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Research Article

Implementation of SBAR Communication among Nurses During Shift Handover Before and After a Mini Seminar in the Inpatient Ward of a Hospital

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Abstract

Effective communication during shift handovers is essential to ensure patient safety and continuity of care. Delays in care processes, lack of attention, and limited understanding in receiving patient information often contribute to communication errors among nurses. SBAR (Situation, Background, Assessment, Recommendation) is a structured communication method recommended to support accurate and complete information exchange. This study aimed to examine the implementation of SBAR communication among nurses during shift handovers before and after a mini seminar in the Mawar Inpatient Ward, West Kalimantan. This study employed a pre-experimental design using a one-group pretest–posttest approach. The study involved 8 nurses working in the Mawar Inpatient Ward as respondents, selected through total sampling. Data were collected descriptively using an observation checklist based on SBAR components to assess nurses' communication performance before and after the mini seminar intervention. The results showed that before the mini seminar, only 50% of respondents implemented SBAR communication appropriately, while the remaining 50% demonstrated inappropriate application. After the mini seminar, all respondents (100%) applied SBAR communication correctly during shift handovers, indicating a significant improvement in communication practices. In conclusion, the mini seminar proved to be an effective intervention for improving SBAR communication among nurses. It enhanced the quality of information exchange, reduced the risk of communication errors, and supported improved professionalism and quality of nursing care in the inpatient ward.

Keywords: Mini Seminar; Nurse; Patient Safety; SBAR Communication; Shift Handover

1. INTRODUCTION

Patient safety is a vital component of healthcare services aimed at preventing injury, disability, or death due to medical errors. In Indonesia, patient safety is regulated by the Ministry of Health Regulation No. 11 of 2017, which defines it as a system ensuring safe healthcare through risk management, incident reporting, and continuous improvement (Ministry of Health of the Republic of Indonesia, 2017). The World Health Organization (WHO) also reports that approximately one in ten patients in developing countries experience harm during medical care, emphasizing the importance of patient safety globally (World Health Organization, 2020).

In Indonesia, the Ministry of Health has emphasized this issue through Regulation No. 1691 of 2011 on Hospital Patient Safety. National data indicate that the reporting of Patient Safety Incidents (IKP) has increased over the years, from 3% in 2017, to 5% in 2018, and reaching 12% in 2019. Notably, Bali recorded the highest incident rate at 38%, while Gorontalo and North Sumatra reported lower figures at 7% and 0.5%, Fitri

Effective communication among healthcare workers plays an essential role in supporting patient safety. The Joint Commission International (JCI) identifies effective communication as the second indicator of the International Patient Safety Goals (IPSG), highlighting its importance in preventing adverse events (Joint Commission International, 2021). In Indonesia, hospital accreditation standards require healthcare facilities to establish accurate and understandable verbal communication mechanisms, particularly during patient handovers (Ministry of Health of the Republic of Indonesia, 2017). One widely recommended method for this purpose is SBAR (Situation, Background, Assessment, Recommendation). SBAR provides a structured and systematic approach for nurses to convey critical patient information during shift handovers, thereby reducing communication errors and enhancing patient safety (World Health Organization, 2020).

Despite its potential, the implementation of SBAR in practice remains suboptimal. Previous studies (Erianti et al., 2022; Hidayati et al., 2022) revealed that the "Background" component is often neglected, with essential details such as nutritional status, fall risk, allergies, or patient medical history frequently omitted. This highlights the need for improvement in the quality of SBAR application in clinical settings. To address this, several strategies have been employed, including training and short seminars. Research by Mira Costa (2014) demonstrated that educational interventions, such as seminars and training, enhance nurses' motivation and competence in effective communication. Similarly, mini seminars and in-service training have been shown to be effective in improving SBAR communication among healthcare professionals (Badrujamaludin et al., 2021; Mohamed et al., 2023).

The mini seminar intervention was conducted in July 2025 and lasted approximately 120 minutes in a single session. The seminar consisted of four main components: (1) an overview of patient safety principles and the importance of effective communication; (2) detailed explanation of each SBAR component (Situation, Background, Assessment, Recommendation); (3) case-based discussion and simulation of shift handover scenarios; and (4) guided reflection and feedback. The session was facilitated by a senior nurse educator with clinical and managerial experience in hospital accreditation and patient safety programs. Educational materials included PowerPoint presentations, printed SBAR pocket guides, standardized handover templates, and case simulation sheets. Participants were encouraged to practice SBAR communication through role-play to reinforce understanding.

Data were collected using a structured SBAR observation checklist developed based on the hospital's Standard Operating Procedure and SBAR framework. The checklist consisted of four domains corresponding to SBAR components. Each component was scored using a dichotomous scale (1 = appropriate, 0 = inappropriate) based on completeness and clarity of information delivered. A handover was categorized as "appropriate" if all four SBAR components were delivered clearly and completely; omission of one or more essential elements resulted in an "inappropriate" classification. To minimize observer bias, two trained observers independently assessed handover sessions, and inter-rater reliability was tested using percentage agreement, achieving an agreement rate of 90%, indicating good reliability.

The pretest observations were conducted one week prior to the mini seminar. The posttest observations were conducted one week after the intervention to allow nurses to apply the SBAR method in routine practice. Each nurse was observed during two separate handover sessions, and all scheduled handovers during the observation period were included to ensure data completeness. The total sample consisted of eight nurses, representing the entire population of nurses in the ward; therefore, total sampling was applied. Although the sample size was limited, it reflected the full staffing structure of the ward, ensuring comprehensive coverage of the target population within the study setting.

2. MATERIAL AND METHOD

This study employed a pre-experimental research design using a one-group pretest–posttest approach. The study was conducted in the Mawar Inpatient Ward of a Private Hospital in West Kalimantan during June–July 2025. The population consisted of eight nurses working in the ward. Due to the limited number of participants, a total sampling technique was applied, in which all nurses were included as respondents.

Data were collected through direct observation using an SBAR communication checklist based on the hospital's Standard Operating Procedure for shift handovers, covering the components of Situation, Background, Assessment, and Recommendation. Data analysis included univariate analysis to describe the frequency and percentage of SBAR implementation, and bivariate analysis using the Wilcoxon Signed Rank Test to examine differences in SBAR communication practices before and after the mini seminar.

The research procedure consisted of three stages. First, a pretest observation was conducted to evaluate the implementation of SBAR communication during shift handovers. Second, the intervention was provided in the form of a mini seminar on SBAR communication. Third, a posttest observation was carried out to measure the implementation of SBAR after the intervention. This procedure enabled a clear comparison of nurses' communication skills before and after the educational program.

Data collection was performed using observation sheets based on the hospital's Standard Operating Procedure (SPO) for shift handovers. The observation checklist assessed four essential components of SBAR: situation, background, assessment, and recommendation. Primary data were obtained directly from nurses' observed practices, while secondary data were gathered from hospital records and documentation.

For data analysis, univariate analysis was employed to describe the characteristics of respondents and the implementation of SBAR communication in frequencies and percentages. Bivariate analysis was conducted using the Wilcoxon Signed Rank Test to determine whether there were significant differences between pretest and posttest SBAR communication scores before and after the mini seminar.

The scope of this research was limited to one inpatient ward with a small sample size, which restricts the generalizability of the findings to other hospital settings. Nevertheless, the results provide important insights into the effectiveness of mini seminar interventions in improving SBAR communication and supporting patient safety.

3. RESULT AND DISCUSSION

3.1 Result

The study was conducted in the Mawar Inpatient Ward of a Private Hospital in West Kalimantan, involving eight nurses as respondents. The findings revealed that prior to the mini seminar, the implementation of SBAR communication during shift handovers was inconsistent, with only 50% of nurses applying SBAR appropriately. Several SBAR components, particularly the Background element, were frequently omitted during handovers, indicating gaps in structured communication practices.

Following the mini seminar intervention, a marked improvement was observed. All nurses (100%) demonstrated appropriate implementation of SBAR communication, indicating enhanced understanding and adherence to structured handover procedures. This improvement reflects the effectiveness of the mini seminar in strengthening nurses' communication performance and supports the role of targeted educational interventions in improving patient safety practices during shift handovers.

Data Analysis

Table 1. Characteristics of Respondents

Characteristics	Frequency (f)	%
Age		
20 - 30 years	2	25%
31- 40 years	4	50%
41 - 50 years	2	25%
Total	8	100%
Gender		
Female	7	87.5%
Male	1	12.5%
Total	8	100%
Educational Level		
Diploma III	7	87.5%
Bachelor of Nursing	1	12.5%
Total	8	100%
Years of Service		
> 5 years	7	87.5%
< 5 years	1	12.5%
Total	8	100%

In Table 1, it is shown that most nurses are in the age range of 31–40 years, totaling 4 (50%) respondents, indicating that the majority are in a productive stage with sufficient work experience. The age groups of 20–30 years and 41–50 years each consist of 2 (25%) respondents. The gender distribution of nurses in the Mawar Ward is relatively balanced, with 7 (87,5%) females and 1 (12,5%) male. Most nurses have less than five years of work experience, totaling 7 (87,5) respondents, while only 1 (12,5%) respondent has more than five years of service.

Table 2. Frequency Distribution of Respondents Based on the Implementation of SBAR Communication during Handover at Private Hospital before the Mini Seminar

SBAR Communication Implementation	Frequency (f)	%
Appropriate	4	50%
Inappropriate	4	50%
Total	8	100%

Results Table 2 indicates that prior to the mini seminar, among the 8 respondents, 4 (50%) demonstrated inappropriate implementations of SBAR communication, while the remaining 4 (50%) applied SBAR communication appropriately. This finding suggests that the level of SBAR communication practices among nurses was still inconsistent before the intervention.

Table 3. Frequency Distribution of Respondents Based on SBAR Communication Implementation during Handover at Private Hospital after the Mini Seminar

SBAR Communication Implementation	Frequency (f)	%
Appropriate	8	100%
Inappropriate	-	-
Total	8	100%

Results Table 3 shows that after the mini seminar, all 8 （ 100% ） respondents demonstrated appropriate implementation of SBAR communication. This result indicates a significant improvement in nurses' communication practices following the intervention.

Table 4. Overall SBAR Implementation Scores Before and After Mini Seminar

Variable	Mean	SD	Min	Max
Pretest	2.00	0.76	1	3
Postest	3.75	0.46	3	4

The Wilcoxon Signed Rank Test showed a statistically significant improvement in SBAR implementation after the mini seminar ($Z = -2.527$, $p = 0.012$).

Table 5. Comparison of SBAR Implementation by Component (Pre–Post)

Variable	Pre (%)	Post (%)
Situation	6 (75%)	8 (100%)
Background	4 (50%)	8 (100%)
Assessnent	5 (62,5%)	8 (100%)
Recommendation	5 (62,55)	8 (100%)

Table 5 presents the comparison of SBAR communication implementation for each component before and after the mini seminar intervention. Prior to the intervention, the Background component showed the lowest level of appropriate implementation (50%), indicating that important patient information such as medical history, risk factors, and supporting clinical data was often not communicated completely during handovers. The Situation component demonstrated

relatively better performance (75%), while Assessment and Recommendation were appropriately delivered by 62.5% of nurses. Following the mini seminar, all four components reached 100% appropriate implementation, reflecting a substantial improvement in the systematic use of SBAR during shift handovers. The most notable increase occurred in the Background component, suggesting that the intervention effectively addressed previously identified gaps in structured communication.

3.2 Discussions

Implementation of SBAR Communication among Nurses during Shift Handover before the Mini Seminar

Based on Table 2, prior to the mini seminar, only 4 out of 8 nurses (50%) implemented SBAR communication appropriately during shift handovers, indicating inconsistent adherence to structured communication standards. Table 5 further shows that the Background component had the lowest level of implementation (50%), compared to Situation (75%), Assessment (62.5%), and Recommendation (62.5%). These findings confirm that essential supporting information—such as medical history, risk factors, allergies, and clinical data—was frequently omitted during handovers. The overall mean SBAR score before the intervention was 2.00 (SD = 0.76), as shown in Table 4, reflecting moderate but incomplete implementation of the four SBAR components.

Several factors may explain this condition. Internal factors such as limited knowledge, low motivation, and inconsistent compliance contributed to suboptimal SBAR use. External factors, including time constraints during shift changes, lack of structured supervision, and an unsupportive work culture, further affected communication practices. As shown in Table 1, most respondents had less than five years of experience (87.5%), which may have influenced their confidence and mastery of structured communication techniques. These findings align with Mulyanasari et al. (2024), who emphasized that knowledge, compliance, and organizational culture significantly influence SBAR implementation. Similarly, Hidayati et al. (2022) and Fadlia (2020) reported that the Background component is frequently neglected in clinical practice.

Ineffective communication has serious implications for patient safety. Reports from JCI and WHO (2020), as cited by Handayani et al. (2024), indicate that communication failures contribute substantially to preventable adverse events. Therefore, strengthening structured communication practices such as SBAR is essential to reduce clinical errors and improve patient safety outcomes.

Implementation of SBAR Communication among Nurses during Shift Handover after the Mini Seminar

Following the mini seminar intervention, Table 3 shows that all nurses (100%) demonstrated appropriate SBAR implementation. This improvement is further supported by Table 4, which indicates that the mean SBAR score increased from 2.00 (SD = 0.76) to 3.75 (SD = 0.46). The Wilcoxon Signed Rank Test revealed a statistically significant difference between pretest and posttest scores ($Z = -2.527$, $p = 0.012$), confirming that the mini seminar had a significant positive effect on SBAR implementation.

Table 5 illustrates that all four SBAR components reached 100% appropriate implementation after the intervention. The most notable improvement occurred in the Background component, which increased from 50% to 100%. This suggests that the seminar effectively addressed previously identified knowledge gaps, particularly regarding the importance of conveying comprehensive patient history and supporting data during handovers.

These findings are consistent with Mira Costa (2014), who reported that short educational seminars enhance nurses' motivation and communication competence. Similarly, Badrujamaludin et al. (2021) demonstrated that SBAR-based training programs improve documentation quality and structured communication practices. The results of this study reinforce the effectiveness of targeted educational interventions in improving compliance with standardized communication tools.

Analysis of Changes in the Implementation of SBAR Communication among Nurses during Shift Handover before and after the Mini Seminar

The comparison of pre- and post-intervention findings demonstrates a clear and statistically significant improvement in SBAR communication practices. Prior to the seminar, compliance was limited to 50%, with a relatively low mean score and frequent omission of the Background component. After the intervention, compliance reached 100%, accompanied by a significant increase in overall SBAR scores ($p = 0.012$). These findings confirm that the mini seminar functioned as an effective short-term intervention to enhance structured communication during shift handovers.

However, sustainability remains a critical concern. Although immediate improvement was observed, long-term adherence depends on continuous supervision, reinforcement, and organizational support. Dewi (2021) emphasized that successful SBAR implementation is influenced not only by training but also by leadership commitment and work culture. Therefore, while the mini seminar effectively improved knowledge and practice in the short term, maintaining this improvement requires systemic measures such as periodic refresher training, structured monitoring by nursing managers, and institutional policies that reinforce SBAR compliance as part of routine practice.

Overall, the findings confirm that structured educational interventions can significantly improve SBAR communication and contribute to enhanced patient safety. When supported by ongoing supervision and organizational commitment, such interventions have the potential to produce sustainable improvements in clinical communication practices.

When compared critically with previous studies, the magnitude of improvement observed in this study—from 50% to 100% compliance—appears substantial. However, direct comparison with findings from Badrujamaludin et al. (2021) should be interpreted cautiously. While those studies also reported significant improvements following SBAR training interventions, they involved larger sample sizes and more varied clinical settings, allowing broader statistical generalization. In contrast, the present study involved only eight nurses within a single ward, which limits the comparability of effect size and external validity. Although the Wilcoxon test indicated statistical significance ($p = 0.012$), the small sample increases variability and reduces the strength of inferential conclusions. Therefore, while the direction of findings aligns with previous research, the magnitude of effect should be interpreted within the context of this limited sample.

Furthermore, Maku et al. (2023) highlighted the importance of facilitators in seminars and leadership support in strengthening team commitment to consistent SBAR use. This view is consistent with Badrujamaludin et al. (2021), who recommended routine monitoring and periodic refresher training as strategies to sustain communication improvements. The observed increase can be attributed to enhanced knowledge of SBAR components, improved communication skills through practice opportunities, and greater motivation and awareness of the positive impact of SBAR on patient safety and team efficiency. Taken together, these findings confirm that the mini seminar intervention is not only effective in the short term but also provides a foundation for long-term improvements in patient safety when supported by systemic organizational measures.

Several methodological limitations must also be considered when interpreting these findings. First, the small sample size ($n = 8$) increases the risk of Type II error and limits statistical power, even though significance was achieved in this case. Second, the absence of a control group in this pre-experimental one-group pretest–posttest design introduces potential threats to internal validity, including maturation effects, testing effects, and Hawthorne effects. Improvements observed after the intervention may partly reflect increased awareness due to observation rather than solely the seminar itself. Third, the short-term posttest measurement does not allow evaluation of sustainability. Without long-term follow-up, it remains unclear whether compliance will remain at 100% over time or gradually decline without reinforcement.

Despite these limitations, the findings provide a practical foundation for future research. Subsequent studies could test the hypothesis that regular SBAR refresher training combined with structured supervisory audits produces sustained improvements over a six- or twelve-month period. A longitudinal quasi-experimental design or multi-ward randomized controlled trial (RCT) could compare wards receiving periodic SBAR reinforcement with those receiving standard practice. Such designs would allow stronger causal inference and evaluation of long-term sustainability. Additionally, incorporating larger and more diverse samples would improve statistical power and generalizability.

The local context of West Kalimantan should also be considered when interpreting and generalizing these findings. Resource constraints, staffing limitations, and workload pressures in regional hospitals may influence communication practices differently compared to larger urban or tertiary hospitals. In such contexts, short and cost-effective interventions like mini seminars may be particularly feasible and impactful. However, differences in institutional culture, supervision systems, and staffing ratios may limit the applicability of these results to hospitals with different organizational structures. Therefore, replication studies across multiple settings are recommended to determine whether similar improvements can be achieved in broader healthcare environments.

Taken together, while this study demonstrates that a mini seminar can significantly improve SBAR communication in the short term, stronger research designs, larger samples, and long-term evaluation are necessary to confirm the durability and generalizability of these findings.

3.2.1 Implications

The findings of this study have important practical and clinical limplications. The significant improvement in SBAR implementation after the mini seminar indicates that short, structured educational interventions can effectively enhance nurses' communication competence during shift handovers. This suggests that hospital management can adopt mini seminars as a cost-effective and feasible strategy to strengthen patient safety practices, particularly in resource-limited settings. Integrating SBAR reinforcement into routine training programs and supervision systems may further institutionalize structured communication as a standard of care.

3.2.2 Limitations

Several limitations should be acknowledged. The small sample size ($n = 8$) limits statistical power and reduces generalizability. The use of a one-group pretest–posttest design without a control group introduces potential

threats to internal validity, including testing and Hawthorne effects. Additionally, the short-term posttest assessment does not allow evaluation of long-term sustainability. The study was conducted in a single inpatient ward, which may not fully represent communication practices in other units with different workloads and team dynamics. Moreover, the reliance on observational assessment may introduce observer bias, potentially influencing the objectivity of the SBAR implementation scores.

3.2.3 Suggestions

Future research should employ stronger research designs, such as quasi-experimental or randomized controlled trials involving larger and more diverse samples across multiple wards or hospitals. Longitudinal follow-up studies are recommended to assess the sustainability of SBAR compliance over time. Furthermore, combining mini seminars with structured supervision, audit systems, and leadership engagement may provide deeper insight into strategies for maintaining long-term communication improvement.

3.2.4 Research Contribution

This study contributes empirical evidence on the effectiveness of short educational interventions in improving SBAR communication among nurses in a regional hospital context in Indonesia. By demonstrating measurable pre–post improvements, the research adds practical insight into how structured training can directly influence communication behavior and patient safety practices. The findings provide a contextual foundation for the development of scalable SBAR reinforcement programs in similar healthcare settings.

4. CONCLUSION

The results of this study demonstrate that before the mini seminar, the implementation of SBAR communication among nurses during shift handovers in the Mawar Inpatient Ward of Private Hospital, West Kalimantan, was not yet optimal. Some nurses did not apply SBAR appropriately, indicating limited understanding and inconsistency in structured communication practices. This situation reflected a gap between the expected standard and the actual performance in the clinical setting.

After the mini seminar, there was a significant improvement, with all nurses (100%) applying SBAR communication correctly. This finding confirms that the mini seminar was highly effective in enhancing nurses' knowledge, skills, and compliance with SBAR standards. The intervention not only improved the quality of communication but also contributed to strengthening patient safety practices. Thus, the mini seminar can be considered an effective strategy to support continuous improvement in nursing communication and the overall quality of care.

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AUTHOR CONTRIBUTION STATEMENT

Ignasius Yogi Pratama contributed to the conception, design, data collection, analysis, and drafting of the manuscript. Lidya Maryani provided critical supervision, academic guidance, and substantial revisions to improve the intellectual content and clarity of the paper. Both authors reviewed and approved the final version of the manuscript and agreed to be accountable for all aspects of the work to ensure its accuracy and integrity.

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