

Nursing Handoffs and Documentation Practices among Nurses in a Doh-Retained Level 2 Hospital

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ABSTRACT

Effective nursing handoff communication and accurate documentation are essential for ensuring safe and continuous patient care in hospital settings. Despite their importance, limited local studies have examined the relationship between these two practices among nurses in DOH-retained hospitals. This quantitative study employed a descriptive–correlational research design to determine the level of nursing handoff communication and nursing documentation practices and to examine their relationship among nurses in a DOH-retained Level 2 hospital. Data were collected from 205 nurses using adopted standardized questionnaires on nursing handoff communication and nursing documentation practices. Findings revealed that nursing handoff communication was rated at a very high level across its dimensions, while nursing documentation practice was generally good. Profile variables were not significantly related to documentation practice, while current position and work schedule showed significant associations with handoff communication. A significant positive relationship was also found between nursing handoff communication and nursing documentation practices. The study concludes that effective handoff communication supports stronger documentation practices, contributing to continuity of care and patient safety. Strengthening structured communication and reinforcing standardized documentation practices are recommended to sustain quality nursing care in hospital settings.

Keywords: Nursing handoff communication, Nursing documentation practices, Descriptive-correlational design, Continuity of care, Patient safety.

INTRODUCTION

In hospital settings, the continuity and safety of patient care are largely influenced by how effectively nurses perform handoff communication and documentation practices, which ensure accurate transfer and recording of patient information across shifts (Alizadeh-risani et al., 2024; Lazzari & Rabottini, 2025). Nursing handoff communication involves the transfer of essential patient information, responsibility, and accountability through clear, complete, and structured exchanges that support teamwork and prevent adverse events, while unstructured or interrupted handoffs may lead to omitted information and gaps in care (Beaudin et al., 2021; Zhu et al., 2022). Nursing documentation complements this process by ensuring that patient information is accurately recorded, supporting clinical decision-making, continuity of care, and legal requirements, although challenges such as workload, time pressure, and limited training may negatively affect documentation quality (Tang et al., 2021; Bai et al., 2020; Weng et al., 2023).

In a DOH-retained hospital setting, practice-based challenges in handoff communication and documentation are evident, including abbreviated endorsements, interruptions during shift changes, delayed documentation, and incomplete recording of essential patient information. These issues may result in miscommunication, inaccuracies, and compromised continuity of care, highlighting the need to examine how these practices are carried out in real clinical environments. Despite their importance, local empirical studies examining handoff communication and documentation together remain limited, particularly in government hospitals, with most research treating them as separate variables and lacking focus on staff nurses and relevant characteristics such as age, experience, unit assignment, and job position.

This study aims to assess nursing handoff communication and documentation practices and examine their relationship among nurses in a level 2 government hospital, aligned with SDG 3 and SDG 8 by promoting safe, high-quality care and supportive work environments. The findings may inform improvements in handoff protocols, documentation standards, supervision, and training programs to enhance patient safety and workflow efficiency. Supported by the researcher's extensive hospital experience, the study provides a contextually grounded examination of these practices, contributing to nursing management and healthcare quality improvement.

Research Questions

This study aimed to assess the interrelationship among profile, nursing handoffs, and nursing documentation practices of nurses in a level 2 government hospital in Surigao del Norte for the year 2025.

The study specifically answered the following queries:

1. What was the profile of nurses in terms of:
 - 1.1 age;
 - 1.2 sex;
 - 1.3 civil status;
 - 1.4 current position;
 - 1.5 years of nursing experience;
 - 1.6 area of assignment;
 - 1.7 work schedule and
 - 1.8 average duty hours per shift?
2. What was the level of nursing handoff communications as perceived by nurses in terms of:
 - 2.1 completeness of information;
 - 2.2 clarity and organization;
 - 2.3 interactive communication;
 - 2.4 transfer of responsibility; and
 - 2.5 patient safety and continuity of care?
3. What was the level of nursing documentation practices as perceived by the nurses?
4. Was there a significant relationship between:
 - 4.1 profile and nursing handoff;
 - 4.2 profile and nursing documentation practices; and
 - 4.3 nursing handoff and documentation practices among nurses.
5. What care continuity and documentation quality improvement plan was proposed based on the findings of the study?

Statement of Null Hypothesis

H₀₁: There was no significant relationship between profile and nursing handoffs among nurses.

H₀₂: There was no significant relationship between profile and nursing documentation practices among nurses.

H₀₃: There was no significant relationship between nursing handoffs and nursing documentation practices among nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

Nursing Handoffs. Nursing handoff communication is a critical process for ensuring patient safety and continuity of care, with evidence showing that communication failures during handovers are strongly associated with medical errors and adverse outcomes, highlighting the need for structured communication strategies (Desmedt et al., 2020). Studies consistently demonstrate that standardized protocols such as SBAR and I-PASS improve information accuracy, clarity, and patient safety outcomes (BioMedical Journal Quality & Safety, 2025; Lazzari & Rabottini, 2025), while training and organizational support further enhance handoff quality and reliability of information transfer (Nawawi & Ibrahim, 2024; Joint Commission Journal, 2024; Ahmed et al., 2025).

Empirical and qualitative findings emphasize that structured communication, including contingency planning and closed-loop communication, improves teamwork, accountability, and shared understanding, although barriers such as interruptions, workload, and lack of standardization may affect effectiveness (Greenberg et al., 2023; Haliq et al., 2025). Evidence also shows that structured bedside handovers and models like I-PASS improve communication transparency, patient trust, and continuity of care (Abt et al., 2026; Alizadeh-risani et al., 2024), reinforcing that standardized tools, ongoing training, and supportive organizational environments are essential to enhance communication quality, reduce errors, and ensure safe patient care.

Nursing Documentation Practices. Nursing documentation is a vital component of clinical practice that supports continuity of care, communication, legal protection, and clinical decision-making, with evidence showing that accurate and comprehensive documentation improves patient safety and healthcare quality (Maulana & Setiawan, 2025; Demsash et al., 2023). Studies demonstrate that training and organizational support enhance documentation competence and consistency (Elhanafy & Elshazly, 2021; Bolado et al., 2023; Molla et al., 2024), while poor documentation is often linked to workload, time constraints, and system inefficiencies (De Groot et al., 2022; Akinboro et al., 2024; Røislien et al., 2021). Technological advancements such as improved EHR systems and AI-based tools have been shown to enhance usability and efficiency, although challenges in digital literacy and system design remain (JMIR Nursing, 2025; Lin et al., 2024; Al Zghoul et al., 2025).

Evidence also highlights that documentation practices are influenced by workflow demands, supervision, and workplace conditions, with incomplete or delayed documentation posing risks to patient safety (Mabunda et al., 2025; Johnson et al., 2025). Overall, the literature emphasizes that high-quality documentation is achieved when hospitals provide clear standards, continuous training, supportive environments, and efficient systems, reinforcing its critical role in ensuring safe and effective patient care.

Profile and Nursing Handoff Practices. Studies examining the relationship between nurses' personal and professional profiles and handoff practices show mixed results, with evidence indicating that interpersonal and organizational factors play a more significant role than demographic characteristics. Wang et al. (2022) found that group cohesion and job satisfaction were significantly correlated with handover quality, explaining 33.4% of its variance, while demographic variables showed no significant relationship. Similarly, Alizadeh-risani et al. (2024) reported that structured handoff methods improved communication regardless of age or experience, reinforcing that handoff quality is shaped more by communication systems and teamwork than individual profiles.

Systematic evidence further supports that standardized communication frameworks promote consistent handoff practices across nurses (Lazzari & Rabottini, 2025), while role-related factors such as leadership responsibilities

influence communication flow and prioritization during handovers (Ahmed et al., 2025). Work organization factors, including shift patterns and workload, also affect handoff communication, particularly during high-activity periods (Haliq et al., 2025). Overall, the literature suggests that nursing handoff communication is primarily influenced by organizational, structural, and role-related factors rather than personal demographics, highlighting the importance of standardized protocols and supportive work environments in ensuring consistent and effective communication.

Profile and Nursing Documentation Practices. Recent studies show that nurse profile characteristics such as age, education, experience, training, and knowledge influence documentation quality, with evidence indicating that older age, higher education, longer experience, and in-service training are associated with better documentation practices (Mengesha et al., 2023; Yalew et al., 2023). Training, professional development, institutional support, and access to electronic systems further improve documentation compliance, while barriers such as workload, poor supervision, and lack of training negatively affect performance (Birhanu et al., 2024; Maghsoud et al., 2022; Mavhandu-Mudzusi & Jali, 2024). However, recent literature also indicates that demographic factors such as age and sex are not consistent predictors of documentation quality, with organizational support, clear guidelines, and training having stronger influence (Bolado et al., 2023; Molla et al., 2024).

Evidence suggests that experience alone does not guarantee better documentation, as quality is also shaped by workload, institutional systems, and protocols (Demsash et al., 2023), while professional role, leadership expectations, and work environment factors such as workload and shift patterns significantly affect documentation practices (Mabunda et al., 2025; Johnson et al., 2025). Overall, the literature highlights that while some profile characteristics contribute to documentation quality, organizational and system-related factors play a more dominant role in ensuring consistent and effective nursing documentation.

Nursing Handoff and Nursing Documentation Practice. Recent literature highlights that nursing handoff communication and documentation are closely interconnected processes that collectively ensure patient safety and continuity of care, with evidence showing that structured handoff protocols supported by documentation frameworks significantly reduce information loss and improve data transfer (Hellesø & Grøndahl, 2021). Studies demonstrate that integrating structured communication tools such as SBAR improves information completeness and retention compared to unstructured approaches, while technological systems alone are insufficient without structured workflows and training (Helios Klinikum München West, 2023; Wang et al., 2023). Training interventions further show that improving handoff communication enhances documentation clarity and reduces clinical errors, reinforcing that both processes function synergistically (SBAR Shift Report Training Program, 2023). Empirical and systematic evidence confirms that structured handovers improve communication quality, which directly supports accurate and consistent documentation, while incomplete communication leads to documentation gaps (Alizadeh-risani et al., 2024; Ahmed et al., 2025; Lazzari & Rabottini, 2025; Demsash et al., 2023). Overall, the literature emphasizes that effective communication provides the foundation for accurate documentation, and aligning structured protocols, training, and systems is essential to strengthen both practices and ensure safe patient care.

RESEARCH METHODOLOGY

Design. The study used a quantitative, descriptive-correlational research design. In this study, the descriptive design was used to describe the nurses' personal and work-related profiles, such as their age, sex, civil status, current position, years of experience, area of assignment, work schedule, and number of hours per shift. It was also used to determine their level of nursing handoff communication and documentation practices as perceived by them. The correlational design was used to determine whether there was a significant relationship between the nurses' profiles and their handoff communication and documentation practices. It also examined whether a significant relationship existed between nursing handoff communication and documentation practices.

Environment. This study was conducted in a Level 2 government hospital located in Surigao del Norte, Philippines.

Respondents. The respondents of this study were the 205 staff nurses in the hospital.

Sampling Design. This study employed a proportionate random sampling design.

Inclusion Criteria and Exclusion Criteria. The study included registered nurses currently employed in the hospital, regardless of employment status, with at least three months of continuous service to ensure sufficient exposure to hospital protocols and clinical routines related to handoff communication and documentation. Eligible respondents were assigned in clinical and clinically supporting areas, actively engaged in direct patient care and documentation, available during data collection, and willing to participate with informed consent. Excluded were float or reliever nurses assigned for less than two consecutive weeks due to limited unit exposure, nurses on official leave during the data-gathering period, and those who declined participation.

Instrument. This study utilized a three-part instrument to collect relevant data from participating nurses, with two sections adapted from standardized tools with established reliability and validity. Part I gathered the personal and professional characteristics of respondents, including demographic and work-related variables, to describe their background and examine possible relationships with nursing handoff communication and documentation practices. Part II employed the Handoff Evaluation Scale (HES), a standardized and validated instrument developed by Horwitz et al. (2007), consisting of 18 items across five dimensions: completeness of information, clarity and organization, interactive communication, transfer of responsibility, and patient safety and continuity of care. The HES used a 5-point Likert scale, with mean-based scoring and interpretation ranging from very low to very high handoff communication quality, and demonstrated strong reliability with Cronbach's alpha values of 0.79 to 0.95. Part III utilized an adapted Nursing Documentation Practice Questionnaire from Tasew, Mariye, and Teklay (2019), consisting of 10 items assessing documentation behaviors such as timeliness, confidentiality, error reporting, and recording of patient care. Responses were scored dichotomously (1 for appropriate, 0 for inappropriate), with total scores categorized as poor (0–3), fair (4–6), or good (7–10) documentation practice, and classified using the mean as a cut-off point. The instrument demonstrated acceptable reliability with a Cronbach's alpha of 0.79, ensuring consistency in measuring documentation practices.

Data Gathering Procedures. Data gathering procedures included pre-data gathering, actual data gathering, and post-data gathering phases. During pre-data gathering, the study commenced with the submission and approval of research titles, assignment of an adviser, and securing of permissions from the Dean and hospital administration, followed by a design hearing and submission to the university Institutional Review Board for ethical clearance, with data collection beginning only after issuance of the Notice to Proceed. In the actual data gathering phase, the researcher personally distributed the three-part questionnaire to qualified registered nurses through face-to-face administration during pre-shift, break, or post-shift periods, ensuring no disruption of hospital operations, while explaining the study, securing informed consent, ensuring voluntary participation, anonymity, and confidentiality, and checking completeness of responses. In the post-data gathering phase, collected data were organized and encoded in Microsoft Excel, forwarded to a statistician for analysis, presented in tabular form with interpretation and literature support, followed by final oral defense, and all questionnaires were confidentially disposed of through shredding to ensure privacy and ethical compliance.

Statistical Treatment of Data. The study utilized both descriptive and inferential statistics to treat the data, including frequency distribution and simple percentage to summarize and present the personal and professional profiles of the nurse-respondents, providing a clear picture of their distribution across categories. Mean score and standard deviation were used to determine the level of nursing handoff communication and documentation practices, where the mean reflects the central tendency and the standard deviation shows the consistency or variation of responses. The Chi-Square Test of Independence was applied to determine whether there is a significant relationship between nurses' profile variables and their handoff communication and documentation practices, with Cramer's V used to assess the strength of the relationship when significant. Pearson Product-Moment Correlation (Pearson r) was used to determine the degree and direction of the relationship between the level of nursing handoff communication and nursing documentation practices, identifying whether better communication is associated with better documentation behavior among nurses

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

Presentation, Analysis, And Interpretation Of Data

Table 1 Profile of Respondents

Profile	<i>f</i>	%
Age		
18 to 35 years old	142	69.30
36 years old and above	63	30.70
Sex		
Male	51	24.90
Female	154	75.10
Civil Status		
Single	127	62.00
Married	78	38.00
Current Position		
Staff Nurse	109	53.20
Charge Nurse	61	29.80
SF	20	9.80
Head Nurse	11	5.40
Supervisor	4	2.00
Years of Nursing Experience		
Less than 1 year	7	3.40
1 to 3 years	91	44.40
4 to 6 years	34	16.60
7 to 10 years	29	14.10
More than 10 years	44	21.50
Area of Assignment		
EMD	25	12.20
EREID	5	2.40
Hemodialysis	11	5.40
ICCU	14	6.80
LR/DR	6	2.90

Medical Ward	67	32.70
NICU	8	3.90
OB	13	6.30
OB-ER	4	2.00
Operating Room	15	7.30
Pedia	12	5.90
PICU	10	4.90
Surgical Ward	10	4.90
Gyne	5	2.40
Work schedule		
Rotating Shift	199	97.10
Fixed Day Shift	6	2.90
Average Duty Hours Per Week		
8 hours	205	100.00

Note. $n=205$.

As shown in Table 1, the demographic and work-related profile of the nurses reflects a workforce largely composed of younger, early- to mid-career professionals, which is common in hospital settings where newly licensed and early-career nurses comprise a significant portion of staff (Boga et al., 2025). The nursing workforce remains female-dominated, consistent with global trends (Smiley et al., 2025), and a large proportion of respondents are single, aligning with their younger age profile and focus on professional development. Most respondents are staff nurses rather than supervisors, which is expected since bedside nurses are primarily responsible for handoffs and documentation (Boga et al., 2025). Many have only a few years of experience, indicating that they are still developing clinical judgment and communication routines and often rely on structured methods (Boga et al., 2025). Nurses are distributed across various units, with more assigned in general wards due to higher patient demand, and are exposed to different workflows that may influence handoff and documentation practices. Rotating shifts are the dominant schedule, reflecting standard hospital staffing systems and requiring adaptability from nurses (Chang et al., 2021), while uniform duty hours suggest organized staffing policies. Overall, the profile represents a typical hospital nursing workforce composed mainly of female, early-career staff nurses working in rotating shifts across multiple clinical areas, consistent with current healthcare staffing trends.

Table 2 Level of Nursing Handoff Communications

Dimensions	Mean score	SD	Interpretation
Completeness of Information			
1. The patient’s current condition was clearly communicated during handoff.	4.30	0.770	Strongly agree
2. Important changes in the patient’s condition were discussed during handoff.	4.25	0.729	Strongly agree

3. Ongoing nursing care and treatments were adequately explained.	4.32	0.737	Strongly agree
4. Pending laboratory tests, procedures, or treatments were mentioned.	4.31	0.791	Strongly agree
Factor mean	4.29	0.665	Very high
Clarity and Organization			
5. The handoff information was presented in a clear and organized manner.	4.28	0.802	Strongly agree
6. The handoff followed a consistent and structured format.	4.27	0.715	Strongly agree
7. Patient problems and priorities were clearly identified during handoff.	4.27	0.782	Strongly agree
8. The information provided during handoff was easy to understand.	4.29	0.734	Strongly agree
Factor mean	4.28	0.667	Very high
Interactive Communication			
9. I was given enough opportunity to ask questions during the handoff.	4.37	0.713	Strongly agree
10. My questions were answered clearly by the outgoing nurse.	4.27	0.672	Strongly agree
11. The handoff encouraged open and two-way communication.	4.41	0.656	Strongly agree
12. Clarification of unclear information was allowed during handoff.	4.28	0.706	Strongly agree
Factor mean	4.33	0.609	Very high
Transfer of Responsibility			
13. Responsibility for patient care was clearly transferred to me.	4.38	0.680	Strongly agree
14. I clearly understood my responsibilities after receiving the handoff.	4.46	0.645	Strongly agree
15. The outgoing nurse demonstrated accountability for the information given.	4.39	0.652	Strongly agree
Factor mean	4.41	0.597	Very high
Continuity of Care			
16. The handoff supported continuity of patient care.	4.48	0.646	Strongly agree
17. The handoff helped reduce the risk of errors in patient care.	4.45	0.629	Strongly agree
18. I felt prepared to safely manage the patient after receiving the handoff.	4.35	0.687	Strongly agree
Factor mean	4.43	0.586	Very high
Grand mean	4.35	0.568	Very high

Note: $n=205$.

Legend: 4.21 – 5.00 Very High (strongly agree); 3.41 – 4.20 High (agree); 2.61 – 3.40 Moderate (neutral); 1.81 – 2.60 Low (disagree); 1.00 – 1.80 Very Low (strongly disagree).

The results in Table 2 findings present a very high level of nursing handoff communication across all dimensions, indicating that endorsements are generally complete, clear, and supportive of safe patient care, and that the handoff process is functioning well within the hospital. The very high rating in completeness of information shows that nurses are able to communicate essential patient updates and ongoing care, consistent with evidence that structured handoff methods improve information exchange and patient safety (Alizadeh-risani et al., 2024). Clarity and organization were also rated very high, suggesting that communication is delivered in a systematic and understandable manner, supported by studies showing that structured formats improve efficiency and reduce confusion (Lazzari & Rabottini, 2025). The very high level of interactive communication indicates that nurses actively engage in questioning and clarification, reflecting a collaborative communication culture that enhances safe care transitions (Ahmed et al., 2025). Similarly, the very high ratings in transfer of responsibility and continuity of care indicate that nurses clearly understand their roles and feel prepared to manage patients, aligning with evidence that structured handoffs strengthen accountability and continuity (Ait Aiss et al., 2025). These findings reflect common hospital practices where structured communication routines support effective handoffs despite workload demands, and suggest that nursing management should focus on sustaining these practices through reinforcement of standardized formats, mentoring, and supportive supervision to maintain patient safety outcomes (Ahmed et al., 2025; Lazzari & Rabottini, 2025).

Table 3 Nursing Documentation Practice

Nursing Documentation Practice	Average Score	<i>f</i>	%
Poor	3	1	0.49
Fair	5.5	12	5.85
Good	8.81	192	93.66
Overall score	8.59	Good	

Note: *n*=205.

Legend: 0 to 3 is poor, 4 to 6 is fair, and 7 to 10 is good.

The findings in Table 3 show that nurses generally demonstrate good documentation practice, indicating that most are able to document nursing care regularly and maintain records that support communication and continuity of care, consistent with studies reporting acceptable to good documentation when clear guidelines and routine charting are present (Demsash et al., 2023; Molla et al., 2024). However, a small portion of respondents showed a fair level of documentation practice, suggesting that documentation may not always be consistent, timely, or complete, possibly due to delays, incomplete entries, or inconsistent recording of patient education, responses to care, and medical errors, which are often influenced by workload and time pressure (Johnson et al., 2025). In practice, nurses tend to prioritize direct patient care, especially in high-acuity or understaffed settings, with documentation often completed during less busy periods, leading to variability in documentation quality depending on unit demands and available time (Mabunda et al., 2025). These findings suggest that management should strengthen specific documentation behaviors such as timely recording, confidentiality practices, documentation of patient education and responses, and accurate error reporting, while also improving competency in electronic charting through training. Continuous education, supportive supervision, and regular chart audits are recommended to enhance consistency and quality of documentation and help nurses move from fair to stronger documentation practices while sustaining the good level already observed (Bolado et al., 2023; Molla et al., 2024).

Table 4 Relationship between Profile and Level of Nursing Handoff Communication

Variables	chi value	<i>p</i> value	Cramer's V value	Decision	Interpretation
Age	60.733	.593	--	Failed to reject Ho	Not significant

Sex	64.495	.459	--	Failed to reject Ho	Not significant
Civil Status	63.718	.486	--	Failed to reject Ho	Not significant
Current Position	3.221E2	.003	.627	Reject Ho	Significant
Years of Nursing Experience	2.540E2	.523	--	Failed to reject Ho	Not significant
Area of Assignment	8.620E2	.229	--	Failed to reject Ho	Not significant
Work Schedule	1.047E2	.001	.715	Reject Ho	Significant

Legend: Significant if p value is < .05. * Average duty hours per shift was not correlated since there is only one group. Dependent Variable: Nursing handoff communication. Cramer’s V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Table 4 findings show that most nurses’ profile variables such as age, sex, civil status, years of experience, and area of assignment did not demonstrate a significant relationship with the level of nursing handoff communication, indicating that communication practices are generally consistent regardless of demographic background and are likely shaped by standardized protocols and shared routines (Alizadeh-risani et al., 2024; Lazzari & Rabottini, 2025). However, current position and work schedule showed significant and very strong associations, suggesting that organizational and role-related factors influence how handoff is performed in clinical settings. Nurses in higher positions tend to guide communication, prioritize patient concerns, and ensure accountability during endorsement, which affects communication quality (Ahmed et al., 2025). Similarly, work schedule influences handoff communication due to factors such as shift transitions, fatigue, and workload variations, with rotating shifts requiring stronger reliance on structured communication (Chang et al., 2021; Haliq et al., 2025). These findings imply that effective handoff communication is primarily shaped by workplace structure, leadership roles, and shift systems rather than individual characteristics, and highlight the need for nursing management to sustain standardized protocols, strengthen leadership communication, and ensure adequate handoff time and supportive scheduling practices.

Table 5 Relationship between Profile and Nursing Documentation Practice

Variables	chi value	p value	Cramer’s V value	Decision	Interpretation
Age	3.941	.787	--	Failed to reject Ho	Not significant
Sex	11.499	.118	--	Failed to reject Ho	Not significant
Civil Status	11.889	.104	--	Failed to reject Ho	Not significant
Current Position	21.420	.807	--	Failed to reject Ho	Not significant
Years of Nursing Experience	41.242	.051	--	Failed to reject Ho	Not significant
Area of Assignment	1.085E2	.102	--	Failed to reject Ho	Not significant
Work Schedule	3.234	.863	--	Failed to reject Ho	Not significant

Legend: Significant if p value is < .05. * Average duty hours per shift was not correlated since there is only one group. Dependent Variable: Nursing documentation practice. Cramer’s V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

In Table 5 findings show that none of the nurses’ profile variables had a significant relationship with nursing

documentation practice, indicating that documentation behaviors are generally consistent across different groups regardless of demographic and work-related characteristics, likely due to shared charting routines and institutional expectations. This absence of significant relationships can be viewed positively, as it suggests that documentation standards are uniformly practiced across the workforce, with literature emphasizing that documentation performance is more influenced by system factors such as guidelines, training, supervision, and workflow rather than personal characteristics (Demsash et al., 2023; Molla et al., 2024). While some studies report associations between profile variables and documentation (Bolado et al., 2023), the findings may reflect differences in systems and workflow, particularly in DOH-retained hospitals where documentation is standardized and learned early through routine practice, and where quality is more affected by workload and time pressure (Mabunda et al., 2025). Although years of experience approached significance, it remained non-significant, suggesting only slight differences between newer and experienced nurses, consistent with evidence that documentation depends more on organizational support than individual background (Demsash et al., 2023; Mabunda et al., 2025). These findings imply that nursing management should focus on unit-wide and system-based strategies such as reinforcing timely documentation, improving recording of patient education and responses, strengthening confidentiality practices, supporting incident reporting, and addressing workflow challenges through protected charting time, coaching, and regular audits to sustain and improve documentation quality (Molla et al., 2024; Demsash et al., 2023).

Table 6 Relationship between Level of Nursing Handoff Communication and Nursing Documentation Practice

Variables	r value	p value	Decision	Interpretation
Nursing Handoff Communication vs Nursing Documentation	.206	.003	Reject Ho	Significant

Legend: Significant if p value is $\leq .05$. Dependent Variable: Nursing documentation practice. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and $-.3$ is weak (negative), between $-.3$ and $-.5$ is moderate (negative), and less than $-.5$ is strong (negative).

Table 6 findings show a significant positive but weak relationship between the level of nursing handoff communication and nursing documentation practice, indicating that nurses who experience better handoff communication also tend to demonstrate better documentation practices, reflecting the close link between information exchange and written recording in ensuring continuity and patient safety. Clear, interactive, and well-organized handoffs help nurses better understand patient conditions and priorities, which supports more accurate and consistent documentation, consistent with studies showing that structured communication improves information transfer and clinical recording (Alizadeh-risani et al., 2024; Ahmed et al., 2025) and emphasizing that communication and documentation are interconnected components of safe nursing care (Lazzari & Rabottini, 2025). However, the weak relationship suggests that documentation is also influenced by other factors such as workload, time constraints, staffing, and documentation systems, which may limit the strength of the association despite effective communication (Demsash et al., 2023; Johnson et al., 2025). In practice, organized handoffs guide nurses on what to monitor and document, while rushed endorsements may lead to incomplete charting, highlighting how communication shapes documentation behavior. These findings imply that strengthening structured handoff processes, promoting interactive communication, and reinforcing alignment between verbal reports and written records through training and supportive audits can enhance documentation quality, improve patient safety, and support consistent nursing practice.

CONCLUSION AND RECOMMENDATIONS

Conclusion. The study concludes that nursing handoff communication and nursing documentation practices are essential processes that support continuity and safety of patient care in the hospital setting. Overall, structured handoff communication and consistent documentation practices were identified as interconnected nursing processes that promote continuity, accountability, and patient safety. Organizational factors such as position and work schedule appear to influence nursing handoff communication, while documentation practices remain

generally consistent across different demographic groups, suggesting that these practices are largely guided by institutional standards and shared professional routines.

Recommendations. Based on the findings, the recommendations emphasize the implementation of a Care Continuity and Documentation Improvement Plan to sustain structured handoff practices, strengthen accurate and timely documentation, and reinforce alignment between verbal endorsement and written records through hospital-wide strategies rather than demographic-based interventions. The findings may be integrated into nursing education as learning material on patient safety, communication, continuity of care, documentation, research methodology, statistical analysis, and ethics. Healthcare institutions are encouraged to strengthen policies on standardized handoff procedures and documentation practices, including structured formats, clear accountability, and regular monitoring through supportive audits applied uniformly to all staff. The study may be disseminated through publication and conferences, with future research recommended to examine organizational factors influencing documentation, explore the effects of structured handoff interventions on documentation and patient outcomes, and conduct qualitative studies on nurses' lived experiences related to handoff communication and documentation challenges.

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