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Jurisdiction and Authority Over the Quality Issue

Improving nurse communication during patient handoff requires policy-level action and oversight by those with jurisdiction over clinical practice standards. Primarily, healthcare system leadership such as Nurse Managers, Quality Improvement Committees, and Chief Nursing Officers hold institutional authority to implement and enforce handoff protocols (Hibbert et al., 2023). Such roles have the capacity to shape policies, mandate compliance with standardized tools such as SBAR, and allocate resources.

Regulatory agencies and accrediting bodies in addition to the previously mentioned internal control play a significant role. For instance, The Joint Commission emphasizes effective communication as a National Patient Safety Goal (NPSG), making it a major focus during hospital accreditation reviews. Additionally, The Joint Commission's requirement for standardized handoff communication places external pressure on institutions to comply with evidence-based practices (Wadhwa & Huynh, 2020). Further, professional organizations and state nursing boards such as the American Nurses Association (ANA) and the Agency for Healthcare Research and Quality (AHRQ) also drive change by issuing guidelines, promoting continuous education, and setting practice standards on communication safety. Therefore, jurisdiction over the quality issue lies in a multi-tiered structure, from frontline management to national regulatory agencies. Aligning policies across these levels drives consistent improvement and enhances accountability in handoff communication.

Stakeholders and Decision-Makers

Addressing the quality of nurse handoff communication involves various stakeholders whose roles, advocacy, and decision shape patient safety outcomes. For this reason, bedside

nurses are the most directly impacted stakeholders. This is because their input is essential in designing and refining sustainable communication tools. Consequently, engaging nurses in pilot testing and feedback sessions increases compliance and fosters a sense of ownership (Atinga et al., 2024). Unit managers and nurse leaders are also decision-makers responsible for monitoring adherence to handoff procedures, while facilitating staff training. Their ability to implement policy changes and advocate for necessary tools directly affects the reduction of communication errors. Quality departments and hospital executives also serve as crucial stakeholders, especially when communication issues impact patient satisfaction, performance metrics, or lead to litigation.

Other important stakeholders include patients and families specifically in models such as bedside shift reporting, where they become active participants in care. Patients therefore benefit from consistent and clear communication, and have a vested interest in the safety and continuity of care transitions. On the other hand, health IT professionals may also be involved when electronic health records are used to implement handoff templates making them an indirect yet important set of stakeholders. Finally, external stakeholders such as insurance companies and professional nursing associations also influence the issues through reimbursement structures and policy enforcement. This is because such groups gain leverage in encouraging communication improvements when reimbursement is tied to outcomes such as adverse events or reduced readmissions.

Powerbases and Resources for Promoting Change

Several resources and organizational powerbases are necessary to drive improvement in handoff communication. One crucial powerbase is expert power demonstrated through the clinical expertise of senior practitioners and nurse educators. Such individuals are influential in

leading change through providing formal training on standardized communication methods, and modelling best practices (Atinga et al., 2024). Another major source is legitimate power held by formal leaders such as policy-makers within the institution and nurse managers. Their authority allows them to allocate time for staff training, and implement electronic documentation systems that support structured handoffs

The necessary resources include staff development programs such as communication workshops or simulation-based training to ensure competency in structured handoffs. Additionally, staffing support and time are also crucial since rushed or understaffed environments undermine proper handoffs (Ball & Griffiths, 2022). Finally, cultural support within the organization must be cultivated to promote psychological safety, where staff feel encouraged to ask questions, and clarify unclear information during handoffs. Ultimately, transformational leadership, shared governance models, and supportive teamwork reinforce a culture of continuous improvement in patient communication.

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