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Strengthening Nursing SBAR Communication Compliance to Improve Patient Safety

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ABSTRACT

Background: Medication errors and patient falls are a significant part of patient safety events, it is estimated that more than 50% of patient injuries in healthcare settings are preventable, mainly due to communication errors. **Objectives:** The aim of this study was to assess the correlation between nurses' compliance in using SBAR (Situation, Background, Assessment, and Recommendation) communication and patient safety in hospitals. **Methods**: A descriptive correlational quantitative study was conducted in a regional public hospital. With total sampling, 257 nurses in the paediatric and adult wards, Intensive Care Unit (ICU) and Paediatric Intensive Care Unit (PICU), and Neonatal Intensive Care Unit (NICU) completed a compliance checklist on the implementation of SBAR communication and a summed rating scale regarding patient safety consisting of 20 questions, which were analysed by chi-square statistical test and logistic regression. **Results**: 257 nurses participated, with a gender distribution of 45.5% male and 54.5% female, and the majority aged 23-33 years (39.3%). Bivariate analysis showed a significant association between SBAR adherence and patient safety, with odds ratios (OR) for each component as follows: Situation (OR 3.230, $p<0.001$), Background (OR 2.961, $p<0.001$), Assessment (OR 4.350, $p=0.002$), and Recommendation (OR 5.018, $p=0.001$). Multivariate analysis showed that adherence to SBAR significantly improved patient safety, with an overall Omnibus value of 0.000 and a variance explained of 75.60%. **Conclusion**: The findings of this study showed a significant positive association between adherence to the SBAR (Situation, Background, Assessment, Recommendation) communication framework and better patient safety outcomes among nurses.

Keywords: Nursing Communication; Patient Safety; SBAR Communication

INTRODUCTION

The rate of patient safety events is an important measure of the effectiveness of a healthcare system. A study showed that more than 50% of patient falls account for a significant proportion of patient safety incidents, especially in inpatient settings. Falls are one of the most commonly reported incidents, making it necessary to establish Hospital Patient Safety Teams (HPST) to implement Standard Operating Procedures (SOPs) aimed at reducing the risk of falls (Usi *et al*., 2024). In addition, medication errors also account for a significant proportion of patient safety events, with estimates suggesting that more than 50% of patient harm in healthcare environments are preventable, mainly due to communication errors (Howick *et al*., 2024). The study highlighted that factors such as high workload, inadequate staffing, and poor communication among healthcare providers contribute to the occurrence of medication errors (Azzellino *et al*., 2025).

Other patient safety incidents, such as self-extubating and communication failures, were also found in this study. Many nurses have a limited understanding of the broader spectrum of patient safety incidents due to poor communication in reporting (Adu & Zuma, 2024). This limited perspective can hinder the identification

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and reporting of other critical safety events. Nurses' skills are needed to reflect knowledge about patient reporting and handover in a complete and clear manner (Seriga, Hassan & Sansuwito, 2024).

Fundamental communication in nursing practice, namely with therapeutic communication techniques, can foster trust and understanding between nurses and patients. This study revealed that most nurses regularly apply therapeutic communication strategies, especially in pre-operative and post-operative contexts, with 61.7% demonstrating good practice (Ruttmann *et al*., 2024). In addition, SBAR provides a structured approach that assists nurses in conveying important information to patients in a concise manner, as well as discussing the importance of SBAR during handover in the ICU (Irawati, Widodo & Yulian, 2025). Similarly, discuss the importance of SBAR during bedside shift handovers in ICUs, noting that its structured format helps overcome potential communication barriers, thereby enhancing care continuity and patient safety (Garza *et al*., 2025).

The structured therapeutic communication strategies are also recommended, such as the Ask-Answer-Ask method and Teach-back technique, which can significantly improve nurses' ability to convey information clearly and effectively (Hoffert *et al*., 2024). It's not only about improving communication clarity but also empowering patients to be actively involved in their care, thus fostering a collaborative healthcare environment. Overall, the integration of therapeutic and structured communication strategies is essential to optimise nursing practice and improve patient care outcomes (Galatzan *et al*., 2024; Glarcher, 2022).

This condition requires clear and concise communication, as well as structure and organisation. The SBAR (Situation, Background, Assessment, Recommendation) communication framework is an important tool in nursing practice, especially in terms of communicating effectively in providing nursing care (Alquwez, 2020). SBAR fosters clear communication, which is crucial for timely and accurate information exchange. For instance, Park *et al*., (2020) demonstrate that employing SBAR in the operating room directly influences team performance, which is critical for optimal patient safety and treatment outcomes. Furthermore, Wong *et al*. (2025) highlight that effective communication facilitated by SBAR is essential for mitigating conflicts and missed care instances in acute medical units, supporting the framework's relevance across diverse nursing contexts.

Systematic approach SBAR is improving the quality of communication to reduce the likelihood of errors and ensure clinical information is conveyed accurately and efficiently, thereby minimising the risk of miscommunication between nurses and patients and other healthcare personnel (Shinta & Bunga, 2024). Unfortunately, SBAR communication shows that many nurses are still inadequate in presenting or presenting proper SBAR communication. This can lead to medication omissions or inappropriate dosing (Mulfiyanti & Satriana, 2022). Patients can experience serious repercussions from such errors, such as negative drug reactions and longer hospitalisation and harms associated with medication management due to poor communication during handover, which can result in disruption of the continuum of care (Gkentzi *et al*., 2022).

The strategies to use SBAR communication to improve patient safety are important to highlight (Mehdi & Lahiala, 2025). The importance of using SBAR is also highlighted in paediatric nursing, which can help educate families about their child's care and condition, encouraging them to become active participants in the healthcare process. Structured communication methods such as SBAR can improve family education about the healthcare processes affecting their children, which is crucial for building trust and cooperation (Wardahni, 2024).

However, previous studies emphasised on Training and Education in the successful implementation of SBAR. Training equips nurses with the necessary skills to use SBAR effectively is critical to improving patient safety, despite the clear benefits of SBAR communication, there are still challenges in its consistent application across different healthcare settings (Soyaslan & Oksuz, 2025). Therefore, evaluation and refinement of SBAR protocols through training and education or emphasis on ongoing standard operating procedures are needed to ensure that the protocols are effectively integrated into clinical practice (Ejupi,

Squires & Skela-Savič, 2025). The novelty highlighted in this study is in nurse respondents who have received training of SBAR and then evaluated their compliance with their own awareness of doing SBAR well.

METHODOLOGY

Study Design and Sample

This study used a cross-sectional design with a descriptive correlational design in two Regional General Hospitals in Bekasi, West Java. The study was conducted from September 25, 2023 to January 15, 2024. Respondents were determined by purposive sampling technique, with significance set at 0.05 and power at 0.95 with a moderate effect size of 0.25, and an attrition rate of 20% was taken into account to cover possible missing subjects (Daheshi *et al*., 2023). With inclusion criteria (Nurses who have worked for at least 1 year and are permanent employees, nurses working in adult, paediatric, ICU, and PICU wards who have attended SBAR training in the past 1 year, with educational qualifications as a bachelor of nursing with a nursing professional degree, willing to be participants) and exclusion criteria (Nurses on leave, management nurses who do not work in nursing services, head nurses and student nurses are excluded). The final study sample consisted of 257 nurses (70 in paediatric wards, 132 from adult wards, 30 in ICU and 25 in PICU).

Data Collection Instrument

Compliance with SBAR Nurse Communication

The compliance checklist sheet uses SBAR communication to find out how nurses' compliance uses SBAR communication when carrying out their duties in the patient care room (Tůmová & Bártlová, 2023). The checklist sheet consists of 16 questions. With Cronbach's Alpha value $0.774 \geq 0.7$, Kappa $0.784 \geq 0.6$ for validation and reliability. To minimise bias in this study, it can be done by accompanying nurses when filling out the instrument. Provide motivation to fill in according to what is done only.

Patient Safety with A Rating Scale

The summed rating scale on patient safety, consisting of 16 questions, was originally with 20 questions. After adjusting to the SBAR of nurse communication, there were four items deleted (items 1, 5, 17, and 18) that did not fit the SBAR of Communication (Sembiring, Nasution & Girsang, 2022). The results of the validity and reliability tests obtained the values of Cronbach's Alpha and Cohen's Kappa: α $0.774 \geq 0.7$ and κ $0.778 \geq 0.6$.

Procedures

Data was collected from 25 September 2023 to 15th January 2024. After obtaining informed consent, the study objectives and procedures were explained to the nurses who fulfilled the eligibility requirements of the study. The SBAR and Patient Safety checklist and questionnaires were administered to the nurse participants in a private room in the hospital for about 30 minutes and returned to the researchers in a sealed folder. The researcher and the research assistant conducted the data collection together to ensure consistency in coding. All data was stored in a locked filing cabinet. All participants received a gift from the researcher for their participation.

Data Analysis

The statistical tests used in the study are descriptive statistics, including frequencies, percentages, means, and standard deviations, which were used to summarise the data. The Shapiro-Wilk test indicated that the variables' distributions deviated significantly from normality ($p < 0.05$), leading to the use of non-parametric tests. Spearman's rank correlation coefficient was employed to assess the relationships between study variables, with $p < 0.05$ considered statistically significant. All analyses were conducted using SPSS version 26 (IBM SPSS, Chicago, IL)..

Ethical Considerations

The research obtained ethical clearance from the Research Ethics Committee, Bani Saleh Institution, Indonesia with Reference Number EC.301/KEPK/STKBS/IX/2023 on 21st of September 2024.

RESULTS

Table 1 on descriptive statistics of nurses' demographic data presented a comprehensive overview of the demographic and situational characteristics of the 257 study participants and revealed that more than half of the nurses (54%) were females, with a gender distribution of 45.5% male (*n*=117) and 54.5% female (*n*=140). The highest percentage of the nurses' age distribution showed a predominance of participants aged 23-33 years (39.3%, *n*=101), followed by those aged 45-89 years (34.6%, *n*=89) and 34-44 years (26.1%, *n*=67).

Table 1: Descriptive Statistics of Nurses Demographic Data, SBAR with Patient Safety When Treated at Hospital (n=257)

Variables	Categories	*n* (%)	Mean ± SD
Gender	Male	117 (45.5%)	
	Female	140 (54.5%)	
Age (Years)	23-33	101(39.3%)	
	34-44	67 (26.1%)	
	45-89	89 (34.6%)	
Education	Diploma	109 (42.41%)	
	Bachelor of	148 (57.59%)	
Situation	Non-Compliant	68 (26.5%)	1.74 ±0.442
	Compliant	189 (73.5%)	
Background	Non-Compliant	102 (39.7%)	1.60±0.490
	Compliant	155 (60.3%)	
Assessment	Non-Compliant	110 (42.8%)	1.57±0.496
	Compliant	147 (57.2%)	
Recommendation	Non-Compliant	105 (40.9%)	1.59±0.493
	Compliant	152 (59.1%)	
Patient Safety	Non-Compliant	51 (19.8%)	1.80±0.400
	Compliant	206 (80.2%)	

In terms of educational background, the majority highest percentage of participants had a Bachelor of Nursing degree (57.59%, *n*=148), while 42.41% (*n*=109) had a diploma degree. The table further categorises participants based on their adherence to the SBAR framework across four dimensions: Situation, Background, Assessment, and Recommendation. Specifically, the majority of participants were classified as compliant across all categories, with the Situation category showing 73.5% compliance (*n*=189) compared to 26.5% non-compliance (*n*=68).

The patient safety assessment showed that 80.2% (*n*=206) of participants rated patient safety as good, while 19.8% (*n*=51) rated it as poor. This distribution underscores the generally positive perception of patient safety among respondents.

Table 2 on Correlation between SBAR describes bivariate analysis examining the relationship between SBAR adherence and patient safety outcomes, showing a significant association between the level of adherence in each SBAR category and the perceived quality of patient safety.

For the Situation category, the odds ratio (OR) of 3.230 (*p*=0.000) indicates that participants who were compliant in this dimension were more than three times more likely to report good patient safety than those who were not compliant. Similarly, the Background category showed an OR of 2.961 (*p*=0.000), indicating a strong positive correlation between compliance and patient safety. The Assessment and Recommendation categories further reinforced this trend, with ORs of 4.350 (*p*=0.002) and 5.018 (*p*=0.001) respectively. These findings highlight the important role of effective communication in improving patient safety outcomes.

Table 2: Corelation between SBAR and Patient Safety (n=257)

Variables (Compliance)	Patient Safety				OR	*P* Value
	Poorly		Good		(95% CI	
	n	%	*n*	%	Lower-Upper)	
Situation						
Disobedient	37	42.05	31	18.34	3.230	0.000
Obedient	51	57.95	138	81.66	(1.817-5.741)	
Background						
Disobedient	50	56.82	52	30.77	2.961	0.000
Obedient	38	43.18	117	69.23	(1.736-5.047)	
Assessment						
Disobedient	58	65.91	52	30.77	4.350	0.002
Obedient	30	34.09	117	69.23	(2.513-7.529)	
Recommendation						
Disobedient	58	65.91	47	27.81	5.018	0.001
Obedient	30	34.09	122	72.19	(2.882-8.738)	
Total	88	100	169	100		

Table 3: Multivariate Analysis Model

Variable	*P* Value	OR (Exp B)	95% CI (Lower-Upper)	Overall Percent Age
Situation	0.000	0.072	0.074-0.217	75.60%
Background	0.000	0.16	0.114-0.145	
Assessment	0.002	0.183	0.062-0.304	
Recommendation	0.001	0.211	0.078-3.430	

The multivariate analysis in Table 3 shows that higher adherence to each SBAR component Situation, Background, Assessment, and Recommendation is significantly associated with a decrease in the likelihood of poor patient safety outcomes. Specifically:

The Situation category has an OR of 0.072 (p=0.000), indicating that improved compliance with the Situation component is associated with a substantial reduction in the odds of poor patient safety outcomes.

Similarly, Background adherence (OR=0.16, p=0.000), Assessment (OR=0.183, p=0.002), and Recommendation (OR=0.211, p=0.001) are all linked to significantly lower odds of adverse patient safety events.

In summary, higher adherence to SBAR components correlates with a decreased risk of poor safety outcomes, emphasising that structured communication contributes positively to patient safety.

DISCUSSION

This study used data collection sources on SBAR communication of nurses and how compliance of 257 nurses practising SBAR communication with patient safety. The results of the study from the checklist sheet and questionnaires showed that most of the nurses working in different wards and treatment rooms were 23 to 33 years old (39.3%), and the majority were female (54.5%). These findings are similar to the Human Resources for Health Country Profile Indonesia, which reported that approximately 31.5% of nurses in

Indonesia are between 22 and 40 years old, with 70.1% being female (WHO, 2024).

The implementation of the SBAR (Situation, Background, Assessment, Recommendation) communication framework in nursing has been shown to enhance patient safety in healthcare settings. This structured communication method is designed to facilitate clear and concise information exchange among healthcare professionals, thereby reducing the likelihood of misunderstandings and errors that can compromise patient safety (Martínez-Fernández *et al*., 2022).

The effectiveness of the SBAR communication framework may vary based on the context in which it is applied. The study found that while SBAR improved communication in surgical settings, its impact was less pronounced in other areas, such as emergency departments, where rapid decision-making is critical. This suggests that while the current study's findings are promising, they may not be universally applicable across all healthcare settings (Sezgin & Bektas, 2023).

The structured nature of SBAR allows important information to be conveyed efficiently, ensuring that all team members are aware of the patient's current status and required interventions to standardise the handover process between nurses and other healthcare providers (Adam *et al*., 2022; Terry *et al*., 2024). This clarity is crucial to prevent errors that may arise from miscommunication during transitions of car (Labrague, 2025).

A study reported that the use of SBAR communication positively influenced nurses' behaviours and attitudes, leading to a greater focus on patient safety (Sukesih & Faridah, 2020). The effectiveness of SBAR communication is further supported by research conducted in various healthcare settings. A study highlighted that the implementation of SBAR in nursing homes improved communication between nurses and providers, leading to better patient outcomes (Kay *et al*., 2023).

It is necessary to refine the SBAR protocol to ensure effective integration into clinical practice, which is crucial for continuous improvement in healthcare communication (Rodrigues *et al*., 2025). In addition, the implementation of SBAR not only benefits nursing communication but also enhances collaboration among various health professionals (Yetti *et al*., 2021). SBAR protocols need to be integrated into clinical practice to improve healthcare communication to be effective action (Krisnawati, Yanti & Rahajeng, 2023).

The structured application of SBAR not only benefits nursing communication but also enhances collaboration among various healthcare professionals (Toumi *et al.*, 2024). Effective interprofessional communication is crucial for building trust and mutual respect among team members, which are foundational elements for successful collaboration (Sekanina *et al*., 2024). Structured communication such as SBAR, can be used for shared decision-making and collaborative problem-solving, leading to better outcomes for patients (Ruttmann *et al*., 2024; Ayub *et al*., 2024). Further research could address these weaknesses by developing methods or measuring SBAR communication in nursing service user satisfaction evaluations (Pinto *et al*., 2024). Specifically, in Indonesia, factors such as respect for hierarchical dynamics and perceived authority may inadvertently discourage open communication, leading to a suboptimal application of SBAR, despite its theoretical benefits (Gani, Arso & Dwiantoro, 2023)

Limitation

One of the key limitations encountered was the difficulty in adjusting nurses' schedules to accommodate SBAR-related interventions, compounded by cultural differences and unique organisational dynamics. These factors can significantly influence the effectiveness of communication among healthcare professionals. Cultural perceptions of authority and teamwork often shape how nurses interact with colleagues, sometimes hindering open dialogue. In certain settings, hierarchical norms and perceived authority may discourage assertive communication, limiting the practical application of SBAR despite its intended benefits. Additionally, variations in organizational culture and healthcare infrastructure across institutions can impact the implementation and long-term sustainability of SBAR training programs.

CONCLUSION

The implementation of effective communication strategies, such as SBAR, has been shown to significantly enhance patient safety outcomes. This highlights the critical need for fostering a culture of open communication and collaboration among healthcare providers. By prioritising clear and structured communication, medical teams can minimise errors, improve patient care, and ultimately reduce the incidence of adverse events.

However, improving patient safety requires more than just acknowledging the importance of communication; it demands a shift in mindset. Healthcare professionals must recognise communication as a cornerstone of patient care, not merely an administrative task. Institutions should not only standardise protocols but also encourage continuous education and training in communication skills. By reimagining communication as a dynamic, proactive tool rather than a passive process, healthcare teams can transform patient safety from a goal into a reality.

The scope of future research could be to conduct a longitudinal study, to evaluate the long-term impact of SBAR training on nurses' compliance and patient safety outcomes over time, providing deeper insight into its ongoing effectiveness, or Intervention-Based Studies to develop and test targeted interventions to address the barriers nurses face in implementing SBAR may yield valuable data. This could include studies that provide feedback on the use of SBAR and its impact on patient outcomes. Expanded demographics, covering a variety of healthcare settings, such as outpatient clinics or home care, could help understand the application of SBAR across different contexts and populations. Technology integration, such as electronic health records or mobile apps, which facilitate SBAR communication, may provide insight into modern adaptations of this framework to improve its practicality.

Conflict of Interest

The authors declare that they have no competing interests.

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