SWITCHING SHIFTS IN HOSPITAL CARE
PASSAGEM DE PLANTÃO NA ATENÇÃO HOSPITALAR
CAMBIO DE TURNO EN LA ATENCIÓN HOSPITALARIA

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ABSTRACT

Objective: to identify the potentialities and limitations of Nursing shift switching in hospital care. **Method:** this is a qualitative, descriptive study, using the Critical Incident Technique, with nurses from hospitalization units of a public teaching hospital. The data were collected through a semi-structured interview, guided by a script, identifying the interviews with the sequential number of realization. Descriptive statistics were used, which contributed to the description and synthesis of the data in tables. The Content Analysis technique was then used to analyze the reports. **Results:** There were 76 situations, with 73.7% of negative references, in the categories communication, interruptions in shift, environmental aspects and organizational aspects; 103 behaviors, with 63.1% negative references, in the communication categories, interrupting the shift, questioning the work structure and using technological resources; 126 consequences, with 65.8% of negative references, concerning communication, time, work organization and interpersonal relations. **Conclusion:** in the face of the predominance of negative references, understood as limiting the shift, the need to intervene in the management of services to overcome the limitations and strengthen the positive aspects. **Descriptors:** Nursing; Organization and Administration; Communication; Hospital; Nursing supervision; Nursing Services.

RESUMO

Objetivo: identificar potencialidades e limitações da passagem de plantão de Enfermagem na atenção hospitalar. **Método:** trata-se de um estudo qualitativo, descritivo, utilizando a Técnica do Incidente Crítico, com enfermeiros de unidades de internação de hospital público de ensino. Coletaram-se os dados por meio de entrevista semiestruturada, guiada por um roteiro, identificando-se as entrevistas com o número sequencial de realização. Empregou-se a estatística descritiva, que contribuiu para a descrição e a síntese dos dados em tabelas. Utilizou-se, em seguida, a técnica de Análise de Conteúdo para análise dos relatos. **Resultados:** obtiveram-se 76 situações, com 73,7% de referências negativas, nas categorias comunicação, interrupções na passagem de plantão, aspectos ambientais e aspectos organizacionais; 103 comportamentos, com 63,1% referências negativas, nas categorias comunicar, interromper a passagem de plantão, questionar a estrutura de trabalho e utilizar recursos tecnológicos; 126 consequências, com 65,8% de referências negativas, relativas à comunicação, tempo, organização do trabalho e relações interpessoais. Conclusão: evidencia-se, diante do predomínio de referências negativas, entendidas como limitadoras da passagem de plantão, a necessidade de intervenção da gestão dos serviços para superar as limitações e fortalecer os aspectos positivos. **Descritores:** Enfermagem; Organização e Administração; Comunicação; Hospital; Supervisão de Enfermagem; Serviços de Enfermagem.

RESUMEN

Objetivo: identificar potencialidades y limitaciones del cambio de turno de enfermería en la atención hospitalaria. **Método:** se trata de un estudio cualitativo, descriptivo, utilizando la Técnica del Incidente Crítico, con enfermeros de unidades de internación de hospital público de enseñanza. Se recogen los datos por medio de una entrevista semiestructurada, dirigida por un guion, identificándose las entrevistas con el número secuencial de realización. Se empleó la estadística descriptiva, que contribuyó para la descripción y la síntesis de los datos en tablas. Se utilizó a continuación la técnica de Análisis de Contenido para el análisis de los relatos. **Resultados:** se obtuvieron 76 situaciones, con 73,7% de referencias negativas, en las categorías comunicación, interrupciones en el cambio de turno, aspectos ambientales y aspectos organizacionales; 103 comportamientos, con 63,1% referencias negativas, en las categorías comunicar, interrumpir el cambio de turno, cuestionar la estructura de trabajo y utilizar recursos tecnológicos; 126 consecuencias, con un 65,8% de referencias negativas, relativas a la comunicación, tiempo, organización del trabajo y relaciones interpersonales. **Conclusión:** se evidencia, ante el predominio de referencias negativas, entendidas como limitadoras del cambio de turno, la necesidad de intervención de la gestión de los servicios para superar las limitaciones y fortalecer los aspectos positivos. **Descriptor:** Enfermería; Organización y Administración; Comunicación; Hospital; Supervisión de Enfermería; Servicios de Enfermería.

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INTRODUCTION

Nursing management is articulated to the social reality and health services, requiring actions to promote the balance between meeting the demands of users and the professional well-being, to favor productivity, qualified and dignified assistance.¹

It is known that in nursing, the act of managing has its own object, purpose, instruments and means, and occurs in the interrelation between the agents of the nursing team and multidisciplinary. It is up to the nurse to articulate knowledge and actions for the development of care, which presupposes the maintenance of high levels of professionalism in the assistance to the user and in the management of human capital and their relationships.²

It should be emphasized that the production of Nursing care is influenced by multifactorial issues related, in particular, to the sizing of personnel and to the conditions of work organization,³ as well as to the dynamics of hospital functioning.

Through the communication between the members of the Nursing and multiprofessional team, the coordination and coordination of care can be externalized and shared, contributing to the articulation of care actions to overcome fragmented care.⁴

In this perspective, it is important to point out that the shift to work as a relevant instrument in hospital nursing work, by providing written and spoken communication, with the purpose of transmitting important data for the continuation of work, without interruption of the care that is being provided, although the Nursing team is modified.⁵

Before the end of the shift, other interventions, in progress and / or undeveloped, as well as events and interurrences with respect to assisted users, are performed with other nurses, auxiliaries and technicians,⁶ in order to organize the information will be shared during the shift, which, in addition to assistential aspects, may include management issues in Nursing. It promotes the agility of communication, requiring the adoption of communication strategies in the perspective of content, form, dissemination resources, and other approaches to interaction with the team.⁷

This research was justified by the importance of integrality and continuity of care for the user, particularly in hospital admission, the relevance of the shift from work to the work of the nurse and the Nursing

team with repercussions for the user, team and institution. It is understood that this study shows itself with relevant contributions, particularly regarding the communication and ambience aspects that potentiate and / or limit the shift.

OBJECTIVE

- To identify potentialities and limitations of Nursing shift switching in hospital care.

METHOD

This is a descriptive, qualitative study, using the Critical Incident Technique (CIT), carried out in a public teaching hospital in the northeast region of the State of São Paulo, Brazil, in the units of Neurology and Surgical Clinic.

The Neurology unit is composed of 20 beds, and the team is made up of 14 nurses, 25 Nursing technicians and 18 Nursing assistants; already the unit of the Surgical Clinic has 32 beds, being the Nursing team composed of eight nurses, 17 Nursing technicians, 27 Nursing assistants and one attendant.

Inclusion criteria were to be nurses of the study units, not to be involved in the conduction of this research and, as exclusion criteria, to be absent from the units due to absence of any nature. Nurses were selected for this study because of their responsibility for organizing and coordinating the shift.

The data was collected through a semi-structured interview, guided by a script, containing brief questions related to the general objective of the investigation. The interview script was constructed for this study, submitting it to the apparent validation and content by three thematic experts and in scientific method. Subsequently, a test was performed with three nurses who were not part of the study sample.

The interview was previously scheduled, individually, recorded in a digital medium, and performed by a field nurse, nurse, previously trained by the researcher. This use is justified because the researcher is a member of the hospital staff and could cause some embarrassment in the participants' responses. The data were collected in the second half of 2016, identifying the interviews with the sequential number of realization.

For the analysis, the interviews were analyzed in full and the data in a Microsoft Excel® format for the extraction of Critical Incidents (CI) were systematized, considering those that contained the triad situation, behavior and consequence. The reports received positive or negative attribution,

according to the participant's mention, understood as potentiality and limitation of the shift, respectively. Descriptive statistics were initially used for the analysis of CI's, which contributed to the description and synthesis of the data.⁸ The Content Analysis was used ⁹ to treat the reports of the participants grouped in the triad proposal for the CIT approach.¹⁰

The research project of this study was approved by the Research Ethics Committee, with CAAE 45293215.0.0000.5393.

RESULTS

It is reported that, of the 22 potential participants, one did not meet the inclusion criteria and another refused to participate. A total of 76 situations were generated from the 20 interviews, with 103 behaviors and 126 consequences. The situations identified were grouped into four categories (Table 1).

Table 1. Categories of situations related to the shift, reported by the nurses of a public hospital, according to the positive and negative references. Ribeirão Preto (SP), Brazil, 2016.

Situation categories	Positive		Negative		Total	
	n	%	n	%	n	%
Communication	18	53	16	47	34	100
Interruptions in the shift	0	0	26	100	26	100
Environmental Aspects	1	9.1	10	90.9	11	100
Organizational Aspects	1	20	4	80	5	100
Total	20	26.3	56	73.7	76	100

It was reported that there were predominance of situations with negative references (73.7%), understood as limiting the passage of duty.

In the category of Communication situations, aspects regarding the form, focus, objectivity and content of information, the use of audiovisual resources, information technology and annotations favoring the transmission of information, access and information are considered. understanding of the Nursing team during the shift, and in this category, there was a predominance of positive references (53%), as it is possible to identify in the speeches that follow.

[...]you do not understand the lyrics, do not understand what professional had let you know. Now, with the slides, it gets easier, we can quickly write down and understand [...] (E1).

With the record of the synthesis on the slide helped the passage of duty [...] thus, the information lasts longer, if you have any questions, you will not lose because it gets recorded in the system [...] (E3).

It should be noted that the category of Communication situations also includes reports with negative reference (47%), as the following statements illustrate.

[...]one of the difficulties I have today in the shift is when the staff disperses in the conversation, sometimes they focus on the monthly scale, on the daily scale, the composition of the team, then forget about

a little pay attention on duty ... information [...]. (E3).

[...] I already had a situation that I did not prepare to pass the call, I did not give adequate information. (E6).

Emphasis is given to the category Interruptions in the shift on call because it only contains negative references (100%). Situations related to the paralyzes are covered, mainly due to parallel conversations, the need to attend to the multiprofessional user / team, and the telephone call, which interferes with and impairs the sequence of the transmitted content. Such negative situations are illustrated in the following reports.

[...]during the shift, there is a lot of interruption in other sectors, other disciplines calling people [...] ask for information, by telephone, physical requests ... all during the shift, interrupts [...]. (E16).

[...] the telephone rings during the passage [...]. Who is passing the call, stops and answers, can not get the phone off the hook, we do not know if it is an intercurrance, so, pick up, which delays the shift too [...]. (E19).

It is indicated by the 103 reported behaviors that each situation can trigger numerous actions and attitudes of professionals. The behaviors identified in the CI analysis were grouped into four categories (Table 2).

Table 2. Categories of behavior related to the passage of dut reported by nurses, from a public hospital, according to the positiv or negative references. Ribeirão Preto (SP), Brazil, 2016.

Situation categories	Positive		Negative		Total	
	n	%	n	%	n	%
Inform	28	60.9	18	39.1	46	100
Paralyze the shift switch	0	0	36	100	36	100
Question the work structure	2	18.2	9	81.8	11	100
Use technological resources	8	80	2	20	10	100
Total	38	36.9	65	63.1	103	100

The predominance of negative behaviors (63.1%) is highlighted, mainly focusing on the category Paralyze the shift switch(100%), which groups actions that generate the suspension of the shift, such as called and the needs of professionals who are part of the Nursing / multiprofessional / companion team; interurrences with the user; in addition to phone calls or even the team's own parallel conversations. These behaviors are understood as limiting the shift, as can be evidenced in the following reports.

I was on duty for a nurse, a patient arrived at the unit, without any warning, serious patient, arrived practically unemployed [...]. We had to stop going on duty, to help the emergency, of course [...]. (E10).

[...] the telephone rings during the shift, has to stop to answer... (E13).

In the Informing category, the behaviors with a predominance of positive references (60.9%) are concentrated, involving aspects related to the organization of content and the way information is transmitted, as well as

strategies to favor dialogue and overcoming obstacles that the environment provides, such as noises, noises and interruptions. In the following reports, the positive references.

[...]you now have a census on the computer, reporting it becomes easier for you to be typing manually [...]. (E10).

[...]currently, only the nurse is on duty, but when the assistant is together, some information details, which are important, he completes, this is very good [...]. (E18).

The 126 consequences, identified as a result of the situations related to the nursing shift, were grouped into hospital care in four categories (Table 3).

Table 3. Categories of consequences related to the passage of dut reported by the nurses, of a public hospital, according to th positive or negative references. Ribeirão Preto (SP), Brazil, 2016.

Situation categories	Positive		Negative		Total	
	n	%	n	%	n	%
Communication	18	32.1	38	67.9	56	100
Time spent	9	28.1	23	71.9	32	100
Work organization	11	47.8	12	57.2	23	100
Interpersonal relationships	5	33.3	10	b66.7	15	100
Total	43	34.1	83	65.9	126	100

The consequences are mainly negative (65.9%).

Refers to the category of consequence Time Spent on the agility and the period dispensed to the shift, on the fulfillment of the working day and on the punctuality of the team professionals, and it had negative references (71.9%), as shown the following speech.

[...]with the interruptions, we override the schedule and the HR is having a very strict control with this, making report, calling

employee, giving warnings, because it can not accumulate hours. You have time for entry and exit, you can not accumulate hours more [...]. (E3).

[...] I was stressed, who was coming to get the call delayed, it took time to start work [...]. (E17).

It should be noted that the Communication category contemplated 67.9% of the consequences with negative reference, gathering, mainly, aspects resulting from the facts and actions with implications for the

content to be transmitted, the interaction between transmitter and receiver of the message, the use of visual resources, the state of attention of the team in the communicative process and the completeness of the information transmitted and captured during the shift. Exemplified by the following statements are reports with negative attribution in this category.

[...] with the noise and the interruptions, important information is lost in the passage of duty [...] (E3).

[...] sometimes loses the reasoning of what was happening at the shift, to solve the problem of the companion or answer the phone, and to continue ... thus, it loses a little the line of reasoning of the shift [...]. (E13).

They are thus evidenced by the results presented in the situations, behaviors and consequences, evidencing the predominance of negative references, understood as limiting the passage of duty.

DISCUSSION

It is understood that, although the categories of situations, behaviors and consequences are presented separately, there is interface and possible articulation between them, considering the shift from the perspective of professional responsibility, attributed to the nurse; the insertion of this activity in a macro-institutional context, which establishes guidelines for management and institutional models to be adopted; the need / specificity of the different functional units; the expectation of their respective Nursing professionals to act in accordance with the institutional guidelines added by the Nursing regulations themselves; as well as the potential of the shift to positively impact the care and management dimensions of nursing care and practice, as coordinator of this process.

In this sense, the aspects related to communication, of approach in different fronts, and, in terms of form, in the perspective of potentiating innovative and agile configurations that favor the transmission and the understanding of the message are lacking. It is emphasized that the use of computer resources can be useful to record, illustrate and reinforce the content to be communicated.

It is also considered the interface with aspects related to the work structure, since the organization of the content to be transmitted interacts with the way the professional conducts the work to monitor, collect and update the data that will be

communicated about of each user.

The privacy required, or the exposure to various noises and interruptions, is favored or hindered by the environment to carry out the shift, causing reflection in the communication, which may lose the objectivity and the flow of ideas and of the transmitted message. It is emphasized that the lack of physical space or adequate environment refers to the discussion about the representation of power and occupation / distribution of space, in the hospital setting.

Communication is emphasized as an important element in the shift. It should be emphasized that the use of audiovisual resources, information technology and other technologies are tools to assist in the transmission of data during the shift, promotes record keeping and can be accessed during the next shift, expedites the transfer of information and repercussions on the observance of the working day, whose non-compliance has legal implications.

The interaction between the Nursing team that is ending the shift and the one that starts the next shift is encouraged, among the resources used for the shift, by verbal communication, illustrating, with additional writing resources, that leave the information that can be easily accessed later, in devices such as slates, paper censuses and slides.

It contributes, through written communication, to the systematization of the shift, since it represents a type of complementary communication, which reduces the occurrence of omission and / or forgetfulness of relevant issues, which could happen if only verbal communication were used can be used for the updating, collection and organization of the content to be addressed in the shift, sources such as records of professional practice in medical records, in computerized systems, forms, records and other documents that for this purpose.¹¹

There are also limitations in the communication that make it difficult to attend on-call, and in this respect, statements have revealed problems regarding concentration and objectivity of professionals, noise and improper preparation of information to be transmitted.

It influences, by conflicts in the context of work, power and hierarchy, in the way communication is established, with the parallel communication of professionals with regard to work.¹² It is recommended, for communication to be effective and resolute, which must have completeness of information, clarity and consistency in the required

circumstance,¹³ with a view to the resolute and qualified assistance to the user.

It should be noted that when the content to be communicated among professionals is not organized, the interurrences are not passed on or the communication proves to be ineffective, and there may be a distorted understanding of the information, which negatively impacts the patient's safety.⁶

Throughout the communication, the entire shift is still an obstacle to be overcome through various interventions, from issues related to capacity building, relational aspects, Nursing supervision to the monitoring of care provided, to the collection of data to be transmitted.

In the category of situations called interruptions in the shift, there are different aspects that cause damage not only at the moment of the shift, but also generate stress for the members of the Nursing team, as well as can directly affect safety of the user receiving the care.

It is detailed that, since Nursing interventions are of a continuous nature, bringing together the entire Nursing team is an activity that requires concentration, coordination, adequate planning and precise determination. It is reported that interruptions during duty hours by users, their relatives, health professionals, support services and other groups are common and occur daily, reflecting the dynamics and continuity of hospital care.¹⁴

It is considered relevant to disclose, in different ways and approaches, the concept that the shift is also part of the care and that, for clarification and / or non-urgent problems with the user, collaboration is expected for the non-interruption of the passage on duty, because the team will welcome everyone for the necessary information and actions. It is believed that, in this way, it is possible not only to minimize interruptions, but also to avoid unnecessary occurrences, which can be interpreted negatively in relation to the teams, generate discomfort on the part of the companions and visits or even exacerbated manifestations of discontent.

Behavior is seen in the face of the facts and, in this sense, the negative behaviors, limiting to the shift on duty, and which, in some way, signal aspects relevant for future intervention.

It can become, due to frequent interruptions, ineffective shift and affect the care of users due to faults and / or incompleteness in the transmission and / or understanding of the message. There are also

managerial problems associated with care, such as not preparing the user for surgeries and / or exams already planned and scheduled, that have repercussions both on the user, and on the organization / operation and use of resources from different sectors of the hospital.

In addition to the interruptions, other factors are also included as impediments, namely those related to the eligibility of the shift mode, the presence of multidisciplinary teams, parallel conversations, delays, early departures and noise.¹⁵

Attention is drawn to the concentration of positive behaviors in the Inform category as a possible indication that, in the focus scenario, it is perceived by the communication between the professionals during the shift, being performed in a facilitating way, evidencing a possible commitment and commitment of the team with positive actions in the face of negative situations.

This result is anchored in the literature about human communication involving people's behavior, the relationship between who transmits information and who receives it, factors that can positively and / or negatively influence the process and its results, demonstrating the complexity, the intentionality and the potentiality present in the communicative process.¹⁶

In a complex scenario, such as the hospital environment, the relevance and importance of correctly and integrally transmitting information in an objective and coherent way to what happened during the work shift is indisputable. Nursing, an expanded perception about the sector, which facilitates the planning of care and the organization of work.⁶

It should be emphasized that the shift on call demands consumption of time, it requires the willingness and involvement of the professionals to happen at each shift shift. It is suggested that the time used for the transfer of information is not restricted to the specific moment of information exchange, but presupposes prior preparation for the preparation of the information that will be transmitted to the professionals of the team.

In the hospital environment, events, interventions and occurrences are constant, and maintaining effective communication, with up-to-date content, is a challenge, but it may favor the articulation between the members of the Nursing and multiprofessional team, from the perspective of the comprehensive care. It is also inferred that the shift can be an opportunity for the nurse

to carry out continuous education actions to his team, as well as to make orientations and dissemination of reports without, however, losing the necessary objectivity and synthesis inherent in the moment.

It is believed that the human being has the ability to communicate, however, the quality of the message transmitted and the understanding of its content may be incomplete, as well as causing reflections on interpersonal relationships and on organizational and care outcomes. Thus, it is emphasized that it is the preoccupation of many organizations to transmit or receive information in the work process, both verbally and in writing, to prevent important messages from being lost through inadequate communication.¹⁷

It is believed that the discussion and the collective reflection of the theme, starting from concrete situations, by means of wheels of conversation, to make feasible solutions feasible and constructed together, can make possible positive changes for the shift. It is understood that the collective construction of these proposals, with the expanded participation of the Nursing team, seems to be the most pertinent management approach for reflection-action, co-responsibility and empowerment of those involved, in the approach of continuing and permanent education.

CONCLUSION

It was possible, by this study, to identify the potentialities and limitations of the shift to the Nursing team.

The predominance of negative references is presented by the analysis, evidencing, as limitations to the shift, aspects related to the communication regarding the form, objectivity, content utilization of resources and strategies to favor understanding, level of attention of the team, completeness of the message transmitted, interruptions of various natures, related to the team, environmental issues that promote noise, interferences with users, called multiprofessional team professionals and companions.

Situations / behaviors / positive consequences are grouped, which facilitate the shift in the aspects related to communication, regarding the possibility of using various resources, are recorded to record and illustrate the transmitted content, which is also favored by the update of the data and previous organization of the nurse, to perform the shift.

The study was limited by doing so in some

sectors of a single hospital, but the results may bring contributions to other services in a similar situation.

It is suggested, through the results, that the motivated teams to qualify the shift to invest in adequate efforts to the context of each unit / service, but consider aspects inherent in communication, its resources, means and forms, and seek ambience conditions that allow / encourage interaction among professionals, as well as promote the articulations and investments necessary to highlight the shift in care as one of the strategies with the potential to qualify care. It is pointed out that it is not a question of proposing a single model, but rather of reflecting on actions with the possibility of collective mobilization, in order to establish participative interventions of the team, with the perspective of proposing adaptations in each scenario to overcome limitations, but mainly to strengthen aspects that consider the aforementioned dimensions, in the internality of each context. Through this mobilization, a dynamic, creative, participative and non-normative / prescriptive approach can be used to advance the shift, whose reflexes can be amplified.

It is understood that, considering the dynamism inherent in Nursing work in hospital care, it is desirable that the focus on the shift be continuous to promote adjustments related to changes in the institutional context, the profile of users, quantitative changes in human capital of each unit, coupled with the availability of material resources and the technological incorporation that, ultimately, have repercussions on the assistance in the management and in the passage itself.

REFERENCES

1. Baptista PCP, Pustiglione M, Almeida MCS, Felli VEA, Garzin ACA, Melleiro MM. Nursing workers health and patient safety: the look of nurse managers. *Rev Esc Enferm USP*. 2015 Dec;49 (Spe):122-8. Doi: <http://dx.doi.org/10.1590/S0080-623420150000800017>
2. Lima RS, Lourenço EB, Rosado SR, Fava SMCL, Sanches SR, Dázio EMR. Representation of nurse's managerial practice in inpatient units: nursing staff perspective. *Rev Gaúcha Enferm*. 2016 Mar;37(1):e54422. Doi: <http://dx.doi.org/10.1590/1983-1447.2016.01.54422>
3. Cucolo DF, Perroca MG. Fatores intervenientes na produção do cuidado em enfermagem. *Acta Paul Enferm*. 2015 Mar/Apr;28(2):120-4. Doi:

<http://dx.doi.org/10.1590/1982-0194201500021>

4. Brown S, Nelson J. The Use of Interprofessional Simulation among Chronic Pediatric Populations: a Review of the Literature. *Clin Simul Nurs*. 2014 Apr;10(4):e191-7. Doi:

<https://doi.org/10.1016/j.ecns.2013.10.006>

5. Barbosa PMK, Barbosa VBA, Soares FV, Sales PRS, Barbosa FK, Paula e Silva FC. Organization of the work shift change using scores for dependency and clinical risk. *Rev Adm Saúde* [Internet]. 2013 Jan/Mar [cited 2018 June 15];15(58):19-26. Available from: http://cqhq.org.br/portal/pag/anexos/baixar.php?p_ndoc=597&p_nanexo=380

6. Silva MF, Anders JC, Rocha PK, Souza AIJ, Burciaga VB. Communication in nursing shift handover: pediatric patient safety. *Texto contexto-enferm*. 2016 Oct;25(3):e3600015. Doi: <http://dx.doi.org/10.1590/0104-07072016003600015>

7. Drach-Zahavy A, Goldblatt H, Maizel A. Between standardisation and resilience: nurses' emergent risk management strategies during handovers. *J Clin Nurs* 2015 Feb;24(3-4):592-601. Doi: [10.1111/jocn.12725](https://doi.org/10.1111/jocn.12725)

8. Polit DF, Beck CT, Hungler BP. Fundamentos de pesquisa em enfermagem: métodos, avaliação e utilização. 7th ed. Porto Alegre: Artmed; 2011.

9. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.

10. Dela Coleta JA. A técnica dos incidentes críticos: aplicações e resultados. *Arq Bras Psic Apl* [Internet]. 1974 Apr/June [cited 2018 July 15];26(2):35-58. Available from: <http://bibliotecadigital.fgv.br/ojs/index.php/abpa/article/viewFile/17076/15875>

11. Llapa Rodriguez EO, Oliveira CS, França TRS, Andrade JS, Campos MPA, Silva FJCP. Shift change mapping the perspective of nursing professionals. *Enferm Glob*. 2013 July;12(31):206-31. Doi: [10.6018/eglobal.12.3.157441](https://doi.org/10.6018/eglobal.12.3.157441)

12. Nogueira JWS, Rodrigues MCS. Effective communication in teamwork in health: a challenge for patient safety. *Cogitare Enferm*. 2015 July/Sept;20(3):636-40. Doi: <http://dx.doi.org/10.5380/ce.v20i3.40016>

13. Deering S, Johnston LC, Colacchio K. Multidisciplinary teamwork and communication training. *Semin Perinatol*. 2011 Apr;35(2):89-96. Doi: [10.1053/j.semperi.2011.01.009](https://doi.org/10.1053/j.semperi.2011.01.009)

14. Arreguy-Sena C, Oliveira RML, Lima DML, Vasconcelos CMR, Sacramento EL. Construção e utilização de um painel informativo para passagem de plantão: relato de experiência.

Rev eletrônica enferm [Internet]. 2006 Jan/June [cited 2018 June 15];3(1). Available from:

<https://www.revistas.ufg.br/fen/article/view/695/776>

15. Gonçalves MI, Rocha PK, Anders JC, Kusahara DM, Tomazoni A. Communication and patient safety in the change-of-shift nursing report in neonatal intensive care units. *Texto contexto-enferm*. 2016 Mar;25(1):e2310014. Doi:

<http://dx.doi.org/10.1590/0104-07072016002310014>

16. Broca PV, Ferreira MA. Characteristics of communication process in nursing team. *Rev Enferm UFPE on line*. 2015 June;9(5):8428-36. Doi: [10.5205/reuol.6466-55061-3-SM.0905supl201512](https://doi.org/10.5205/reuol.6466-55061-3-SM.0905supl201512)

17. Lancaster G, Kolakowsky-Hayner S, Kovacich J, Greer-Williams N. Interdisciplinary communication and collaboration among physicians, nurses, and unlicensed assistive personnel. *J Nurs Scholarsh*. 2015 May;47(32):275-84. Doi: [10.1111/jnu.12130](https://doi.org/10.1111/jnu.12130)

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