentive to work harder and her level of satisfaction drop when the boss doesn't execute his job, which leads to poor execution of the patient's accepting weigh-in.

This is in line with studies (20) showing that nurses' motivation and job satisfaction before and after receiving modern operant training at the bedside differ. Before management is carried out as the basis of implementing

hospital operations, it is necessary first to understand how to conduct a patient evaluation with the bedside handover method. The planning stage is the initial step in an action research project.

Researchers schedule meetings with the nursing management team to develop activities to accomplish their research goals. According to the study (21), which claims that researchers design temporary or temporary measures and are flexible in modifications according to the circumstances of the participants, this is in line with the study's findings. Researchers will create a methodology to conduct patient assessments utilizing the bedside handover method during the action stage.

The protocol serves as a standard operating procedure for the work that must be completed and a means of monitoring the established task to ensure that the method of preparation is not random. The stages for adopting patient weighing with the bedside handover method were developed as part of the protocol for doing so. They are based on references and data the researchers collected during the survey. The first stage in the draft protocol for carrying out patient admissions by removal from the bed is to set up the nursing station.

The returning nurse prepares and makes sure that information is given at the time of the assessment during this phase. The information must be conveyed to the on-call nurse first as part of the nurse's preparation for delegation of responsibilities is included. This activity is carried out to prevent delivering inaccurate information (22). This is in line with research (23) that claims that 1) patient placement and 2) assessment of the patient's condition are necessary to prepare nurses to begin receiving patients using the alongside handover approach. 3) explain the assessment to the patient, and 4) ask family members and visitors to leave the room. The implementation phase is the following step, during which the nurse at the acceptance weigher assesses the patient from the previous shift and introduces him to the nurse from the upcoming transition. This phase is crucial for building trust between the nurse and the patient.

To foster trust, confidence, and hope in the nursing ministry, the patient must believe that the nurse is caring for him in the same way as the nurse is caring for their basic needs as a person. To build a trustworthy relationship, the nurse must first put specific qualities into practice, like friendliness, empathy, and non-possessive warmth (24).

The implementation stage's information exchange enables two-way communication between the nurses working the previous and following shifts. Under the systematic application of the SBAR approach, information is exchanged. To guarantee consistency in delivering information to the implementing nurse while weighing the patient's admission, all documented information regarding the patient's condition is presented in a sequence and succinctly. When altering information at the patient's bedside, communication among nurses is crucial since it can boost their sense of job satisfaction.

This is consistent with the argument (25) that evaluation of job satisfaction includes factors like pay, opportunity, supervision, benefits, working conditions, style of doing things, social aspects of the workplace, communication, and workers. Implementing the patient weighing protocol with the bedside handover method involves the patient in addition to the implementation and information exchange. Patient engagement is crucial when using the bedside handover approach to balance patient receipts. Patients can alert staff about routine care tasks to prevent miscommunication between patients and healthcare professionals.

According to research (26), the phases of the patient engagement phase are: 1) asking the patient if they have any questions or comments, and 2) offering them the chance to confirm and explain. Understanding patients' needs (needs), desires (demands), and expectations allow nurses to engage patients in health care (expectations). A safety scan is an environmental monitoring procedure carried out by a nurse during the protocol's implementation stage to assess patients before a bedside handover. To find any mistakes or potential safety issues with the patient, the nurse should do a safety check of the patient's surroundings and apparatus.

This is in line with theory (27), one of which is the construction of a supporting mental, physical, cultural, and spiritual environment, which is the 8th generous component. Since the nurse must be aware of the impact of the patient's internal and external environment on the patient's health, they consider and accept nurses while keeping an eye on the patient's surroundings. Patient safety will benefit from a suitable intake consideration mechanism, demonstrated by established communication and procedural norms.

Researchers and organizations describe the creation of a patient receiving weighing protocol with the bedside handover technique so that nurses are more focused on carrying out the assessment and acceptance procedure for implementing the assessment method.

To enhance the service, information and services could be offered. The researcher facilitated a focus group discussion during the reflection stage to design the process of creating an implementation protocol that pays attention to the weighing of patients using the bedside handover method at Sultan Agung Hospital in Banjarbaru as indicated.

According to the study's findings based on the viewpoint of the participants, the steps involved in developing a protocol can be categorized into five different groups: 1) gathering information about the risk of action; 2) gathering information that is pertinent to the parties; 3) deciding on the format for writing SOPs; 4) writing the

contents of SOPs, and 5) preparing SOPs. The SOP Creation book (28) states that the technical steps in creating SOPs are: 1) gathering data collection method-related information, 2) gathering more information, 3) figuring out karma methods, and 4) defining SOP authoring procedures. 4) Writing SOPs are implemented, and 5) SOP guidelines are made. The process of developing a protocol is inextricably linked to many challenges.

The internal working environment and the external environment of the hospital both play significant roles in the development of this protocol. Individual or individual study discoveries that become impediments include: 1) incomplete presence, 2) extreme poverty, 3) a lack of references, 4) an orientation to outdated ideas, and 5) a lack of focus. SOP development is hampered by managerial hurdles, organizational barriers, and individual barriers. Some of the identified difficulties are significant and anticipatable. Researchers identified several strategies to overcome challenges in developing protocols for implementing patient weighing with the bedside handoff approach, including 1) defining meeting rules, 2) creating invitations, 3) preparing contingency plans, and 4) encouraging personnel. A meeting should begin and terminate at the appropriate times. The board needs to convene at closing time. Quality can be fundamentally improved, according to (29).

Achieving the required level of service quality depends heavily on management support in the form of physical facilities and maintenance support. Therefore, an effective manager should be able to create plans to investigate current obstacles and help to hasten the development of protocols for future patient weighing using the bedside handover approach.

The Hospital Accreditation Commission (KARS) (30) mandates that accredited hospitals have written policies that are helpful for: (1) satisfying hospital service standards; (2) documenting performance measurements; and (3) ensuring hospital nurses understand their duties.

Involvement is essential for taking ownership of various transformation activities, including incorporating patient happiness and giving staff real-time feedback. This is in line with the participant's claim that 1) the support of the hospital's director and section head, 2) the availability of facilities, 3) the participation of implementing nurses, and 4) the availability of materials all play a supporting role in the protocol's implementation for making and receiving patients with the handover of beds.

It is easier for nurses to remember to consider the components of the bedside handover procedure that will be carried out from preparation to completion, thanks to the temporary protocol that the team has created.

The outcomes of developing guidelines for using the bedside handover approach to execute patient weight weighing

The cycle one action research study's research methodology aligns with its goals. The anticipated outcomes include a conceptual protocol for implementing weigh-ins to welcome patients using the bedside handover method. She was utilized as a manual for nurses while conducting studies on patient reception between transfers. Action Research is ideal for people who wish to improve their performance and companies that want to increase performance (31) collectively. Because it empowers participants, generates new knowledge, and produces better changes, research using the Action Research approach has been done very well to develop a protocol for adopting acceptable patient weights by mode bedside handover.

Action research lessons learned (Lesson Learned)

The clinical room participants (nurses) and researchers learned much from conducting this study. According to the lesson learned, researchers can gain more knowledge about employing Action Research techniques to create scientific discoveries. Researchers developed a patient evaluation protocol utilizing the Action Research design to increase communication accuracy while weighing patients using the bedside handover method.

The nurses' management skills to plan shifts to increase communication accuracy while weighing patient receipts using the bedside handover method were another crucial lesson the researchers found.

Hospital nurses are also learning new things, particularly about the research process and the methodology for applying the bedside handover approach to patient weighing. Throughout the study process, knowledge and communication skills can change significantly.

Patient participation in the application of reasoning improves, as does nurse-to-nurse communication. This is consistent with research findings (32). The use of words and communication is one of the significant barriers to the integration of theory, practice, and research. Through the Action Research process, the approach is more practical and applicable to practice to describe and adapt language to be accepted.

4. Conclusion

- a. This research was carried out for a month using a class Action Research methodology with four stages—planning, acting, observing, and reflecting.

- b. This study's output is the creation of a protocol for the use of patient acceptance weighing with the bedside handover method in hospitals as a manual for nurses to use as a reference to define communication during patient receiving weigh-ins.
- c. Creating a protocol for executing patient evaluation using the bedside handover method has the following benefits:
 - d. Increase understanding of patient care
 - e. Understand each employee's position and function in patient evaluation
 - f. Reducing errors while taking patient admissions into account keeps the work's coherence

References

1. Moore J, Crozier K, Kite K. An action research approach for developing research and innovation in nursing and midwifery practice: Building research capacity in one NHS foundation trust. *Nurse Educ Today*. 2012;32(1):39–45.
2. Elita F, Suza DE, Arruum D. PENGEMBANGAN PROTOKOL PEMENUHAN HAK PASIEN DI RUMAH SAKIT DAERAH KABUPATEN ACEH TAMIANG Development. *Idea Nurs J [Internet]*. 2016;VII(2):19–31. Available from: <http://www.jurnal.unsyiah.ac.id/INJ/article/view/6451/5290>
3. Sullivan RNE, Hegney D, Francis K. An action research approach to practice, service and legislative change. *Nurse Res*. 2013;21 (2):8–13.
4. Nopriyanti D, Hariyati TS. Optimalisasi pelaksanaan timbang terima dalam metode asuhan keperawatan dengan model tim: Pilot study. *J Chem Inf Model*. 2013;53(9):1689–99.
5. Ahmadiansah R. PENGARUH MOTIVASI KERJA DAN KEPUASAN KERJA TERHADAP KINERJA GURU SMK MUHAMMADIYAH SALATIGA Reza. *Interdiscip J Commun*. 2016;1:223–36.
6. Dyan KusumaNingrum NS, Safitri A. APLIKASI “SWITCH” SEBAGAI PANDUAN TIMBANG TERIMA PERIOPERATIF DI INSTALASI BEDAH SENTRAL (IBS) RSUP DR.KARIADI SEMARANG Niken. 2015;
7. Chaboyer W, McMurray A, Wallis M. Bedside nursing handover: A case study. *Int J Nurs Pract*. 2010;16(1):27–34.
8. Clark C. Watson's Human Caring Theory: Pertinent Transpersonal and Humanities Concepts for Educators. *Humanities*. 2016;5(2):21.
9. Anthoni Lu. Penerapan Standar Prosedur Operasional Dengan Sistem Aplikasipenerbitan Polis Asuransi Jiwa Syariah Kumpulan Pt Xyz. *Keberlanjutan J Manaj dan J Akunt [Internet]*. 2017;1(2):128–70. Available from: <http://openjournal.unpam.ac.id/index.php/keberlanjutan/article/view/151>
10. Mukamel DB, Haeder SF, Weimer DL. Top-down and bottom-up approaches to health care quality: The impacts of regulation and report cards. *Annu Rev Public Health*. 2014;35(October):477–97.
11. Lian X, Hsiao C, Wilson G, Zhu K, Hazeltine LB, Azarin SM, et al. Robust cardiomyocyte differentiation from human pluripotent stem cells via temporal modulation of canonical Wnt signalling. *Proc Natl Acad Sci U S A*. 2012;109(27).
12. Al Mahdi F, Negara CK, Basid A. The Effect of Family Empowerment in Nursing Implementation Toward Self-Efficacy among Patients with Diabetes Mellitus. *INDONESIAN NURSING JOURNAL OF EDUCATION AND CLINIC (INJEC)*. 2020 Jul 30;5(2):141-6.
13. Negara CK, Basid A, Erliani S, Turahman I. The Relationship Between Discharge Planning and The Quality of Life of Patients with Diabetic Ulcer. *Indonesian Nursing Journal Of Education And Clinic (INJEC)*. 2019 Jul 23;4(1):20-4.
14. Negara CK, Basid A, Erliani S, Turahman I. THE RELATIONSHIP BETWEEN DISCHARGE PLANNING AND THE QUALITY OF LIFE OF PATIENTS WITH DIABETIC ULCER.
15. Nurpratiwi, F. Alfikri, and A. Akbar, “COFFEE DRINKING HABITS WITH HYPERTENSION”, *Jurnal EduHealth*, vol. 13, no. 01, p. 158-164, Aug. 2022.
16. Tanwiriah, N. R. Yanti, and C. K. Negara, “IMPROVING INPATIENT SAFETY WITH ROLE MODEL DEVELOPMENT”, *Jurnal EduHealth*, vol. 13, no. 01, pp. 165–172, Aug. 2021.
17. U. Effendi, A. Basid, and C. K. Negara, “NURSING QUALITY AUDIT MODEL AT SULTAN AGUNG HOSPITAL BANJARBARU”, *Jurnal EduHealth*, vol. 13, no. 01, pp. 173–186, Aug. 2021.
18. Lorence, Y.A., Subandi, A. and Aryani, T., 2021. Overview of Covid-19 Patient Handovers at the “B” Hospital Jambi City in 2021/2022.
19. Sudrajat, D.A., Islamiati, M. and Lindayani, L., 2021. TINJAUAN PELAKSANAAN HANDOVER DI RUMAH SAKIT: TINJAUAN PUSTAKA. *Jurnal Ilmiah Keperawatan (Scientific Journal of Nursing)*, 7(1).

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20. Maemunah, N. and Ka'arayeno, A.J., 2021. EFEKTIVITAS PENERAPAN TIMBANG TERIMA, PRECONFERENCE, POSTCONFERENCE SESUAI DENGAN SOP DI RUANGAN UNIT STROKE DAN YOSEP PAVILIUN RUMAH SAKIT. Jurnal Salingka Abdimas, 1(2), pp.74-77.
21. Bruce, R. and Forry, C., 2018. Integrating a mobility champion in the intensive care unit. Dimensions of Critical Care Nursing, 37(4), pp.201-209.
22. Astuti N, Negara CK, Jannah N. SBAR COMMUNICATION IMPLICATIONS FOR COVID-19 PATIENT SATISFACTION. j-HIMEL. 2021 Jun 11;2(1):12-6.
23. Soelistyani S, Fauzia IY. Internalization of Patient Safety Culture on the Quality of Nurse Performance of Different Generations at XYZ Catholic Hospital Surabaya.
24. Mishra SR, Miller AD, Haldar S, Khelifi M, Eschler J, Elera RG, Pollack AH, Pratt W. Supporting collaborative health tracking in the hospital: patients' perspectives. In Proceedings of the 2018 CHI Conference on Human Factors in Computing Systems 2018 Apr 21 (pp. 1-14).
25. Nursery SM, Chrismilasari LA, Oktaviana F. Gambaran Pelaksanaan Timbang Terima Oleh Perawat di Ruang Rawat Inap RSUD Jaraga Sasameh. Khatulistiwa Nursing Journal. 2021 Dec 20;3(2).
26. Ten Cate O, Taylor DR. The recommended description of an entrustable professional activity: AMEE Guide No. 140. Medical Teacher. 2021 Oct 3;43(10):1106-14.
27. Ahmetovic A. Hospital Transfers: Perspectives of Nursing Home Residents and Nurses (Doctoral dissertation).
28. Litzinger TL. A prospective investigation to develop data-driven interventions and improve process efficiency at a level II trauma center.
29. Hafemeister TL, Porter JH. Don't let go of the rope: Reducing readmissions by recognizing hospitals' fiduciary duties to their discharged patients. Am. UL Rev.. 2012;62:513.
30. Openyani NK. PELAKSANAAN COACHING KEPERAWATAN DENGAN PENERAPAN STANDAR PROSEDUR OPERASIONAL TIMBANG TERIMA PASIEN (Doctoral dissertation, SEKOLAH TINGGI ILMU KESEHATAN WIRA MEDIKA BALI).
31. Dehaghani R. Vulnerability in police custody: definition, identification and implementation in the context of the appropriate adult safeguard (Doctoral dissertation, University of Leicester).
32. Lorence YA, Subandi A, Aryani T. Overview of Covid-19 Patient Handovers at the "B" Hospital Jambi City in 2021/2022.