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RESEARCH

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VALIDATION OF A COMMUNICATION INSTRUMENT FOR THE TRANSFER OF NURSING CARE IN PEDIATRICS

Validação de um instrumento de comunicação para transferência do cuidado de enfermagem em pediatria
Validación de un instrumento de comunicación para la transferencia del cuidado de enfermería en pediatría

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ABSTRACT

Objective: to develop and validate the content of the Nursing Care Transfer Instrument for pediatric patients. **Methods:** methodological study, developed in two stages, involving 37 nurses. The first stage included the development of the instrument. The second step was the validation of content by the experts, using the Delphi technique and application of the pilot test. For data analysis, the Content Validity Index was used. **Results:** the instrument was developed with four components and reached an overall Content Validation Index of 0.95. The pilot test of the instrument was applied in 25 transfers of care by the nurses, who considered it applicable to the context of the study. **Conclusion:** the instrument was validated in terms of appearance/clarity, scope, relevance and applicability to the practice of nurses in the pediatric hospital context studied, without requiring much time for application by nurses.

DESCRIPTORS: Patient safety; Patient handoff; Pediatric nursing.

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RESUMO

Objetivo: desenvolver e validar o conteúdo do Instrumento para Transferência do Cuidado de Enfermagem do paciente pediátrico. **Métodos:** estudo metodológico, desenvolvido em duas etapas, envolvendo 37 enfermeiros. A primeira etapa contemplou o desenvolvimento do instrumento. A segunda etapa foi a validação de conteúdo pelos experts, por meio da técnica Delphi e aplicação do teste piloto. Para análise dos dados foi empregado o Índice de Validade de Conteúdo. **Resultados:** o instrumento foi desenvolvido com quatro componentes e alcançou Índice de Validação de Conteúdo geral de 0,95. O teste piloto do instrumento foi aplicado em 25 transferências de cuidado pelas enfermeiras, que o consideraram aplicável ao contexto do estudo. **Conclusão:** o instrumento foi validado sob os aspectos da aparência/clareza, abrangência, pertinência e aplicabilidade à prática do enfermeiro no contexto hospitalar pediátrico estudado, sem demandar muito tempo para aplicação pelas enfermeiras.

DESCRITORES: Segurança do paciente; Transferência da responsabilidade pelo paciente; Enfermagem pediátrica.

RESUMEN

Objetivo: desarrollar y validar el contenido del Instrumento de Transferencia de Cuidados de Enfermería para pacientes pediátricos. **Métodos:** estudio metodológico, desarrollado en dos etapas, involucrando a 37 enfermeros. La primera etapa comprendió el desarrollo del instrumento. El segundo paso fue la validación de contenido por parte de los expertos, utilizando la técnica Delphi y aplicación de la prueba piloto. Para el análisis de los datos se utilizó el Índice de Validez de Contenido. **Resultados:** el instrumento fue desarrollado con cuatro componentes y alcanzó un Índice de Validación de Contenido global de 0,95. La prueba piloto del instrumento fue aplicada en 25 transferencias de cuidado por los enfermeros, quienes lo consideraron aplicable al contexto del estudio. **Conclusión:** el instrumento fue validado en términos de apariencia/claridad, alcance, pertinencia y aplicabilidad a la práctica de enfermeros en el contexto hospitalario pediátrico estudiado, sin requerir mucho tiempo para su aplicación por parte de los enfermeros.

DESCRIPTORES: Seguridad del paciente; Transferencia de responsabilidad por parte del paciente; Enfermería pediátrica.

INTRODUCTION

In the search for patient safety, the nursing team plays a prominent role, being considered the professional category with the greatest aggregating function for team members in the communication process,¹ actively participating in the transfer of patient care, interacting with family members and other health professionals in the accountability and continuity of care.²

There are strategies and tools to qualify the communication process as a guarantee of patient safety in health services, among them double-checking, systematic and careful shifts, multidisciplinary rounds, ordinary team meetings, permanent education for professional training, and standardized transfer of care between sectors. In pediatric patient care, active listening, contextualized orientation of the child/family, and integration among the care team prevent incidents by strengthening effective communication.¹

However, the transfer of care, understood here as the transfer of information, authority and responsibility over the patient between health professionals during the transition of care,³ can be considered one of the most important moments in the communication process, since it is inherent to the team's daily routine. Therefore, communication failures during the transfer of care can be detrimental to the assistance.⁴

In pediatrics, the area in which this study was conducted, despite advances in building a culture of safety and recommendations of strategies for its promotion, from improving the quality of information to the involvement of parents in this process, more studies on the practice of safe care of hospitalized children are

still needed,⁵ including those related to effective communication between health professionals.

In this sense, the need arose to develop an instrument adapted for the pediatric scenario that could help the process of effective communication. The purpose is to improve the quality of communication between nurses and the care provided to patients through the implementation of a standardized tool that ensures the passage of necessary information.

The objective of this study was to develop and validate the content of the Instrument for the Transfer of Nursing Care of the Pediatric Patient.

METHODS

Methodological study conducted at the Hospital Estadual da Criança, from March to September 2020. This hospital is a reference service in medium and high complexity maternal and child care for the entire State of Bahia, with 240 beds exclusively for care provided by the Unified Health System.

A total of 37 nurses participated in the study, ten in the focus group (care nurses from the pediatric emergency units, medical and surgical clinics and the Intensive Care Unit); six in the institutional committee (four nursing coordinators and two coordinators/researchers of the study); eight in the expert committee (professionals and researchers in the Pediatric Nursing field); 23 nurses for the pilot test, ten from the focus group. Nurses who worked at the time of collection, hired for more than 3 months, were included. Nurses on leave and vacation were excluded.

Based on the recommendations of references about the construction of health measurement instruments,⁶ the study was developed in two stages: development of the Instrumento para Transferência do Cuidado de Enfermagem (ITCEnf) and content validation. It is noteworthy that the ITCEnf does not aim to measure the effectiveness of communication, but to operationalize and standardize communication between nurses during the transfer of care of pediatric patients.

The first stage, development of the instrument, had the objective of developing the instrument from the structure of the mnemonic Situation; Background; Assessment; Recommendation (SBAR), a structuring tool for communication, which helps to organize information in a detailed and objective manner about the patient during the transfer process, reducing the possibility of failures in communication between nurses.⁷

Initially, the objectives and target population were defined. The defined objective was to standardize, in a succinct and objective way, the nurses' communication about the pediatric patient's information during the transfer of care between sectors.

This was followed by a conceptual survey, in which a search was conducted in the Virtual Health Library database to find studies on safety in the communication of pediatric patient care and tools/instruments used to standardize this communication. The following descriptors were used in Portuguese in the Virtual Health Library: "comunicação em saúde" AND "enfermagem" AND "segurança do paciente" AND "Transferência da responsabilidade pelo paciente", and the following descriptors in English: "health communication" AND "nursing" AND "patient safety" AND "Patient Handoff". Of these, 8 articles dealt with the theme, and the others were discarded because they were not consistent with the objective of this study. This database was used because the focus of the research was to know if there were national instruments and descriptors were not used in the area of pediatrics because there is a scarcity of studies.

After the conceptual survey, a focus group was carried out with the 10 care nurses of the pediatric units in the field of study, for the development of version 1 of the instrument. Two focus groups were conducted. In the first, the articles of the conceptual survey were provided, and then it was possible to know the dynamics of communication during the transfer of patients in the daily work of the target population, and to identify the essential criteria for effective communication. The second focus group had the purpose of approving the items defined as essential in the first meeting and to approve the first version of the instrument.

The operationalization of the Focus Group ensured that the group interview occurred in a neutral environment and comfort for the participants,⁸ with an appropriate space and easy access to the participants. From version 1 of the ITCEnf, the institutional committee defined its version 2, with minor adjustments in the structure.

The second step, content validation of the ITCEnf, aimed to validate the content of the ITCEnf so that it can help nurses in the process of transferring care of pediatric patients. The content validation of the ITCEnf was done through the evaluation of

experts using the Delphi technique, which measures their agreement based on the criteria of appearance and clarity, comprehensiveness, pertinence and applicability of the instrument's items.

The selection of experts was based on the search and analysis of their resumes on the Lattes Platform. Twenty-two pediatric nursing care professionals and/or researchers were selected and invited. In the first round, nine participants were returned, and in the second round there was a loss.

To select the experts, we adopted at least two of the following criteria: degree in nursing; post-graduate degree in pediatrics; master's and/or doctorate in health; to have worked for at least two years in pediatric units or to have worked for at least five years in pediatric units; to have publications in scientific journals on communication in patient safety and/or to have presented papers in national or international events on the subject in the last five years. These criteria were chosen by the institutional committee.

After selection, invitation, acceptance and signing of the Free and Informed Consent Form by the experts, the evaluation form was sent, consisting of their characterization and the evaluation criteria with a four-point scale covering clarity, comprehensiveness, pertinence and applicability. The answer options were: 1 - I totally disagree (inadequate item that must be removed or adjusted and justified), 2 - I partially disagree (inadequate item that must be adjusted and justified), 3 - I partially agree (adequate item that may need some adjustment), 4 - I totally agree (adequate item that does not need adjustment). In each item a space was put for the expert's considerations.

After each of the two rounds with the experts, the institutional committee discussed the considerations and suggestions, reaching version 3 of the instrument, which was applied in the pilot test.

For the pilot test application, the research team trained 23 care nurses, 10 of whom participated in the focus group, about communication in promoting patient safety, with emphasis on the use of version 3. The ITCEnf was applied during the transfer of 25 pediatric patients between units over a 15-day period. This application served for the nurses to make a final evaluation of the layout and applicability of the instrument and its operationalization, with no new changes, reaching its final version.

For analysis, the data were computed and processed in Microsoft Office Excel®. For content validation the Content Validity Index (CVI) was used to calculate the agreement between the experts.⁹ The evaluation score of the instrument was represented by the mean of the values of the items calculated individually. The evaluation of the instrument as a whole was measured by the ratio between the sum of all individual CVIs and the number of items considered for evaluation. For content validation of both the individual items and the instrument as a whole, a minimum CVI of 0.9 was considered to provide satisfactory evidence of content validation.¹⁰

The research was approved by the Research Ethics Committee of the Universidade Estadual de Feira de Santana on February 3, 2020, under CAAE 26297819.7.0000.0053, Opinion number: 3.819.104/2020, and was conducted according to the required ethical standards.

RESULTS

Based on the SBAR technique and on the daily clinical practice of the context under study, the content of the ITCEnf was developed and validated. It is an instrument organized into 4 (four) components that facilitate communication: identification, clinical history, assessment and recommendation. These components that comprise the instrument are considered essential to ensure effective communication of information about the pediatric patient during the transfer of nursing care.

The experts judged and evaluated the ITCEnf according to the Content Validation Indices per item, as shown in Tables 1 and 2.

Table 1 presents the evaluations of appearance and clarity, where a CVI of 0.97 was reached, demonstrating that the instrument has a good structure, clear language, and good presentation. The second criterion evaluated was comprehensiveness, which

showed a CVI of 0.94, demonstrating that the instrument represents the aspects necessary for the transfer of care.

Table 2 presents the evaluations of relevance, with CVI of 0.96 and applicability, with CVI of 0.90, demonstrating that the items are relevant to what is proposed, is applicable in practice, requires little equipment for its application and demands little time for execution. The instrument's overall CVI was 0.95, showing it to be valid for what it proposes.

A total of 25 transfers guided by the instrument were performed as a pilot test. Of these, 20 transfers were made from the pediatric emergency department, four from the surgical clinic, and one from the pediatric medical clinic. The destination units were pediatric medical clinic (12), surgical clinic (six), emergency (six), and other units (six). The main reasons were for clinical treatment (19) and surgical treatment (six). The main recommendations were to follow up pending examination and medical

Table 1 – Distribution of the indices of content validation of the instrument for nursing care transfer, according to the criteria of appearance, clarity and comprehensiveness. Feira de Santana, BA, Brazil, 2021

Criteria judged and evaluated	*CVI
Appearance and clarity (structure, presentation, and language)	
The title reflects the objective of the instrument	1
The font size and font type are suitable for reading	1
The visual composition is attractive and organized	0,87
The order in which the components are presented is arranged logically	1
The language is clear, easy to understand, and represents the items well	1
The writing is comprehensive	1
Average CVI appearance and clarity	0,97
Scope	
The identification component and all of its items represent aspects necessary for the transfer of care	1
The medical history component and all its items represent necessary aspects for the transfer of care	0,87
The evaluation component and all of its items represent aspects necessary for the transfer of care	0,87
The recommendation component and all its items represent aspects necessary for the transfer of care	1
All components necessary for the transfer of care were included in the instrument	1
Average CVI Coverage	0,94

*CVI: Content Validation Index

Table 2 – Distribution of the indices of content validation of the instrument for nursing care transfer, according to the criteria relevance and applicability. Feira de Santana, BA, Brazil, 2021


Criteria judged and evaluated	CVI
Relevance	
The items of the Identification component are relevant for identifying the patient	1
Items from the medical history domain are relevant for describing a brief medical history of the patient	1
The items in the assessment domain are relevant for describing a summary assessment of the patient's clinical status by the nurse and the devices in use	0,87
The items in the recommendation domain are relevant for describing the nurse's recommendations and concerns about patient care	1
Average CVI Relevance	0,96
Applicability	
The instrument is applicable to nursing practice in the pediatric hospital setting	1
The instrument needs little equipment for its application	0,87
The instrument apparently does not demand much time from the nurse for its application	0,87
Average CVI applicability	0,9
General CVI	0,95

*CVI: Content Validation Index

Figure 1 – Instrument for the transfer of nursing care to the pediatric patient in the context of the study. Feira de Santana, BA, Brazil, 2021

Tool for the Transfer of Nursing Care (ITCEnf)
 I - Identification; H - Clinical History; A - Assessment; R - Recommendation

Date: _____ Time: _____



1. Identification
 Patient: _____ Service number: _____
 Escort: _____ Degree of kinship: _____
 Date of birth: ____/____/____ Age: _____ Weight: ____ (date: _____)
 Gender: () Female () Male () Ignored Date of admission to Hospital: _____
 Wearing a wristband: () No () Yes Date of admission to the sector of origin: _____
 Term of consent: Hospitalization () No () Yes Surgery () No () Yes () Not applicable
 Sector of origin: _____ Bed: _____ Nurse: _____
 Target Sector: _____ Bed: _____ Nurse: _____

2. Clinical history
 Suspicion diagnostic: _____
 Reason _____ for _____ hospitalization: _____
 Co-morbidities: _____
 Compulsory notification of disease: () No () Yes _____
 History of seizure: () No () Yes Date: _____ Time: _____
 Allergy: () No () Yes _____ Isolation: () No () Yes
 Special medications in use: _____

3. Evaluation
 PAS: () _____ N _____; C _____; R _____; T _____; D _____ () Not applicable
 Vital data: Pulse: _____ Temperature: _____ VAS: _____ SPO₂: _____ Respiratory Rate: _____
 Intestinal eliminations: _____ Urinary elimination: _____
 Skin lesion: () No () Yes Lesion site: _____
 Coverage: _____ BradenQ: () Low () Moderate () High () Very high
 Oxygen Therapy: () Environment air () O₂ catheter () Venture _____ () _____
 Extubation time: _____ () Not applicable

Device	Date	Place	Device	Date	Device	Date	Device	Date
PVA			Thoracic drain		OTI		EVD	
CVA			Tracheostomy		SOG/SNG		DVT	
CPIC			Gastrostomy		SOE/SNE			

Risk of falling: () No () Yes

4. Recommendation
 Pending: _____
 Pay _____ attention _____ to: _____
 Physician requesting the transfer: _____ Time: _____
 Nurse responsible for the transfer: _____ Time: _____
 Admissions Nurse: _____ Time: _____
 OBS.: _____

Legend: PAS: Pediatric Alert Score; N: Neurological; C: Cardiovascular; R: Respiratory; T: Temperature; D: Diuresis; VAS: Visual Alert Scale; SPO₂: Oxygen Saturation; BradenQ: Injury Risk Scale (verse); PVA: Peripheral Venous Access; CVA: Central Venous Access; CPIC: Central Peripheral Insertion Catheter; OTI: Orotracheal Intubation; SOG/SNG: Oro/Nasal Gastric Probe; SOE/SNE: Oro/Nasal Enteral Probe; EVD: External Ventricular Drain; DVT: Delaying Vesical Tube

evaluation (11), recommendation to follow up vital signs and clinical worsening (six) and no pending (eight).

After the pilot test, the nurses reported that the instrument did not need further adjustments for its use in practice and did not require much time for its application. Thus, it achieved content validity for use during the transfer of care of the pediatric patient, in the context under study.

DISCUSSION

This study has the limitation of having been developed in a single pediatric hospital setting. In addition, the absence of an evaluation of the impact of the implementation of the ITCEnf in the nursing routine.

It is hoped that the ITCEnf can be used in the daily practice of nurses for communication during the transfer of care between sectors, promoting effective communication, continuity of care and pediatric patient safety.

Communication, in the transfer of care, is considered an important tool for the transmission of information between health professionals in a clear and objective manner, in order to promote continuity of patient care, which directly impacts patient safety, contributing to harm-free care.¹¹

In this sense, the structure of the SBAR seeks to ensure effective communication, where the transmitter of the message passes on the necessary information to the receiver, in order to answer a question or develop a specific care plan for patient care. Following the script, important information such as medical history, current situation, vital parameters, and plan of action should be communicated efficiently.¹²

Based on the SBAR technique and the daily clinical practice of the setting under study, the content of the instrument was developed and validated and organized into four facilitating components of communication: identification, clinical history, assessment, and recommendation.

The first component of the ITCEnf is the "Identification", which brings items necessary to identify the pediatric patient and who is performing the communication. At the moment of initial contact, there is a need to identify oneself. This component should contain the identification of the person responsible for the transfer and the patient's data.¹³ In the construction and validation, this information was included in the "identification" component.

The second component of the instrument is the "Clinical history", which contains clinical information about the patient, considered essential to ensure safety during the transfer of care in the pediatric setting and to recognize the clinical worsening of the hospitalized patient.²

In this study, both the caregiver nurses and the experts suggested that vital signs should be placed in the "Assessment" component, which was adopted by the researchers, given the need to adapt to the scenario.

Thus, in the third component, "Assessment", the person responsible for transferring the patient's care describes his/her

general assessment of the patient. The instrument included items focused on signs of clinical deterioration, vital data, elimination, skin lesions, oxygen therapy, devices in use, and fall risk assessment.

The fourth component of the ITCEnf is called "Recommendations", and refers to what can be done to correct problems and the description of pending issues.¹⁴ Thus, in this component, nurses must make recommendations and report what they expect, recording it in the patient's chart.² In this field, nurses report their impression of what is important for the continuity of care and what must be done for the patient's recovery.¹⁵

At the end of the recommendations, the ITCEnf includes the identification of the requesting physician and the nurses responsible for the transfer and admission of the patient. The nurses and the panel of experts involved in this study thought that this information should be at the end of the instrument.

The 4-component structure (Situation; Background; Assessment; Recommendation) guarantees that the sender of the message can pass on the necessary information that the receiver needs to know, in order to answer a question or to elaborate a specific care plan for the patient's care. Following the script ensures that important information such as medical history, the current situation, vital parameters, and the plan of action are communicated efficiently.¹²

An instrument, to contribute to nursing practice in the transfer of care, should contain the following items: identification of the child/adolescent; medical diagnosis; vital signs; clinical evolution; use of oxygen therapy; presence of venous access; food acceptance; bladder and bowel elimination; examinations performed and pending; among others.¹³ The use of standardized instruments enables better planning and triggering of actions developed by nursing teams during their work shift.¹⁵ In Brazil, research in this area is still incipient, and it is necessary to improve the process of effective communication, considering that the standardization of communication makes all the necessary items for a safe transition to be contemplated.¹⁶ In view of the above and the magnitude and complexity involved in pediatric patient safety, it is not enough for nursing professionals to be concerned with the use of technological resources and improvement of techniques. The development and improvement of skills and competencies necessary for effective communication are essential to promote safety during the transfer of care.^{2,17} From this perspective, the ITCEnf was built and validated, based on the SBAR, in order to standardize the transfer of care of pediatric patients in a hospital setting and reduce adverse events associated with failures in communication.

CONCLUSION

This study developed and validated the Instrument for the Transfer of Nursing Care to the Pediatric Patient. The instrument presented a general Content Validity Index of 0.95, being considered an instrument with a good appearance and clarity, presenting clear language, easy to understand, with a comprehensive writing.

Regarding comprehensiveness, all components presented items that represented the aspects necessary for the transfer of care, as well as pertinent and relevant to what was proposed. Regarding applicability, the instrument seems to be applicable to the nurse's practice in the hospital context studied, and without demanding much time from the nurse in its application.

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