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RESEARCH ARTICLE (ORIGINAL)

Nurses' conceptions of communication in shift handover meetings

Conceções de enfermeiros sobre a comunicação na reunião de passagem de turno
Concepciones del personal de enfermería sobre la comunicación en la reunión de cambio de turno

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Abstract
Background: Nurses' communication in shift handover meetings is described as a process of information sharing/relationship and patient handover using verbal and non-verbal language. It is considered vital for the quality of care.
Objective: To examine nurses' conceptions of communication in shift handover meetings.
Methodology: This qualitative descriptive study uses interviews and content analysis with a convenience sample of 32 nurses from different health services, units, and departments. The participants were selected from a higher education institution, where they were attending Postgraduate and Master's degrees in Nursing.
Results: Nurses point out more barriers to communication in shift handover meetings (such as frequent interruptions and professionals' lack of interest and hurry to leave) than elements of effectiveness (the transmission of all intended information). They consider that effective communication should be objective, brief, complete, and systematic and allow receiving versus transmitting relevant information at the beginning and end of the shift.
Conclusion: Nurses believe that communication in shift handover meetings must be improved, highlighting in-service training on this theme as a measure to be adopted, among others.

Keywords: communication; information management; shift work schedule; patient handover; nurses

Resumo
Enquadramento: A comunicação dos enfermeiros na reunião de passagem de turno é um processo de partilha de informação/relação e transferência de responsabilidade pelo doente, com linguagem verbal e não verbal, vital à qualidade dos cuidados.
Objetivo: Analisar conceções de enfermeiros sobre a comunicação nas suas reuniões de passagem de turno.
Metodologia: Estudo qualitativo descritivo, com amostra acidental de conveniência de 32 enfermeiros, de diferentes serviços, selecionados numa instituição de ensino superior quando frequentavam Pós-Licenciaturas e Mestrados em Enfermagem. Realizada entrevista e análise de conteúdo.
Resultados: Evidenciam-se mais barreiras à comunicação eficaz na passagem de turno dos enfermeiros (interrupções frequentes, desinteresse e pressa de ir embora), do que elementos eficazes (transmitir a totalidade da informação pretendida). Consideram que uma comunicação eficaz deveria ser objetiva, breve, completa, sistematizada e permitir receber *versus* transmitir no início e no final de um turno, respetivamente, um conjunto de informação relevante.
Conclusão: Os enfermeiros julgam necessário melhorar a comunicação nas suas reuniões de passagem de turno, destacando medidas como a formação em serviço sobre a temática.

Palavras-chave: comunicação; gestão da informação; jornada de trabalho por turnos; transferência da responsabilidade pelo paciente; enfermeiras e enfermeiros

Resumen
Marco contextual: La comunicación de los enfermeros en la reunión de cambio de turno es un proceso de intercambio de información/relación y transferencia de responsabilidad sobre el paciente, con lenguaje verbal y no verbal, esencial para la calidad de los cuidados.
Objetivo: Analizar las concepciones de los enfermeros sobre la comunicación en sus reuniones de cambio de turno.
Metodología: Estudio cualitativo descriptivo, con una muestra accidental de conveniencia de 32 enfermeros de diferentes servicios, seleccionados en una institución de enseñanza superior cuando cursaban estudios de posgrado y máster en Enfermería. Se realizaron entrevistas y análisis de contenido.
Resultados: Los obstáculos de los enfermeros para una comunicación eficaz en el cambio de turno (interrupciones frecuentes, falta de interés y prisa por marcharse) eran más evidentes que los aspectos eficaces (transmitir toda la información prevista). Consideran que una comunicación eficaz debe ser objetiva, breve, completa, sistemática y permitir recibir frente a transmitir un conjunto de informaciones relevantes al principio y al final del turno, respectivamente.
Conclusión: Los enfermeros creen necesario mejorar la comunicación en sus reuniones de cambio de turno y destacan medidas como la formación continuada sobre este tema.

Palabras clave: comunicación; gestión de la información; horario de trabajo por turnos; pase de guardia; enfermeras y enfermeros

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Introduction

Communication is a crucial factor in health quality and patient safety and is essential to ensure the continuity of care and the delivery of humanized care (Brás & Ferreira, 2016; Carlos, 2019). The shift handover meeting, also described in the literature as the transfer of professional responsibility/accountability for the patient, is a privileged moment for health professionals to transmit information and constitutes a connecting link in the chain of continuous care provided 24 hours per day (Antunes, 2019; Chiew et al., 2019). The information shared within this context should be objective, up-to-date, scientific, and technical and promote reflection strategies (Rodrigues et al., 2016). In addition to its relevance in patient handover, handover meetings constitute meaningful opportunities for learning and reflecting on practices (Ordem dos Enfermeiros [OE], 2017). Furthermore, nurses should consider these moments of information sharing as promotors of care continuity and patient safety as well as from a broader perspective of professional excellence achievement and continuous improvement promotion. Although nurses know its importance, they also acknowledge that shift handover meetings can be improved (Silva et al., 2016; Sousa et al., 2019). Nurses point out as barriers the interruptions by relatives and professionals, the night shift colleagues' fatigue, the shift handover's prologued duration, the professionals' lack of punctuality (Carlos, 2019), the omission of essential data, and the lack of accuracy or consistency of the information (Santos et al., 2010). Hence, this study examines nurses' conceptions of communication in shift handover meetings in their everyday professional life, relating it to what they consider effective communication and possible improvement strategies.

Background

Communication is a relational process of transmitting information, whose meanings are interpreted by its interlocutors, using verbal and non-verbal language, and established in a given context (Sequeira, 2016). Nurses daily experience the pragmatics of communication in their shift handover meetings – as moments of verbal transmission of information to ensure the continuity of care (OE, 2017) – where attitudes and gestures also have message value. This interaction of information, responsibility, and authority transfer can achieve continuous quality improvement if designed as a moment of knowledge sharing, practice analysis, and in-service training (Antunes, 2019; OE, 2017). The information transmitted should cover some or all aspects of the care delivered to one or more patients, being conveyed from one person to another or a professional group, either temporarily or permanently (Johnson & Cowin, 2013). It can occur between shifts, in the same service, between services, and in the transfer of patients to other institutions (Santos et al., 2010).

The quality of the information shared at the shift handover meeting allows nurses to organize interventions and anticipate potential risks. Thus, it is crucial to identify the barriers to this care transfer's effectiveness and implement strategies to structure the communication process to promote patient safety (Brás & Ferreira, 2016). Furthermore, quality patient handover leads to better care, fewer adverse events, and lower mortality (Direção-Geral da Saúde [DGS], 2017). The information shared should be: *i)* relevant (significant for the topic being addressed); *ii)* sufficient (the necessary amount); *iii)* appropriate (regarding structure, order, and clarity); and *iv)* accurate (providing correct, reliable, and trustworthy information) (Prieto, 2014). In the handover meeting, quality communication should also be technical, objective, and up-to-date with the care provided, reflecting the professional practice's scientific methodology and ethics (Rodrigues et al., 2016). However, there is evidence of the omission of essential data, lack of accuracy or consistency of information, and other barriers that negatively interfere with the quality of handover meetings, specifically the frequent interruptions, noise, and professionals' lack of punctuality, among others (Carlos, 2019; Santos et al., 2010). In this sense, care management structures (Antunes, 2019) and nurses (Silva et al., 2016; Sousa et al., 2019) have been concerned with improving their quality. Standardizing information transmission is recommended as it is believed to reduce the loss of information essential to the continuity of nursing care (The Joint Commission, 2017). The ISBAR (Identification, Situation, Background, Assessment, Recommendations) communication framework allows standardizing the transmission of information through the use of a mnemonic that facilitates the memorization and transmission of complex ideas, in which (DGS, 2017): *i)* Identification – identification and precise location of those involved in the communication (sender and receiver) as well as of the patient referred in the communication; *ii)* Situation – description of the current reason for the patient's health care needs; *iii)* Background – description of clinical, nursing and other relevant facts, and advance directives; *iv)* Assessment – information about the patient's condition, drug and non-drug therapy received, treatment strategies, and significant changes in the patient's health status; and *v)* Recommendations – description of attitudes and therapeutic plan recommended for the patient's clinical situation.

Establishing effective communication in handover meetings is relevant for patient safety and nurses' professional development and critical thinking, as these constitute moments of reflection on and aimed at nursing practice. However, it is crucial to invest in training to develop skills in this area (Chiew et al., 2019; Eggins & Slade, 2015; OE, 2017).

Research questions

How do nurses describe communication during shift handovers in their daily professional lives? What do nurses characterize as elements of effective communication in shift handover meetings?

Methodology

Using a qualitative approach and the content analysis technique, this descriptive study examined and described communication in handover meetings as interpreted and conceived by nurses in their daily professional lives. The sample gathered through convenience (accidental) sampling consisted of 32 participants that, in 2021, attended Postgraduate and Master's Degree programs in Nursing at a higher education institution in the central region of Portugal. The participants agreed voluntarily to participate in the study after it was presented by the researchers, who invited them to participate. The inclusion criterion to participate in the present study was to work in health units/departments/services with shift handover meetings at least once a day.

Semi-structured interviews were used as the data collection tool and provided a free and spontaneous reflection on the theme under study. An interview script was designed for this purpose, including initial questions on the participants' characterization (regarding age, gender, length of professional experience, and the health unit/department/service where they worked) followed by the next questions: i) how do nurses describe communication in their shift handover meetings; ii) what information do they consider more relevant to transmit versus receive at the end and beginning of the shift, respectively? iii) to what extent do nurses believe that the communication they establish is effective?; iv) what are the potential barriers to effective communication in their shift handover meetings; v) what improvement strategies do nurses propose for their shift handover meetings; and vi) how do nurses define effective communication in shift handover meetings? The data analysis started from the beginning of the data collection by reading and reviewing the statements obtained in each interview (validated by the participants), thus generating a natural cycle of exploration and verification. Participants are identified using the letter *N* (from nurse) followed by the number in which their interview was conducted. Bardin's (2015) content analysis technique was used, establishing *a priori* the analysis theme: "Communication in Shift Handover." The categories were defined using a combination of approaches as they emerged from the theoretical frameworks supporting the study (deductive approach) and the data analysis process (inductive approach). Authorization was obtained from the institution's Ethics Committee, where the study was conducted (Opinion no. 6/2019), and all participants signed their respective informed consent forms.

Results

The 32 nurses that participated in the present study were primarily female (71.9% women and 28.1% men) and aged between 26 and 54 (M = 33.8 years). At the time the study was conducted, they were attending the Postgraduate Specialization Degree in Medical-Surgical Nursing (75%), Postgraduate Specialization Degree in Mental Health and Psychiatric Nursing (21.9%), and Master's Degree in Community Nursing (3.1%). They had between 4 and 29 years of professional experience (M = 11 years). They also worked in different health institutions and departments, namely medical services (34.4%), emergency departments (25%), general surgery units (9.4%), and intermediate care units (9.4%), among others (stroke, pneumology, and mental health and psychiatry units, integrated continuous care units, and residential structures for older adults). The analysis of the theme "Communication in Shift Handover" allowed establishing the following two categories "Communication in Nursing Shift Handover Meetings" (referring to what professionals considered to define best the communication established at their shift handover meetings) and "Characteristics of Effective Shift Handover Communication" (discriminating the professionals' conceptions on the aspects necessary for an effective shift handover meeting).

Communication in nursing shift handover meetings

Regarding their shift handover meetings, nurses pointed out some *elements of effectiveness* (f = 42 recording units). Eight nurses (25%) declared that their shift handover meetings could be classified "to some extent as effective" (N30), that meetings "from the afternoon [shift] to the night [shift]" were effective (N23), or that meetings were effective due to the professional setting in which nurses worked, specifically in the case of the emergency department, where they mentioned that it was "difficult to do it any other way" (N4). Less than half of the sample also considered shift handover meetings effective because *i)* they managed to "transmit all the intended information" (f = 15) even if they admitted having doubts or the possibility that the transmitted information included gaps and omissions ("yes, I think so," [N10]; "I may miss something, but in general I manage to transmit everything that is most relevant and positive," [N16]); *ii)* the transmitted information was understood (f = 13; "I think it is well understood because they rarely ask me questions" [N29]); and *iii*) the "use of written aids to support oral transmission" (f = 6; "I have a sheet with notes and mnemonics, to avoid forgetting" [N6]). Despite indicating these characteristics that they considered to be elements of effective and positive communication in their handover meetings, all nurses reported the existence of several barriers to effective communication (f = 85). They highlighted the frequent interruptions (f = 14) by patients and families, colleagues, or other team professionals, the professionals' lack of interest and/or hurry to leave (f = 10), and the lack of assertiveness, with parallel conversations/activities and excessive noise (f = 9). The presence (f = 1) and the absence of the nurse supervisor (f = 4) also emerged as barriers to the effectiveness of the shift handover. A participant revealed that when the nurse supervisor is present, there is "strong pressure and assessment" (N6). However, there is also the perspective that when the nurse supervisor is absent, "there is no order" (N8) or "there are no more manners" (N19). Three nurses described the transmission of information with the patient present as a barrier, considering, for example, that "it leads to things not being said and then forgotten because we don't want to say it in front of the patient; it is left for later" (N3). Other barriers identified are the lack of training on com-

munication in shift handover (*f* = 5) and the fact that it is not considered a moment of training (*f* = 4).

To overcome these barriers, the participants proposed improvement strategies (*f* = 42 recording units) such as in-service training on shift handover communication (*f* = 18), standardization of the language/adoption of the ISBAR framework (*f* = 6), and the use of informative signs and closed doors to prevent interruptions during the shift handover meeting (*f* = 5). According to professionals, in-service training on shift handover communication: *i)* provides health professionals with a better understanding of and respect for this moment ("I think that this way the team would also understand its importance better." [N11]; ii) ensures greater accuracy in the information transmitted ("helping to raise awareness about the importance of knowing more about the patients, of being more accurate," [N20]); and iii) assists the team in centering the transmitted information on the main target of care - the patient ("if we all thought that our target of care is the patient, we would do it differently," [N6]); among others (Table 1).

Table 1

Analysis matrix of the category Communication in Nursing Shift Handover Meetings

Subcategories	Indicators (frequency of recording units)
Elements of effectiveness in the communication established	• Transmitting all the intended information (*f* = 15). • Understanding the transmitted information (*f* = 13). • Using written aids to support oral transmission (*f* = 6). • Being effective (*f* = 8).
Barriers to effective communication	• Difficulty in understanding the transmitted information (*f* = 2) • Difficulty in transmitting all the information (*f* = 5) • Transmitting information in the patient's presence (*f* = 3) • Frequent interruptions of the shift handover meeting (*f* = 14) • Not being a moment of training (*f* = 4) • Lack of interest and/or hurry to leave (*f* = 10) • Lack of ability to summarize (*f* = 6) • Being too long due to the high patient ratio (*f* = 7) • Non-standardized language (*f* = 7) • Lack of training on shift handover communication (*f* = 5) • Nurse supervisor's presence (*f* = 1) • Nurse supervisor's absence (*f* = 4) • Lack of punctuality (*f* = 2) • Team's separation during the shift handover meeting (*f* = 4) • Lack of assertiveness, with parallel conversations/activities and excessive noise (*f* = 9) • Lack of knowledge of patient information (*f* = 3)
Strategies to improve communication in nursing handover meetings	• Nurse supervisor's regular presence (*f* = 4) • Conducting the shift handover meeting with all the team present (*f* = 3) • Conducting the shift handover meeting in the nursing office (and) without the patient's presence (*f* = 3) • In-service training on shift handover communication (*f* = 18) • Using written aids in conjunction with oral transmission (*f* = 3) • Language standardization/ use of the ISBAR framework (*f* = 6) • Using informative signs and closing doors to prevent interruptions of the shift handover meeting (*f* = 5)

Characteristics of effective shift handover communication

The data collected on the professionals' conceptions of effective communication in shift handover meetings created eight subcategories (Table 2): i) Objective and concise; ii) Complete; iii) Systematized; iv) Scientific and technical; v) Showing that the information transmitted was understood; vi) Conducted in an appropriate environment;" vii) Transmitting the most relevant information at the end of the shift; and viii) Receiving the most relevant information at the beginning of the shift. Most participants revealed that for communication to be effective during shift handover, it should be "objective and brief" (*f* = 20), that is, "clear and concise," "highlighting the most relevant information within a short time." Also, it should be "complete," in other words, without "omissions/losses and highlighting various information," to convey all the information and not only parts of it (*f* = 11).

Regarding the information participants considered more relevant to transmit "at the end of the shift" or receive "at the beginning of the shift," nurses discussed more what they wanted to transmit "at the end of the shift" (*f* = 71) than "at the beginning of the shift" (*f* = 63). In this sense, the "current status of the patient and family" was more mentioned as relevant to transmit "at the end of the shift" (*f* = 25) than to receive "at the beginning of the shift" (*f* = 18). Also, the information about the "care delivered" was more frequently mentioned as relevant "at the end of the shift" (*f* = 13) than at the beginning (*f* = 4); the "information received from the service/management" was considered more important "at the beginning of a shift" (*f* = 9) than at the end (*f* = 1); and the "recommendations and information on the care to be delivered" were more valued "at the beginning of the shift" (*f* = 18).

Table 2

Analysis matrix of the category Characteristics of Effective Shift Handover Communication

Subcategories	Indicators and total *N* of recording units
Objective and brief	• Clear and concise/highlighting the most relevant information within a short time (*f* = 20)
Complete	• Without omissions/losses and highlighting various information (*f* = 11)
Systematized	• Head-to-toe orientation (*f* = 1) • Standardized and uniform (*f* = 7) • Using ISBAR (*f* = 3) • Supported on written aids in conjunction with oral information (*f* = 7)
Scientific and technical	• Using scientific terminology (*f* = 9)
Showing that the information transmitted was understood	• With feedback and/or questions (*f* = 11)
Conducted in an appropriate environment	• Without conflicts (*f* = 1) • All those involved are receptive to communication (*f* = 3) • Conducted in a proper room, without interruptions (*f* = 3)
Transmitting the most relevant information at the end of the shift	• Current status of patient and family (*f* = 25) • Patient's background and medical history - when colleagues are unaware (*f* = 3) • Changes in the patient's clinical condition (*f* = 9) • Care delivered (*f* = 13) • Recommendations and information on the care to be delivered during the next shift (*f* = 14) • Diagnostic tests prescribed and/or performed/Whether the patient was seen by the doctor (f = 6) • Information received from the service/management (f = 1)
Receiving the most relevant information at the beginning of the shift	• Current status of patient and family (*f* = 18) • Changes in the patient's clinical condition (*f* = 9) • Care delivered (*f* = 4) • Recommendations and information on the care to be delivered during that shift (*f* = 18) • Pending exams and/or clinical observation (*f* = 5) • Information received from the service/management (*f* = 9)

Discussion

Nurses' conceptions of communication in handover meetings primarily demonstrate the persistence of barriers to effectiveness in different professional settings. The frequent interruptions, also mentioned in the studies by Carlos (2019) and Antunes (2019), the lack of interest and assertiveness, and the parallel conversations, also reported by the present study's participants, generate significant noise, and may result in the transmission of incomplete information (Santos et al., 2020). Also, the lack of punctuality and prolonged duration appear as disruptive elements of an effective handover meeting. Moreover, as advocated by The Joint Commission (2017), the lack of standardized language and procedures causes communication to be established at each one's discretion regarding how it is done, how the information to be transmitted is selected, and how its relevance is decided. Adding to these identified barriers are also the lack of training on communication in handover meetings and the fact that professionals feel that these are not moments of training and learning. Nevertheless, there is a shared understanding in this field of studies that shift handover meetings have, in addition to the objective of transmitting information about the patient, social and learning functions (recognized in some of the statements analyzed) that are performed through the sharing of experiences and the promotion of socialization among team members. Furthermore, these meetings should be viewed as moments for professional knowledge sharing (Antunes, 2019; Eggins & Slade, 2015).

Aware of the theme's relevance (Sousa et al., 2019), nurses identified improvement opportunities in their contexts, with the most commonly mentioned being in-service training. They argue that, on the one hand, it would minimize the lack of training that they consider to exist and, on the other hand, correct professionals' disinterested and less assertive attitudes in handover meetings, improve the communication skills necessary for the effective transmission of information and, consequently, minimize errors.

Although the significance of training on communication and its constant updating for better professional performance is recognized, the idea persists that communication is learned throughout one's professional practice, and, therefore, its quality is left at each one's discretion according to their skills and competencies (Santos et al., 2010). The present study's results underscore this perspective, as more than half of the nurses added that their teams do not select or value in-service training on communication and communication in shift handover. In other words, there is an apparent paradox considering that although the present study's participants view in-service training on communication in shift handover

as an essential improvement strategy, their peers do not welcome it in the same way. Nurses also consider adopting the ISBAR framework as an improvement opportunity to standardize and systematize information transfer and minimize errors, which is also recognized in other studies (Antunes, 2019; Chiew et al., 2019; Silva et al., 2016). However, when questioned about what they consider to be an effective handover meeting, the use of this framework appears less valued, thus strengthening the DGS's (2017) recommendation on the need to develop the theme in nursing teams' training plans. In addition to training, the improvement opportunities mentioned also include the need to promote an appropriate environment for communication at each work setting during handover meetings by placing door signs during these moments of transfer, keeping the doors closed, asking other professionals to minimize interruptions, and the possibility of keeping one team member outside the handover meeting room to respond to demands from patients and families, exam requests, among others. According to Antunes (2019), shift handover should ideally take place in a closed environment and only with the professionals who are essential to it. Some participants also recognized nurse supervisors, who are crucial for managing the service and ensuring the quality of nursing care (Rocha et al., 2016), as essential elements for the quality of handover meetings, by safeguarding a climate of respect among professionals, which is vital for effective transmission of information.

In addition to these improvement opportunities, the nurses participating in the present study also highlighted aspects of their shift handovers that they considered effective and positive, such as the fact that they usually manage to convey all the intended information or that, according to them, the transmitted information is generally understood. The literature highlights as relevant the use of written aids/shift handover sheets to support the transmission of oral information, as they, for example, avoid possible forgetting or loss of information (Antunes, 2019; Rodrigues et al., 2016). However, for the present study's participants, this aspect was less considered, leading to the assumption that using written aids is not part of most participants' shift handover meeting routines or it is another communication element left at each one's discretion.

The participants' conceptions of effective communication in handover meetings strengthen the need for objective, brief, and complete communication. Yet, the systematization of information transmission does not appear to be equally understood by all participants, and fewer nurses highlight the use of the ISBAR framework, although it is recognized as beneficial to effective communication (Antunes, 2019; Chiew et al., 2019; Ferreira et al., 2020). The present study's participants also consider that handover meetings are effective when they use scientific and technical language and when all those involved are certain that the information transmitted is understood, which is only guaranteed when team members ask questions and/or provide other forms of feedback. This is a key element of communication achieved when interlocutors' availability for the communicational act is guaranteed, thus increasing the quality of the interaction between sender and receiver (Sequeira, 2016). Encouraging professionals' questions and feedback requires an environment conducive to asking questions, clarifying information, and using confirmation techniques. Moreover, it is essential to recognize that communication in shift handovers includes, in addition to the information dimension, a crucial relational dimension, which allows for assigning quality and credibility to information (Eggins & Slade, 2015; Ferreira et al., 2020).

An effective shift handover meeting also allows transmitting and receiving the information that nurses consider relevant. However, although common aspects are identified (the current status of the patient and family; changes in the patient's clinical condition; care delivered; recommendations and information on the care to be delivered; exams performed/ pending observations; information from the service/management), the analysis allowed observing that information about the care plan is almost not mentioned, similarly to what was found by Santos et al. (2019), and that the patients' background and clinical history only appear to be relevant as an element to be transmitted at the end of the shift (considering that when participants think about the information they want to receive, they do not mention this aspect). On the other hand, issues related to the service organization appear to have more relevance as information participants want to receive at the beginning of the shift compared to what they want to transmit at the end. In other words, even if participants are clear about what they understand as effective communication in shift handover meetings, particularly regarding the relevant information to transmit/receive, it is also clear that what they consider relevant to transmit at the end of a shift is not the same as what they consider and wish to receive at the beginning of another.

Therefore, although nurses' conceptions of effective communication in handover meetings reflect several recommendations designed to ensure the quality of these moments of transfer and, consequently, the quality of care and patient safety (DGS, 2017; OE, 2017), they also demonstrate different understandings about its systematization, and information content, among others.

The present study is limited by the fact that it did not explore the singularities of all the participants' daily shift handover moments. These could allow for distinguishing the differences in effectiveness between the shifts' handovers (night-morning, morning-afternoon, and afternoon--night). Also, the heterogeneity of the sample limits this study as it includes nurses working in different services, from the emergency department to inpatient services.

Conclusion

The safe transfer of care implies analyzing how it is performed in each professional context. The nurses participating in the present study demonstrated that the communication in their handover meetings is still not fully effective, mainly due to barriers such as frequent interruptions, the team's lack of interest, and lack of assertiveness, among others.

To overcome these barriers, most participants identified in-service training on the theme as an improvement opportunity. Some also noted the need to implement standardized procedures and adopt the ISBAR framework. Yet, this communication framework does not appear to be part of the standardized language of the participants' professional culture. The present study's nurses describe effective communication in handover meetings as objective, brief, and complete, transmitting systematized information, providing evidence of the team's understanding, and allowing the transmission/receipt of relevant information. However, some differences are observed between what nurses consider important to transmit at the end of the shift and receive at the beginning of the shift.

Considering the present study's limitations, among which the sample's heterogeneity, it is worth highlighting the understanding shared by the participants of the relevance of training on communication in handover meetings, also supported by the literature. Further studies are suggested to examine the relationship between training on the theme and the evidence of quality communication in handover meetings.

Author contributions

Conceptualization: Frias, A.
Data curation: Frias, A.
Formal analysis: Frias, A.
Methodology: Frias, A.
Writing – Original draft: Frias, A.
Writing – Review & editing: Frias, A., Paiva-Santos, F.

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