

Exploring the Impact of the SBAR on Nursing Handover: A Scoping Review

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ABSTRACT

Effective communication during nursing handovers is vital for ensuring patient safety and continuity of care. The SBAR (Situation, Background, Assessment, Recommendation) communication tool offers a structured framework that enhances clarity, efficiency, and reliability during shift transitions. This scoping review assesses the impact of SBAR on nursing handovers, with a focus on its effectiveness in improving communication, reducing errors, and enhancing patient safety. The review methodology guided by the PRISMA-ScR checklist, a systematic literature search was conducted across Medline, CINAHL, EMBASE, and EBSCO databases for the period January 2021 to June 2024. Thematic analysis of the identified studies indicates that SBAR significantly improves communication quality and patient safety, reduces handover-related errors, and promotes teamwork among nursing staff. Three studies reported notable reductions in errors, while two studies documented increased satisfaction among nurses and patients. Additionally, SBAR was associated with educational benefits, including improved knowledge and confidence in the handover process. The structured nature of SBAR contributes to a decrease in sentinel events linked to miscommunication and enhances nurses' confidence and satisfaction with the handover process, thereby supporting teamwork and overall quality of care. Despite these positive outcomes, challenges remain in its implementation and integration across diverse healthcare settings. Further research is warranted to examine the long-term benefits of SBAR, compare its effectiveness with other communication tools, and optimise its application in varied clinical contexts. Addressing these areas will support SBAR's continued role in improving nurse performance, patient safety, and healthcare quality.

Keywords: *Effectiveness; Handoffs; Handover; Nurses; SBAR*

INTRODUCTION

The nursing handover process is a critical component of patient care in clinical settings, particularly during shift changes. This process involves the transfer of responsibility and accountability for patient care between healthcare professionals. Effective handovers are essential for maintaining continuity and ensuring patient safety, as communication failures can lead to adverse outcomes. Effective handovers ensure that vital patient information is communicated clearly and efficiently (Manias *et al.*, 2015). This is crucial for preventing communication breakdowns that can compromise patient safety and lead to medication errors, treatment delays, or even sentinel events, which are serious incidents that can result in significant harm to patients (Ghosh, Ramamoorthy & Pottakat, 2021).

Implementing structured communication tools such as SBAR (Situation, Background, Assessment, Recommendation) has been shown to greatly improve handovers in healthcare by enhancing communication, increasing patient safety, and boosting efficiency. SBAR provides a systematic framework that ensures essential patient information is conveyed clearly and concisely, reducing medical errors and streamlining communication during interdisciplinary rounds. Effective SBAR implementation requires comprehensive training, educational resources, and a shift in organisational culture to prioritise structured communication (Abdellatif *et al.*, 2007). Research highlights benefit like reduced adverse events, improved communication

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satisfaction, and better teamwork across various medical specialties. Overall, SBAR's adoption has been endorsed worldwide for its positive impact on patient outcomes and healthcare safety.

Inadequate handover practices significantly threaten patient safety, leading to increased adverse events, care discontinuity, prolonged hospital stays, and patient dissatisfaction. Studies show that communication breakdowns during handovers are linked to 70% of deaths from medical errors, with up to 80% of serious preventable events involving communication issues. The financial and legal implications are also severe, with handover-related problems accounting for 20% of malpractice claims involving trainees and contributing to high costs. Communication failures in hospitals cost an estimated \$12 billion annually in the U.S. The high frequency of handovers, especially in teaching hospitals, magnifies these risks. Therefore, improving handover practices through standardised tools and training is essential to enhance patient safety and reduce liability (Patient Safety Movement Foundation, 2022).

The SBAR (Situation-Background-Assessment-Recommendation) framework is an effective communication tool in healthcare, designed to improve clarity and efficiency when conveying critical information. It consists of four components: Situation, which provides a brief statement of the issue, Background, which includes relevant clinical details, Assessment, where the healthcare professional offers their analysis, and Recommendation, suggesting actions or next steps. environment (Shahid & Thomas, 2018).

SBAR enhances patient safety by reducing the risk of miscommunication, fosters teamwork through a common communication structure, and empowers staff to make assessments and recommendations. Successful implementation requires training, visual aids, and practice, leading to improved patient outcomes and safer healthcare. Numerous studies have examined the implementation of SBAR, focusing on adherence levels and staff satisfaction. Research indicates that SBAR not only improves communication but also reduces adverse events in hospital settings. For instance, studies have shown a decrease in unexpected patient deaths and unplanned ICU admissions after adopting SBAR protocols (Park, 2020).

Furthermore, SBAR has been recognised for its adaptability across various healthcare environments, making it a versatile tool for enhancing communication during handoffs between providers (Martínez-Fernández *et al.*, 2022). Staff feedback has generally indicated high satisfaction levels with SBAR's structured format, which helps streamline information exchange and reduces the likelihood of miscommunication (Park, 2020). The adoption of the SBAR communication tool represents a proactive approach to addressing communication failures in healthcare. By standardising the way information is shared among healthcare teams, SBAR not only promotes patient safety but also enhances overall team dynamics and job satisfaction among staff members. Continued research is essential to further validate its effectiveness across different clinical settings and specialties. The SBAR (Situation, Background, Assessment, Recommendation) communication tool is a structured framework that enhances communication among healthcare professionals, particularly during patient handovers. Widely endorsed by healthcare quality committees, SBAR improves patient safety by reducing adverse events and standardising information exchange. It consists of four components: Situation, Background, Assessment, and Recommendation, facilitating concise, clear communication. Originally adapted from the military, SBAR is now used across various healthcare settings, from primary care to intensive care units, promoting a common language that improves teamwork and collaborative decision-making (Toumi *et al.*, 2024). While effective, successful implementation requires training and cultural adaptation, especially in complex cases. Overall, SBAR's structured approach enhances communication quality, promotes patient safety, and supports better teamwork across healthcare environments.

The SBAR (Situation, Background, Assessment, Recommendation) communication tool has become a standard in healthcare, designed to improve communication and patient outcomes. However, its effectiveness when applied by nurses is still under exploration due to variations in organisational structures, clinical environments, and individual practices.

Advantages of SBAR Implementation

Standardisation of Communication

SBAR helps nurses relay essential patient information in a clear, structured format, reducing

misunderstandings. This approach enhances communication between nurses and other healthcare professionals, contributing to better situational awareness and increased patient safety. Research has demonstrated that effective use of SBAR can improve awareness and coordination within the healthcare team (Shahid & Thomas, 2018).

Reduction in Communication Errors

The tool has been shown to decrease communication errors significantly. Studies indicate that introducing SBAR training reduced communication-related incident reports from 33% to 25%, thereby improving decision-making processes and boosting staff satisfaction with communication (Murray, 2016).

Empowerment of Nurses

SBAR also empowers nurses by providing them with a consistent communication framework that bridges hierarchical gaps in healthcare settings. This empowerment fosters timely interventions and collaboration, enabling nurses to confidently engage with physicians regarding patient care issues

Impact on Patient Outcomes

Several studies have highlighted SBAR's positive impact on patient outcomes. For instance, its use during nurse-to-nurse handoffs has been linked to decreased unexpected patient deaths and more appropriate ICU admissions. In addition, SBAR training has resulted in a reduction in patient falls and significant decreases in restraint use and catheter-associated urinary tract infections (CAUTIs) (Stewart, 2016).

Challenges to Effective Integration

Despite its benefits, the integration of SBAR into nursing workflows faces challenges:

Varied Organisational Structures

Different healthcare settings have unique protocols that can make it difficult to implement SBAR effectively. Nurses working in high-paced environments may struggle to adhere to the structured format under time constraints (Coolen *et al.*, 2020).

Training and Consistency

The tool's success depends heavily on proper training and consistent usage. Ongoing education and refresher courses are crucial to maintaining proficiency, as some studies suggest that without reinforcement, nurses may revert to unstructured communication methods (Shahid & Thomas, 2018).

Perceived Complexity

Some nurses find SBAR difficult to apply, particularly when determining which information is most relevant. This complexity can lead to frustration and a lack of confidence in using the tool, limiting its effectiveness (Coolen *et al.*, 2020). While SBAR offers significant potential to enhance communication and patient outcomes in nursing practice, its success relies on overcoming organisational barriers, providing consistent training, and ensuring that nurses are comfortable using the tool. Further research is necessary to identify the best practices for integrating SBAR into diverse clinical settings.

A scoping review on the SBAR (Situation, Background, Assessment, Recommendation) tool in nursing handovers highlights its effectiveness in improving communication and patient safety. By following the Joanna Briggs Institute (JBI) methodology, this review gathered evidence on how SBAR enhances clarity during handovers, though its success varies across different healthcare settings (Yun *et al.*, 2023). Challenges such as inconsistent training and varying organisational cultures were identified, pointing to a need for standardised education. The review emphasises the importance of further research to address these challenges and improve SBAR integration in nursing practice (Shinta & Bunga, 2024).

METHODOLOGY

Methodological Structure

The study utilises the scoping review framework by Arksey and O'Malley, following six systematic stages to explore literature on the SBAR (Situation, Background, Assessment, Recommendation) tool in nursing

handovers (Daudt, van Mossel & Scott, 2013). These stages include formulating broad research questions, identifying relevant literature, selecting studies based on specific criteria, organising and mapping data, synthesising findings, and optionally consulting stakeholders for additional insights (Tricco *et al.*, 2018). The review adheres to PRISMA-ScR guidelines to ensure comprehensive and transparent reporting. The main goal is to evaluate the effectiveness of SBAR in enhancing communication and patient safety during nursing handovers, while also highlighting any research gaps that need further investigation (Levac, Colquhoun & O'Brien, 2010).

Outlining the Research Questions

In conducting the scoping review on the implementation of the SBAR (Situation, Background, Assessment, Recommendation) tool by nurses during handovers, the research questions were crafted using the Population/Concept/Context (PCC) framework to ensure a clear focus on the review's objectives (Pazar *et al.*, 2024).

Population: Nurses - The review centers on nurses, given their crucial role in patient handovers. Understanding their perceptions of SBAR is vital for assessing its effectiveness (Bakr, El-Saiad & Rashed, 2023).

Concept: Implementation of SBAR - The key concept is how SBAR is utilised in handovers, specifically evaluating its impact on communication and patient safety (Alizadeh-risani *et al.*, 2024).

Context: Application in Handover Processes - The review examines SBAR within the context of nursing handovers, exploring how it enhances these critical exchanges of patient information (Stewart, 2016).

Exploring Relevant Studies

The process of conducting a literature review involves a structured search strategy to ensure comprehensive and relevant results. Key components include utilising the PCC (Population, Concept, Context) framework to guide the selection of terms and structure research questions, employing Boolean operators (e.g., "AND," "OR," "NOT") to combine search terms effectively, and using wildcards and truncation symbols to capture various word endings and spellings.

Proximity operators were also applied to find terms within specific distances from each other. The review was conducted across multiple databases, including Medline, CINAHL, EMBASE, and EBSCO, ensuring extensive coverage of health science literature. The search spanned publications from January 2021 to June 2024, prioritising recent studies for up-to-date analysis. Results were organised using Mendeley, a reference management tool, enhancing data management and collaboration. This structured approach ensures a thorough and efficient retrieval of relevant studies while minimising irrelevant results (Pollock *et al.*, 2023).

Choosing Relevant Studies

A comprehensive literature review was conducted to assess the effectiveness of the SBAR tool in nursing handovers (Bakr, Elsaid & Rashed, 2023). The search strategy, developed with a librarian's guidance, utilised key terms aligned with the PCC framework and employed Boolean operators and wildcards to ensure a thorough search across databases like Medline, CINAHL, EMBASE, and EBSCO. Covering studies from January 2021 to June 2024, the search results were organised in Mendeley for analysis.

Key findings indicate that SBAR improves communication, patient safety, and training outcomes, though challenges in its consistent application remain, necessitating ongoing education and research (Yun *et al.*, 2023).

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The literature review process involved a comprehensive search and screening across four databases, yielding 1,158 articles. After removing duplicates, 601 articles were screened, and 23 were selected for further examination. Ultimately, 7 full-text articles met the inclusion criteria. Studies were excluded if they involved alternative interventions, such as bedside reporting or multidisciplinary team rounding. The thematic analysis was conducted by the first and second authors, who identified four central themes, while a review by the third author, following PRISMA-ScR guidelines, contributed a fifth theme. The key themes included the application of SBAR (Situation, Background, Assessment, Recommendation) in nurse handovers, emphasising the significance of structured communication protocols. SBAR is recognised for promoting clear and concise communication during critical patient care transfers. This thematic review synthesises current research on SBAR, offering insights into its effectiveness and implementation, with implications for future research and clinical guidelines in nursing practice (Figure 1).

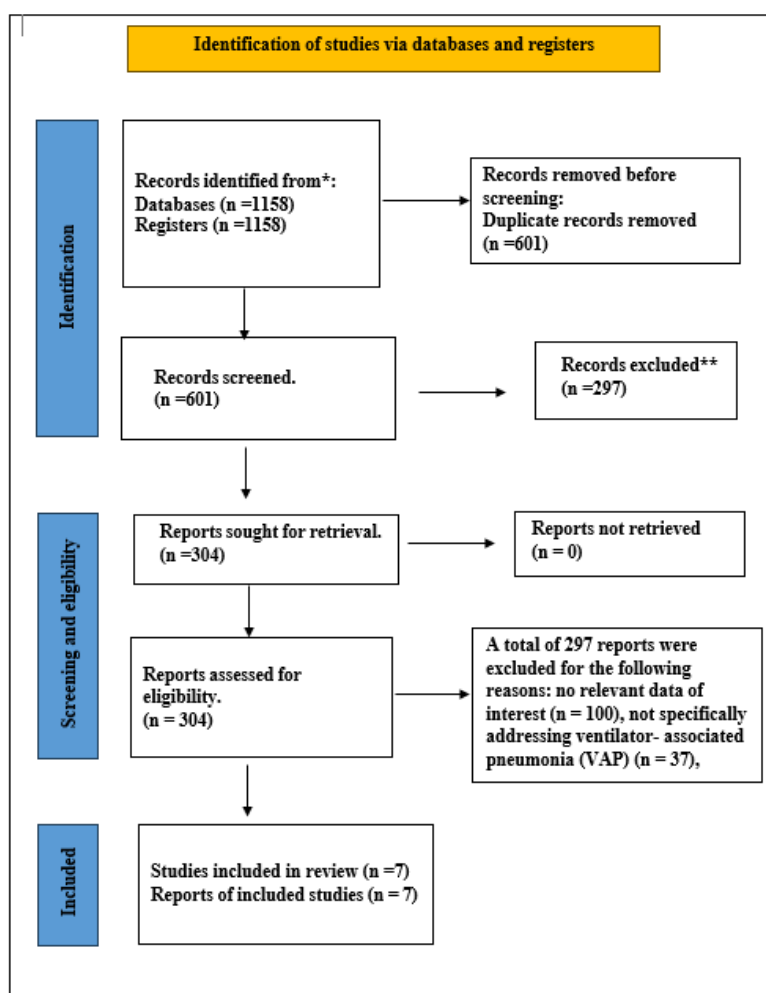


Figure 1: PRISMA Flow Diagram Illustrating the Study Methodology (Adapted from the Joanna Briggs Institute Scoping Review Manual)

Data Documentation, Summary and Reporting

Data mapping was conducted by two authors utilising a predefined data extraction form. A detailed table (Table 1) was developed to systematically compile and structure essential information from the selected studies. The table captured critical details, including the authors, publication year, study objectives, research design, SBAR implementation methods, sample characteristics, assessment tools employed, and key findings from each study. This approach ensured a comprehensive and organised presentation of the data for analysis.

Consultation Exercises

Two nurses were invited to provide feedback on the implementation of SBAR during nursing handovers. Their input helped to refine the presentation of the findings, including adjustments to the title, headings, and content for better clarity and relevance.

Regarding tracheostomy interventions, no major randomised trials have yet conclusively shown that such interventions significantly improve treatment outcomes. For patients with brain injuries, determining the necessity and optimal timing for performing a tracheostomy remains a common clinical challenge.

RESULTS

Study Characteristics

This review identified seven studies that examined the implementation of SBAR by nursing staff during handovers. Among these, only one study employed a randomised controlled trial design, while the remaining studies utilised a pre-post experimental design. All articles were published between January 2021 and June 2024, with participant numbers ranging from ten to ninety-eight individuals. This scoping review focuses on the effects of SBAR implementation by nurses in healthcare settings, prioritising studies with robust designs, such as randomised controlled trials or quasi-experimental studies. The findings from the reviewed articles in section 4 highlights the implementation of SBAR by nurses in various healthcare settings.

SBAR Application Method

The SBAR tool, along with its modified versions, has been utilised for nurse handovers (Yun *et al.*, 2023; Pope, Rodzen & Spross, 2008) and in communication through telephone calls (Callaway *et al.*, 2018). Additionally, SBAR has been employed as a communication tool for educational purposes (Espinoza, 2016; NHS Institute for Innovation and Improvement, 2010). Most studies assessed the effectiveness of SBAR implementation using pre- and post-intervention measurements. The quality measures evaluated included improvements in patient outcomes during handovers (Nursing and Midwifery Council, 2018), enhancement of patient safety (Ballantyne, 2017), increased nurse and patient satisfaction (Park, Allan & Hill, 2019), and a reduction in communication breakdowns during the handover process (Stewart, 2016).

Effectiveness of SBAR During Handover

Literature Review

The SBAR Method in Nursing Handover

Effective communication during nursing handovers is crucial for ensuring patient safety and continuity of care. Poorly conducted handovers can lead to incomplete information transfer, resulting in potential harm to patients. Research highlights the need for structured approaches to improve communication quality in clinical settings, particularly during nurse shift changes. The SBAR method has emerged as a popular tool for standardising and enhancing the clarity and efficiency of communication among healthcare professionals.

Initially introduced by the U.S. Navy to streamline communication protocols, SBAR was later adopted by the healthcare sector and recommended by the Joint Commission International (JCI) and the World Health Organization (WHO) for use across various clinical settings to improve the quality of information transfer during handovers (Müller *et al.*, 2018; Merten, van Galen & Wagner, 2017). SBAR provides a clear and concise framework that covers critical components of patient information, minimising misunderstandings and omissions that can occur during verbal exchanges.

Effectiveness of SBAR Implementation

Multiple studies have demonstrated the effectiveness of the SBAR approach in improving communication and patient outcomes, as shown in Table 1.

Table 1: Studies on Effectiveness of SBAR Implementation

Author	Year	Key Findings
Starmer <i>et al.</i>	2014	SBAR handoff program reduced medical errors, improving patient safety.
De Meester <i>et al.</i>	2013	SBAR in nurse-physician communication lowered unexpected patient deaths.
Kostoff <i>et al.</i>	2016	SBAR reduced handover time while maintaining information quality.
Randmaa <i>et al.</i>	2014	SBAR improved handover efficiency and information quality.
Pazar <i>et al.</i>	2024	SBAR enhanced handover quality, saved time, and increased tool preference with a checklist.
Monti <i>et al.</i>	2022	SBAR reduced handover communication errors, boosting patient safety.

Research by Starmer *et al.* (2014) showed a significant reduction in medical errors following the introduction of an SBAR-based handoff program, emphasising its role in enhancing patient safety. Similarly, De Meester *et al.* (2013) found that using SBAR in nurse-physician communication led to a decrease in unexpected patient deaths, further underscoring the tool's impact on improving patient care. SBAR has been particularly beneficial in high-pressure environments such as emergency rooms, intensive care units, and surgical wards.

Studies by Kostoff *et al.* (2016) and Randmaa *et al.* (2014) indicate that structured communication tools like SBAR help reduce the time spent during handovers without compromising the quality of information shared. This efficiency allows healthcare providers to spend more time on patient care rather than lengthy, unstructured verbal exchanges.

Recent studies further support these findings. Pazar *et al.* (2024) found that SBAR implementation significantly enhanced handover quality by reducing the time required for handovers and increasing the preference for using the SBAR tool. Notably, the proportion of participants favouring SBAR rose after introducing an SBAR checklist. Monti *et al.* (2022) also found that SBAR adoption markedly reduced communication errors during handovers, positively impacting patient safety outcomes.

Broader Impact on Patient Safety and Nursing Staff

Beyond handover quality, these studies also examined SBAR's broader impact on both patients and nursing staff (Table 2).

Table 2: Studies on Broader Impact of SBAR Implementation

Author	Year	Key Findings
Müller <i>et al.</i>	2018	Moderate evidence that SBAR improves patient safety in telephonic communications, though high-quality research is limited.
Ruhomaulu <i>et al.</i>	2019	SBAR training led to a 54.4% increase in nurses using SBAR for handovers and a 44% improvement in perceived telephonic handover effectiveness.
Abdollahi <i>et al.</i>	2022	SBAR improved satisfaction among patients and caregivers by aligning expectations and enhancing interactions.
Ghosh <i>et al.</i>	2021	SBAR increased patient satisfaction and strengthened caregiver-patient relationships through clear communication.
Sembiring <i>et al.</i>	2022	SBAR enhanced nurses' knowledge of the handover process, improving their communication tools and competence in patient care.

Müller *et al.* (2018) conducted a systematic review that provided moderate evidence supporting SBAR's role in improving patient safety, particularly during telephonic communications, while noting a lack of high-quality research on its overall effectiveness. Additionally, Ruhomaulu *et al.* (2019) demonstrated a 54.4% increase in nurses exclusively using SBAR for handovers after targeted training, accompanied by a 44% improvement in the perceived effectiveness of telephonic handovers among nursing staff. These studies suggest that SBAR not only enhances handover quality but also contributes positively to patient safety and nursing satisfaction in healthcare environments. Several studies have highlighted the positive impact of SBAR on satisfaction levels and nursing knowledge. Abdollahi *et al.* (2022) found that SBAR implementation significantly improved satisfaction among both patients and caregivers, as the structured communication helped align expectations and foster better interactions, resulting in a more positive experience. Similarly, Ghosh *et al.* (2021) reported that SBAR not only enhanced patient satisfaction but also strengthened the

relationships between caregivers and patients, as the clarity and organisation provided by SBAR created a more effective communication environment. Sembiring, Nasution and Girsang (2022) demonstrated that SBAR positively influenced nurses' knowledge of the handover process, equipping them with better communication tools and enhancing their competence in patient care.

Challenges in Nursing Handover Communication

Unstructured handovers can be plagued by interruptions and distractions, such as phone calls, patient call systems, and external noise, which can disrupt the flow of information and lead to errors (Blom *et al.*, 2015).

Traditional handover practices often lack consistency, which may result in critical information being omitted. Literature emphasises that the transition to structured handover models like SBAR requires effective training and reinforcement to ensure successful implementation (Pucher *et al.*, 2015; Stewart, 2016). Randmaa *et al.* (2014) found that training nurses in the SBAR framework significantly enhanced the safety climate in a perioperative (anaesthesia-related) setting by reducing communication-related incidents. The results emphasised that consistent use of SBAR can lead to better information retention and fewer misunderstandings among healthcare staff. However, the success of such interventions depends on the proper integration of SBAR training into the daily routines of medical personnel.

Implementation Outcomes and Future Directions

The integration of SBAR into nursing handovers has been associated with positive outcomes in several healthcare settings. In a quasi-experimental study conducted by Monti *et al.* (2022) in Lodi, Italy, the introduction of SBAR led to a significant improvement in handover quality, a reduction in interruptions, and enhanced communication skills among nurses. Nurses trained in the SBAR method demonstrated better organisation of handover sessions and more effective exchange of clinical information, which is critical for maintaining patient safety. Moreover, post-implementation evaluations showed a clear improvement in various aspects of handovers, including organisation, communication skills, and content accuracy, across multiple departments such as internal medicine, surgery, and intensive care units. The structured approach facilitated the early identification of clinical instability, allowing for timely interventions (Ferrara *et al.*, 2017; Zou & Zhang, 2016).

Overall, the literature indicates that structured, standardised tools like SBAR are essential for improving handover communication among nurses. Continued efforts to implement training programs, alongside the development of supportive environments, are key to fostering effective and safe patient care.

DISCUSSION

Upon reviewing the results, an interesting pattern emerged regarding research on the SBAR method in nursing handovers. The studies investigating its benefits seemed to appear sporadically over time, reflecting how the focus on SBAR has evolved in different healthcare settings. Most of the research leaned heavily towards quantitative approaches, examining the perspectives of healthcare professionals, particularly nurses and physicians. However, this review intentionally concentrated on the application of SBAR by nurses alone, offering a more targeted understanding of its impact within nursing practice.

As the study dug deeper into the findings, it became evident that SBAR, along with its modified versions, had been applied across a variety of contexts—ranging from face-to-face handovers to telephone communications. What's more, SBAR has proven adaptable for educational purposes, demonstrating its versatility as a communication tool. This adaptability is a testament to SBAR's strength, enabling it to fit into different formats while maintaining its core functionality (Park, 2020; NHS Institute for Innovation and Improvement, 2010).

Most of the studies measured SBAR's effectiveness by comparing pre- and post-intervention outcomes, focusing on critical quality indicators. These indicators included patient outcomes, safety improvements, enhanced satisfaction levels among both nurses and patients, and significant reductions in communication disruptions during handovers (Nursing and Midwifery Council, 2018). These metrics play a crucial role in

evaluating SBAR's overall influence on clinical practice and patient care. The consistent findings across multiple studies highlight the importance of structured communication in healthcare settings, reaffirming SBAR's value as a tool that not only enhances communication but also improves the quality of care provided.

Oral communication is a primary method for exchanging information among healthcare professionals, yet nurses often encounter significant challenges in maintaining patient safety, particularly during handovers or when relaying patient conditions to physicians (Martínez-Fernández *et al.*, 2022). Ineffective information exchange can lead to serious consequences, including medical errors, prolonged hospital stays, increased healthcare costs, and, in extreme cases, life-threatening outcomes (ibid). Given the complexity of handovers, a structured approach is crucial. Without standardisation, there can be inconsistencies in the information shared, lapses in the transfer of professional responsibilities, delays in diagnoses, adverse events, and incorrect treatments (Frain, 2018). These negative outcomes are frequently linked to poor communication among healthcare professionals (Bakr, El-Saiad & Rashed, 2023). Additionally, communication breakdowns can damage the trust between patients and nurses, potentially leading to conflict. This not only wastes valuable time but also hinders the collaboration of multidisciplinary teams, ultimately jeopardising patient safety, care quality, and overall comfort.

In end-of-life care, where anxiety, discomfort, and distress are prevalent, the SBAR methodology provides a structured approach to communication, helping to manage these challenges more effectively. By enhancing continuity of care, it not only promotes patient comfort and well-being but also boosts nurses' competence in delivering care (Royal College of Nursing, 2019). Given the clear advantages of SBAR, healthcare facilities should consider its widespread adoption during patient handovers to ensure the safe, efficient, and well-organised exchange of critical information.

This scoping review examined nine studies that directly addressed the research question. The analysis clearly indicates that the implementation of SBAR in patient handovers provides substantial benefits, as evidenced by the numerous advantages highlighted in the reviewed literature. These findings underscore the value of SBAR in improving communication, patient safety, and overall care quality.

Limitation

This scoping review encountered several limitations. Most notably, only one study employed a single arm randomised controlled trial design, while the majority of studies utilised pre- and post-intervention measurement tools. Furthermore, only three out of the seven studies included patient outcomes as a key quality measure, and one study had a very small sample size ($n = 10$). To more accurately evaluate the effectiveness of SBAR in improving patient safety, future research should prioritise conducting randomised controlled trials that specifically examine SBAR use by nurses during handovers. Many of the existing studies involved multiple healthcare disciplines, which diluted the focus on nursing practices. The limited availability of nursing-specific literature on SBAR underscores the need for more targeted research in this area.

CONCLUSION

The SBAR (Situation, Background, Assessment, Recommendation) communication tool has proven to be an effective method for enhancing nursing handovers and improving patient safety. By standardising communication, SBAR reduces errors and ensures that critical information is shared clearly and efficiently during shift transitions. Research shows that its use positively impacts patient outcomes, strengthens teamwork, and increases staff satisfaction. However, challenges in its consistent implementation and integration across diverse healthcare settings remain. Continued research and ongoing training are crucial to maximising SBAR's effectiveness and further improving the quality of care in nursing practice.

The implementation of SBAR (Situation-Background-Assessment-Recommendation) in nursing handovers has tremendous potential for future clinical practice as well as for research. For research purposes, studies can be conducted to determine the effectiveness of SBAR in different categories of healthcare settings, i.e. intensive care units, emergency departments, mental health centres and community health centres. Longitudinal studies can illustrate the long-term impact of SBAR on communication efficiency, patient outcomes and staff satisfaction. In addition, research could explore the integration of SBAR into electronic

medical records and the impact of information age structures on its use. Further research is needed to develop SBAR into a tool for specific patient groups and different populations from different cultures.

In practice, the use of SBAR improves communication accuracy and provides a universal standard for handover, reducing the likelihood of errors and ensuring that important information is always passed on. It improves interprofessional practice and provides an organised structure that builds confidence among nurses, especially those who are new or less experienced. SBAR also promotes a sense of responsibility and critical thinking when carrying out clinical assessments. Through integration into hospital practice and the nursing education curriculum, SBAR can develop a culture of safety, efficiency and standardisation. In general, continuous improvement and evaluation of SBAR can be an important function in improving nursing practice and the quality of patient care in most healthcare facilities.

Conflict of Interest

The authors declare that they have no competing interests.

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