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The use of digital patient handover systems in managing nurses' workload and patient safety: A scoping review

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Abstract

Background: Digital transformation in healthcare has accelerated the implementation of digital patient handover systems as an effort to improve the quality of communication, patient safety, and the efficiency of nursing services. These systems were developed to address various limitations of conventional handover, which risk causing information loss, miscommunication, and an increased administrative workload for nurses.
Purpose: To identify and synthesize the scientific evidence regarding the use of digital patient handover systems in managing nurses' workload and their impact on communication quality, patient safety, and continuity of care.
Method: A scoping review was conducted following the PRISMA-ScR guidelines. A literature search was performed in the Scopus, PubMed, and Google Scholar databases for articles published between 2021 and 2026. Of the 148 articles identified, 22 met the inclusion criteria after undergoing deduplication, screening, and eligibility assessment. JBI critical appraisal tools were used to assess methodological quality. Data were extracted and analyzed using a thematic descriptive approach.
Results: Four major themes emerged from the synthesis: improving the quality of handover communication, enhancing patient safety, optimizing digital nursing documentation, and managing nursing workload and staffing needs. The synthesis indicated that the use of *electronic nursing handover*, *electronic medical records*, and *Situation, Background, Assessment, and Recommendation* (SBAR)-based communication applications can facilitate more structured information transfer, improve documentation quality, enhance patient safety, and support more effective management of nursing workload and workforce resources.
Conclusion: Digital patient handover systems contribute positively to improving communication quality, patient safety, documentation effectiveness, and the management of nurses' workload. The success of their implementation is influenced by organizational readiness, system quality, and users' digital competencies.

Keywords: Digital Handover; Electronic Medical Record; Nurses' Workload; Patient Safety; SBAR; Scoping Review.

INTRODUCTION

Digital transformation in healthcare has accelerated the adoption of various information technologies to improve service quality, operational efficiency, and patient safety. The implementation of Electronic Medical Records (EMRs), electronic nursing documentation, and digital clinical communication systems enables patient information to be documented more comprehensively, accessed more efficiently, and made available in real time. These technologies also support interprofessional collaboration, clinical decision-making, and continuous quality improvement in healthcare services (Kaihlanen et al., 2021; Shafiee et al., 2022). In nursing practice, patient handover is a critical process involving the transfer of information, responsibility, and accountability for patient care

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during shift changes or transfers between care units. Effective handover is essential for maintaining continuity of care, enhancing patient safety, and supporting the delivery of high-quality healthcare services. Conversely, ineffective handover may result in information loss, communication failures, delays in clinical interventions, and patient safety incident (Yeom et al., 2026).

A previous study identified information omission as the most common error in the handover process, contributing to service failures and increased patient safety risks (Yeom et al., 2026). A similar study reported that electronic nursing handover systems improve handover quality and efficiency, reduce the likelihood of clinical errors, and enhance patient safety compared with paper-based methods (Tataei et al., 2023). EMR-enabled handover systems facilitate more consistent communication of clinical information than conventional documentation systems (Browning et al., 2026).

To minimize communication errors, several structured communication frameworks have been developed, including Situation, Background, Assessment, Recommendation (SBAR). This framework enables nurses to communicate patient information in a systematic, concise, and standardized manner, thereby supporting clinical decision-making. With the advancement of digital technologies, SBAR has been integrated into various digital handover applications, allowing more effective documentation and standardized information exchange (Siauta et al., 2023).

Technological advances have also stimulated the development of innovative electronic handover systems aimed at improving communication quality and continuity of care. A previous study reported that various technological solutions, including electronic handover systems and artificial intelligence-based tools, can improve the completeness, accuracy, and consistency of information exchanged during handover processes (Agha-Mir-Salim et al., 2025). In addition to enhancing patient safety, these technologies may help reduce administrative burdens, which remain a significant challenge in nursing practice.

Nurses' workload is a critical factor influencing quality of care, patient safety, and workforce well-being. Extensive documentation requirements, increasing patient complexity, and administrative demands contribute substantially to nurses' workload. Previous studies have identified documentation activities as one of the major contributors to perceived workload among nurses. Conversely, information technology and electronic documentation systems have been shown to improve documentation efficiency, reduce repetitive administrative tasks, and support more effective workload management (Anderson et al., 2023; Golay et al., 2023; Naamneh & Bodas, 2024).

Existing studies have examined individual digital technologies and isolated outcomes, but evidence remains fragmented regarding how digital handover systems influence communication, patient safety, documentation, and nursing workload across different healthcare settings. To date, limited research has comprehensively mapped the scientific evidence regarding the use of digital patient handover systems in managing nurses' workload. Therefore, this scoping review aims to identify, map, and synthesize existing evidence on the use of digital patient handover systems in managing nurses' workload and to explore their contribution to communication quality, patient safety, and continuity of care.

RESEARCH METHOD

Research Design

This study adopted a scoping review methodology to identify, map, and synthesize scientific evidence on the use of digital patient handover systems in managing nurses' workload. The review followed the Joanna Briggs Institute (JBI) methodological framework and was reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines.

Eligibility Criteria

Studies were included if they were primary research or review articles published between 2021 and 2026, written in English or Indonesian, and addressed digital patient handover systems, electronic nursing handover, electronic medical records, digital SBAR applications, or nursing information systems. Outcomes of interest encompassed nurses' workload, communication quality, patient safety, documentation, efficiency, and

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continuity of care. Exclusion criteria comprised studies not involving nurses as the primary population, those unrelated to digital handover or documentation systems, editorials, commentaries, opinion papers, inaccessible full texts, duplicates, or articles failing to meet predefined criteria.

Literature Search Strategy

A comprehensive search was conducted in Scopus, PubMed, and Google Scholar between May and June 2026. Eligible studies were restricted to publications from 2021 to 2026 that were available in full text and open access. The search strategy was developed around key concepts including digital patient handover, electronic nursing handover, electronic handoff, nursing workload, electronic medical records, digital documentation, and nursing information systems. Keywords and Boolean operators were adapted to the syntax of each database. Detailed search strings were applied in PubMed and Scopus, while Google Scholar was searched using combinations of relevant keywords.

The following search strategy was used in PubMed: ("electronic nursing handover" [Title/Abstract] OR "digital nursing handover" [Title/Abstract] OR "electronic handoff" [Title/Abstract] OR "digital handoff" [Title/Abstract] OR "electronic shift report" [Title/Abstract] OR "SBAR application"[Title/Abstract]) AND ("nursing workload" [Title/Abstract] OR workload [Title/Abstract] OR efficiency [Title/Abstract] OR productivity [Title/Abstract] OR "documentation burden" [Title/Abstract]) AND (nurse [Title/Abstract] OR nurses [Title/Abstract] OR nursing [Title/Abstract]).

The following search strategy was used in Scopus: TITLE-ABS-KEY ("electronic nursing handover" OR "digital nursing handover" OR "electronic handoff" OR "digital handoff" OR "electronic shift report" OR "SBAR application") AND TITLE-ABS-KEY ("nursing workload" OR workload OR efficiency OR productivity OR "documentation burden") AND TITLE-ABS-KEY (nurse OR nurses OR nursing).

The Google Scholar search was conducted using the following keywords and Boolean operators: ("electronic nursing handover" OR "digital nursing handover" OR "electronic handoff" OR "digital handoff" OR "electronic shift report" OR "SBAR application") AND ("nursing workload" OR workload OR efficiency OR productivity OR "documentation burden") AND (nurse OR nurses OR nursing).

Study Selection

The selection process involved identification, deduplication, screening, and full-text eligibility assessment in line with PRISMA-ScR. A total of 148 records were retrieved (Scopus = 69, PubMed = 34, Google Scholar = 45). After removing nine duplicates, 139 articles were screened by title and abstract, with 113 excluded for irrelevance. Twenty-six articles underwent full-text review, of which four were excluded. Ultimately, 22 studies met all inclusion criteria and were synthesized in this review.

Data Extraction & Analysis

Data were charted using a structured extraction form developed according to the review objectives. Extracted information included study characteristics (author, year, country), purpose, design, intervention/focus, and main findings. A thematic analysis was conducted to categorize studies by characteristics, type of digital system, and reported outcomes. Findings were synthesized into major themes to highlight patterns and trends in the evidence regarding digital patient handover systems and their role in managing nurses' workload.

Quality Appraisal

Methodological quality was assessed independently by two reviewers using the appropriate JBI critical appraisal tools, selected according to study design (e.g., analytical cross-sectional, qualitative, quasi-experimental, systematic reviews). Each reviewer applied the standardized response categories, and discrepancies were resolved through discussion. Appraisal results are summarized in Table 1.

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RESEARCH RESULTS

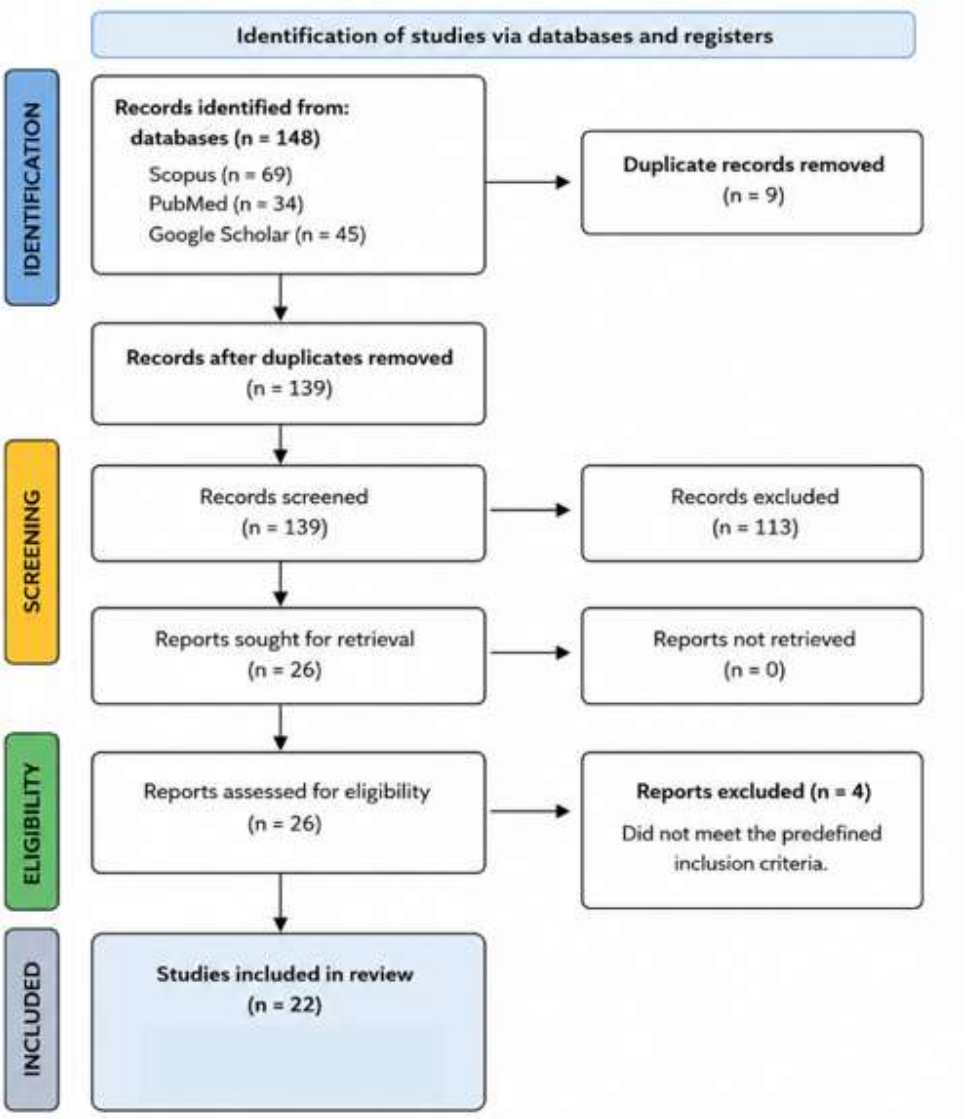


Figure1: PRISMA Flow Diagram

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Table 1. JBI Critical Appraisal of the Included Studies

Study	Design	JBI Tool	Reviewer 1	Reviewer 2	Overall
Tataei et al. (2023)	Quasi-experimental	JBI Quasi-experimental	7Y/1N/1NA	8Y/1N	Included
Browning et al. (2026)	Comparative study	JBI analytical cross-sectional	6Y/2N	6Y/2N	Included
Susanti (2026)	Implementation study	Appropriate JBI Tool	4Y/2N/2U	4Y/2N/2U	Included
Agha-Mir-Salim et al. (2025)	Scoping Review	JBI Systematic Review	7Y/3N/1NA	8Y/1N/2NA	Included
Yeom & Kim (2026)	Systematic review/meta-analysis	JBI Systematic Review	11Y	11Y	Included
Siauta et al. (2023)	Development / R&D study	Appropriate JBI tool*	7Y/1N/2U	6Y/3N/1U	Included
Lestari et al. (2026)	Pre-post educational intervention	JBI Critical Appraisal Checklist for Quasi-Experimental Studies	7Y/1N/1NA	6Y/3N	Included
Nurhikmah et al. (2025)	Case study	Appropriate JBI tool*	7Y/1N/1U	6Y/3N	Included
Astuti et al. (2022)	Cross-sectional	JBI Analytical Cross-sectional	6Y/1N/1U	2Y/5N/1U	Included
Naamneh & Bodas (2024)	Cross-sectional	JBI Analytical Cross-sectional	6Y/2N	7Y/1U	Included
De Groot et al. (2022)	Mixed methods	Appropriate JBI mixed-methods approach	12Y/2N/1U	13Y/3N/2U	Included
Anderson et al. (2023)	Participatory study	Appropriate JBI tool*	N/A	N/A	Included
Ayunanda et al. (2025)	Time and motion	Appropriate JBI tool*	5Y/3N	8Y	Included
Lembang et al. (2023)	Analytical Cross-sectional	JBI Analytical Cross-sectional	2Y/3N/3U	1Y/6N/1U	Included
Sari (2026)	Qualitative Descriptive study	Appropriate JBI tool*	5Y/3N/2U	5Y/2N/3U	Included
Wildan & Hariyati (2024)	Literature review	Appropriate review tool*	N/A	N/A	Included
Moy et al. (2021)	Scoping review	Appropriate review tool*	8Y/3N	8Y/1N/2NA	Included
Golay et al. (2023)	Qualitative study	JBI Qualitative Research	8Y/1N/1U	7Y/2N/2U	Included
Salpani et al. (2024)	Qualitative descriptive study with phenomenological approach	JBI Qualitative Research	6Y/2N/2U	6Y/2N/2U	Included
Kaihlanen et al. (2021)	Cross-sectional	JBI Analytical Cross-sectional	7Y/1N	7Y/1U	Included
Rudiantoro et al. (2025)	Cross-sectional	JBI Analytical Cross-sectional	6Y/1N/1U	3Y/5N	Included
Wahyuni et al. (2024)	Systematic review	JBI Systematic Review	8Y/3N	6Y/2N/3U	Included

Note: Y = Yes; N = No; U = Unclear; NA = Not Applicable. *For study designs for which no direct JBI checklist is available, the most appropriate JBI tool was used where methodologically defensible; otherwise, the study was recorded as not directly appraisable using a JBI checklist.*

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Table 2. Characteristics of the Included Studies

(Author, Year) Country	Purpose	Design	Intervention/Focus	Main Findings
(Tataei et al., 2023), Iran	To determine and compare the effect of the Electronic Nursing Handover System (ENHS) on patient safety in General ICU and COVID-19 ICU.	Quasi-Experimental Study	Electronic Nursing Handover System	Improving the quality of patient *handoffs* and patient safety
(Browning et al., 2026) Australia	To compare the quality of nursing handover occurring at EMR-enabled sites with that occurring at paper-based sites, within a single Australian public health service.	Comparative Study	EMR-Based Handover	EMR improves *handover* compared to paper-based systems
(Susanti et al., 2026) Indonesia	To evaluate the implementation of a digital weighing system as an effort to improve safety and continuity of service for patients	Implementation Study	Digital-Based Handover	Improving service continuity and patient safety
(Agha-Mir-Salim et al., 2025) Multi-Countries	To summarize current advancements in technological solutions for inpatient handovers.	Scoping review	Handover Technology & AI	Digital technology improves *handover* effectiveness
(Yeom et al., 2026) South Korea	To systematically review the overall trends of and factors contributing to nursing handoff errors in clinical settings to enhance nurses' awareness and understanding.	Systematic Review & Meta-analysis	Nursing Handoff Errors	*Handoff* errors increase the risk of patient incidents
(Siauta et al., 2023) Indonesia	To develop a Digital SBAR Communication Application for Patient Handover in Hospital Nursing Services.	Development Study	Digital SBAR Application	The SBAR app simplifies *handover* communication
(Lestari et al., 2026) Indonesia	To strengthen nursing students' capacity as partners by developing effective communication skills through the SBAR method, as part of promotive–preventive patient safety efforts.	Educational Study	SBAR Education	SBAR Education improves patient safety
(Dahlan et al., 2025) Indonesia	To assess nurses' knowledge before and after receiving education through SBAR-based handover leaflets.	Case Study	SBAR Leaflet	Nurses' knowledge increased after SBAR education.

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(Author, Year) Country	Purpose	Design	Intervention/Focus	Main Findings
(Astuti et al., 2022) Indonesia	To examine the relationship between SBAR communication, nurse discipline, and workload with patient identification based on patient safety principles.	Cross-sectional Study	SBAR Communication	No significant association was found with patient identification
(Naamneh & Bodas, 2024) Israel	To assess nurses' perspectives on electronic medical records and their impact on patient safety, workload, and information availability.	Cross-sectional Study	Electronic Medical Records	EMR reduces workload and *medication errors*
(De Groot et al., 2022) Netherlands	To gain insight into community nurses' views on a potential relationship between their clinical and organizational documentation activities and their perceived nursing workload	Mixed Methods Study	Digital Documentation	Digital documentation related to perceptions of workload
(Anderson et al., 2023) United States	To design and evaluate an EHR-embedded Nursing Workload Acuity tool, engaging frontline nurses to reduce documentation burden and ensure equitable workload.	Participatory Study	Electronic Workload Tool	Assists in measuring nurses' workload
(Ayunanda et al., 2025) Indonesia	To analyze nurses' needs based on workload using the Time and Motion Study method in the Pediatric Intensive Care Unit	Time and Motion Study	Workload Analysis	Staff shortages and high workloads were identified
(Lembang et al., 2023) Indonesia	To determine the relationship between workload and work shifts with work fatigue in nurses in the Inpatient Room	Cross-sectional Study	Workload Assessment	Workload is associated with work-related fatigue
(Sari, 2026) Indonesia	To analyze the workload and nurse staffing needs in inpatient room, which functions as a class I, II, and III treatment area for general, isolation, and internal medicine patients.	Descriptive Study	Gillies Method	A shortage of nursing staff was Found
(Wildan & Hariyati, 2024) Indonesia	To provide insights from a literature review on telemedicine use in medical services, focusing on managers' role in analyzing healthcare workload within hospital staffing.	Literature Review	Telemedicine	Technology helps manage workload

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(Author, Year) Country	Purpose	Design	Intervention/Focus	Main Findings
(Moy et al., 2021) United States	To identify approaches to documentation burden measurement and their characteristics	Scoping Review	EHR Documentation	EHRs increase the documentation burden but support the availability of clinical information.
(Golay et al., 2023) Switzerland	To identify ways IT use interacts with tasks left undone by analyzing interviews and focus group data on hospital nursing staff's experience working with IT	Cross-sectional Study	Information Technology Use	IT use affects uncompleted nursing tasks
(Salpani et al., 2024) Indonesia	To find out nurses' perceptions regarding digital-based nursing care documentation.	Descriptive Study	Digital Nursing Documentation	Digital systems are considered more effective but require adaptation
(Kaihlanen et al., 2021) Finland	To examine whether SRIS and nursing informatics competence are associated with stress and psychological distress in newly graduated nurses (NGNs) and experienced nurses.	Cross-sectional Study	Health Information System	IT competence affects information system stress
(Rudiantoro et al., 2025) Indonesia	To analyze the impact of implementing electronic medical records on nurses' performance through nurses' workload and the completeness of nursing care documentation	Cross-sectional Study	Electronic Medical Record (EMR)	EMR affects workload, documentation, and nurse performance
(Wahyuni et al., 2024) Indonesia	To evaluate the impact of electronic nursing documentation on patient safety, quality of nursing care and documentation.	Systematic Review	Electronic Nursing Documentation	Electronic documentation improves patient safety, quality of care, and quality of documentation

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Thematic Findings

Theme 1: Digital Patient Handover Systems Improve the Quality of Handover Communication

A total of eight articles indicate that digital patient handover systems contribute to improved communication quality during the *handover* process. The implementation of *electronic nursing handover*, digital SBAR applications, and the integration of *electronic medical records* (EMR) enable patient information to be documented more comprehensively, in a structured manner, and with greater accessibility compared to conventional paper-based methods. Digital systems also support *real-time* availability of clinical information, improve the accuracy of information exchange among nurses, and facilitate more effective coordination among healthcare providers. Additionally, the use of digital technology in the *handover* process helps reduce *information omissions*, which are one of the main causes of communication errors and patient safety incidents. These findings indicate that digitizing the *handover* process has the potential to improve communication effectiveness and support continuity of patient care (Agha-Mir-Salim et al., 2025; Browning et al., 2026; Lestari et al., 2026; Siauta et al., 2023; Susanti et al., 2026; Tataei et al., 2023; Yeom et al., 2026).

Theme 2: Digital Patient Handover Systems Supporting Patient Safety

A number of articles indicate that the implementation of digital patient handover systems contributes to improved patient safety by providing more comprehensive, accurate, and easily accessible clinical information. Electronic documentation allows healthcare providers to quickly access patient information, thereby supporting more accurate clinical decision-making and reducing the risk of service errors. Additionally, the use *of electronic medical records* (EMR) has been reported to reduce *medication errors*, while electronic nursing documentation contributes to improved documentation quality and patient safety. Other findings indicate that *handoff* errors, particularly *information* omissions, are factors that potentially increase the risk of patient safety incidents, necessitating a standardized and well-documented communication system (Naamneh & Bodas, 2024; Wahyuni et al., 2024). However, not all studies show consistent results. SBAR communication had no significant association with patient identification based on *patient safety*, indicating that the relationship between standardized communication and patient safety requires further study (Astuti et al., 2022).

Theme 3: Digital Nursing Documentation Supports Service Efficiency

Four articles indicate that the implementation of digital nursing documentation supports the effectiveness and efficiency of care through a more structured, accessible, and integrated documentation process. Electronic documentation helps reduce duplicate entries, improves the completeness of documentation, and facilitates access to the clinical information needed for patient care and decision-making. Additionally, data integration across care units supports workflow coordination and the continuity of patient information throughout the care process. However, the success of digital documentation implementation is influenced by the system's ease of use, user competence, and the readiness of available technological infrastructure (De Groot et al., 2022; Moy et al., 2021; Rudiantoro et al., 2025; Salpani et al., 2024).

Theme 4: Digital Systems Supporting the Management of Workloads and Nursing Staffing Needs

Seven articles indicate that the use of digital technology contributes to the management of workload and nursing staffing needs. The use of electronic workload measurement tools, staffing needs analysis systems, and service support technologies helps make the nursing workforce planning process more effective and structured. Digital technology also supports the identification of staffing needs, the monitoring of workload distribution, and assists nursing managers in making decisions regarding staff management. Additionally, faster access to information and more efficient documentation processes have the potential to reduce administrative burdens, allowing nurses to focus more on providing nursing care. However, some studies still report high workloads and nursing staff shortages across various care units. Other studies indicate that the utilization of digital technology requires adequate IT competencies and

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organizational support to be used optimally. Limitations in user capabilities, training needs, and challenges in adapting information systems can affect the effectiveness of technology use in nursing practice (Anderson et al., 2023; Ayunanda et al., 2025; Golay et al., 2023; Kaihlanen et al., 2021; Lembang et al., 2023; Sari, 2026; Wildan & Hariyati, 2024).

DISCUSSION

Digitizing Handover as a Strategy for Improving Quality and Patient Safety

Digital handover plays a crucial role in improving the quality of nursing care because it enables the transfer of information to occur in a more structured, consistent, and well-documented manner. The use of electronic nursing handover, electronic medical records (EMR), and communication applications based on the Situation, Background, Assessment, Recommendation (SBAR) framework helps reduce the risk of information loss, which frequently occurs with conventional methods that still rely on verbal communication and manual documentation. The availability of more comprehensive and continuous clinical information supports coordination among healthcare professionals and strengthens clinical decision-making. In addition to improving the quality of communication, the digitization of handover also contributes to patient safety by providing more accurate and easily accessible information, thereby minimizing the risk of service errors resulting from incomplete or inaccurate information (Agha-Mir-Salim et al., 2025; Browning et al., 2026; Lestari et al., 2026; Siauta et al., 2023; Susanti et al., 2026; Tataei et al., 2023; Yeom et al., 2026).

Digital Nursing Documentation and Service Efficiency

Nursing documentation is a critical foundation for ensuring continuity of care and supporting effective handover processes. Review findings indicate that digital nursing documentation improves the quality of record-keeping by providing information that is more comprehensive, integrated, and easily traceable compared to manual documentation. Electronic documentation systems help reduce duplicate entries, accelerate access to clinical information, and support coordination among healthcare providers during the care process. Thus, digital documentation serves not only as a recording medium but also as a tool that supports service efficiency, the quality of nursing care, and the continuity of patient information. However, these benefits are significantly influenced by the quality of the system, ease of use, and users' readiness to utilize the available technology (De Groot et al., 2022; Moy et al., 2021; Rudiantoro et al., 2025; Salpani et al., 2024).

Digital Systems in Workload Management and Nursing Staffing Needs

The use of digital systems contributes to the management of workload and nursing staffing needs by providing more accurate data to support the planning, allocation, and evaluation of human resources. Electronic workload measurement systems, staffing needs analysis, and service support technologies help nursing managers identify staffing needs more objectively and based on data. Additionally, the digitization of work processes has the potential to reduce non-value-added administrative burdens, allowing nurses to focus more on providing direct patient care.

However, the benefits of digital systems in reducing workload do not always materialize automatically. The implementation of technology often requires a process of adaptation, training, and workflow changes, which can create the perception of an increased workload during the initial stages of use. Therefore, the effectiveness of digital systems in supporting workload management is influenced by system quality, users' digital competencies, and organizational support in ensuring that technology is utilized optimally (Anderson et al., 2023; Ayunanda et al., 2025; Golay et al., 2023; Kaihlanen et al., 2021; Lembang et al., 2023; Sari, 2026; Wildan & Hariyati, 2024).

Implementation Challenges and Implications for Nursing Management

The implementation of a digital patient handover system requires not only the availability of technology but also organizational readiness and human resources. Infrastructure limitations, variations in users' digital competencies, and the need for ongoing training remain challenges in the implementation of digital systems across various healthcare facilities. Therefore, the success of digital transformation must

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be supported by organizational policies, the enhancement of nurses' IT competencies, and user involvement in system development and evaluation. This approach is essential to ensure that the implemented technology not only improves work efficiency but also supports service quality, patient safety, and sustainable workload management.

STRENGTHS AND LIMITATIONS

This review provides a comprehensive overview of the use of digital patient handover systems in nursing practice by integrating various findings from national and international studies. Through a scoping review approach, this study was able to identify a variety of benefits of digital systems, ranging from improved quality of handover communication, patient safety, and documentation effectiveness to workload management and nursing staffing needs. However, this review has several limitations, including differences in study design, variations in the characteristics of the digital systems used in each study, and limitations in the articles available within the specified time frame and databases. Therefore, the results of this review should be interpreted while considering the heterogeneity of the studies that serve as data sources.

CONCLUSION

Digital patient handover systems make a positive contribution to nursing practice by improving the quality of handover communication, enhancing patient safety, increasing the effectiveness of nursing documentation, and supporting the management of workload and nursing staff needs. The digitization of handover enables patient information to be documented and transferred in a more structured, accurate, and consistent manner, thereby supporting continuity of care and clinical decision-making. However, the success of digital system implementation is influenced by organizational readiness, system quality, technological infrastructure, and user digital competence. Therefore, the development and implementation of digital patient handover systems must be supported by sustainable organizational strategies to optimize the benefits of technology in improving the quality of nursing care.

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