

The Effectiveness of SBAR Communication in Improving the Completeness of Nurse Shift Reporting in Inpatient Wards

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ABSTRACT

This study aims to examine the effectiveness of SBAR (Situation, Background, Assessment, Recommendation) communication in improving the completeness of nurse shift reporting in inpatient wards. Communication errors during handovers are one of the leading causes of mismanagement and adverse patient outcomes in hospitals. The use of SBAR offers a standardized and structured framework that enhances the clarity, accuracy, and relevance of information exchanged between nurses. Employing a quantitative approach with a one-group pretest-posttest design, this research was conducted in a general inpatient ward of a referral hospital. Data were collected using structured observation checklists to assess the completeness of shift reports before and after SBAR implementation. The results showed a significant increase in report completeness across all four SBAR components following the intervention. SBAR not only improved the structure and quality of communication but also strengthened professional accountability and patient safety. Therefore, SBAR is recommended for formal integration into standard operating procedures for nursing shift handovers in clinical settings.

Keywords: *SBAR communication, nurse shift reporting, patient safety, structured handover, report completeness, inpatient ward*

INTRODUCTION

Communication among healthcare professionals, particularly among nurses, plays a critical role in ensuring the continuity of care and patient safety. One of the most crucial moments for such communication is during the handover or shift change. In this situation, nurses are expected to deliver complete, accurate, and clear information regarding the patient's condition to the incoming staff. However, in practice, shift reporting often falls short of being effective. Information is sometimes conveyed in an unstructured or incomplete manner, and miscommunication may occur leading to increased risk of errors in patient care delivery. Failure to communicate essential clinical information may result in delayed interventions, repeated procedures, or even preventable harm to patients.

A common issue in nursing shift handover is the lack of standardized communication structure. Many nurses still rely on verbal or narrative-style reporting without a defined format. This can lead to inconsistent information transfer and misinterpretation. Moreover, factors such as time constraints, high workload, and lack of formal communication training contribute to ineffective handovers. Critical information such as the patient's current status, recent lab results, response to treatment, and follow-up plans may be omitted or forgotten. This creates gaps in care, potentially compromising patient outcomes and overall healthcare quality.

To address this problem, a structured communication method that is practical and easy to implement is needed. One of the most widely recommended communication models in clinical settings is SBAR (Situation, Background, Assessment, Recommendation). SBAR serves as a standardized tool that helps healthcare professionals communicate in a clear, concise, and organized manner. Through this approach, nurses can deliver patient information in a prioritized and logical sequence, thereby minimizing communication errors. Furthermore, SBAR improves nurses' confidence in interacting with colleagues and physicians, and fosters a stronger culture of patient safety within healthcare institutions.

The use of SBAR is especially relevant in inpatient wards, where nurses manage a variety of patients with complex clinical needs. Effective communication through SBAR can help prevent the loss of critical information during shift transitions and strengthen collaboration among nursing staff. In addition, SBAR has been shown to improve work efficiency, expedite clinical decision-making, and reduce communication-related conflicts. Previous studies have indicated that SBAR enhances the quality of nursing documentation, increases healthcare staff satisfaction, and lowers the incidence of adverse events in hospitals. Therefore, evaluating the effectiveness of SBAR within the local context is essential, as each healthcare facility has unique operational systems, cultural norms, and patient demographics.

Based on this background, the current study is deemed necessary to assess the effectiveness of SBAR communication in improving the completeness of nurse shift reporting in inpatient wards. This research will provide empirical evidence on whether implementing SBAR through training and structured reporting formats can enhance the quality of shift handovers, especially in terms of completeness of information. The findings are expected to contribute to hospital management and nursing leadership in formulating standard operating procedures (SOPs) for handovers and support ongoing efforts to improve communication quality and patient safety in clinical practice.

METODOLOGI

This study employs a quantitative approach using a quasi-experimental design. This approach is chosen because it allows the researcher to measure and observe the effect of an intervention, even without a fully randomized control group something often difficult to apply in clinical nursing settings due to ethical and operational constraints. The design used is the one-group pretest-posttest

design, in which the same group of participants is observed before and after the implementation of the intervention. The main objective of this design is to examine whether there is a significant difference in the completeness of nurse shift reports before and after the implementation of the SBAR communication method.

The population in this study consists of all nurses working in the inpatient ward of a selected referral hospital. The inpatient ward was selected because it is a unit with high patient turnover, complex clinical conditions, and frequent shift changes, all of which require consistent and structured communication. Nurses who are actively involved in shift handovers carry the responsibility of communicating accurate and complete patient information to the incoming shift, which makes effective communication essential for patient safety. The inclusion criteria for participants in this study include: nurses who work in a shift system (morning, afternoon, or night), have at least three months of work experience in the inpatient ward, are willing to participate in SBAR training and implementation, and have provided informed consent. The sample is selected through purposive sampling, meaning participants are intentionally chosen based on specific characteristics relevant to the research objectives, especially their direct involvement in shift handovers.

The study includes two main variables: an independent variable and a dependent variable. The independent variable is the use of SBAR communication, implemented through structured training and real-time application during nurse shift reports. The dependent variable is the completeness of nurse shift reporting, which is measured based on the four primary components of SBAR: (1) Situation the current condition of the patient, (2) Background – the patient's medical and nursing history, (3) Assessment the nurse's clinical evaluation, and (4) Recommendation suggested actions or follow-up care for the next shift. Each component is broken down into measurable indicators to assess whether the report includes essential information in a clear, structured, and logical format.

To objectively assess the dependent variable, the researcher uses a structured observation sheet (checklist) based on the SBAR reporting format. This instrument is adapted from existing clinical communication guidelines and tailored to the local context of the hospital where the study is conducted. The checklist includes specific criteria to assess whether each element of SBAR has been addressed. For example, under "Situation," the nurse is expected to report vital signs and reasons for admission; under "Assessment," the most recent nursing evaluation should be stated. The instrument is used by observers to record shift report content both before and after the intervention, providing quantitative data for further statistical analysis.

The research procedure consists of several phases. The first phase is the pretest, where initial observations of shift reports are made before the SBAR intervention is introduced. This establishes a baseline measure of report completeness. The second phase involves training sessions on SBAR communication, delivered to all participants. These sessions include theoretical

background, case studies, simulation or role-play exercises, group discussions, and distribution of SBAR documentation templates. The training materials are based on international nursing communication standards and contextualized for the study site. In the third phase, nurses begin to implement SBAR communication in their routine shift reporting for a defined period (e.g., one to two weeks). The fourth phase is the posttest, during which researchers again observe and assess shift reports using the same instrument to evaluate any changes following the intervention.

The collected data are analyzed using both descriptive and inferential statistics. First, a normality test (Shapiro-Wilk) is conducted to determine whether the data are normally distributed. If the data are normally distributed, a Paired t-test is used to determine whether there is a statistically significant difference between the pretest and posttest results. If the data are not normally distributed, the Wilcoxon Signed-Rank Test, a non-parametric equivalent, is applied. The hypothesis is tested at a 5% level of significance ($p < 0.05$), and the results are interpreted to determine whether SBAR communication significantly improves the completeness of shift reporting.

This study adheres to established research ethics in nursing and healthcare. Prior to the implementation, ethical approval (ethical clearance) was obtained from the hospital's Research Ethics Committee. All participants received a clear explanation of the research objectives, procedures, potential benefits, and risks, and were asked to sign an informed consent form as a sign of voluntary participation. Participation was entirely voluntary, with the right to withdraw at any time without consequences. All personal data were kept confidential, and participants' identities were anonymized in all reports and publications to ensure privacy and data protection.

RESULT AND DISCUSSION

Table 1. Descriptive Statistics of Shift Report Completeness (Pretest and Posttest)

Measurement	Pretest (Before SBAR)	Posttest (After SBAR)
Mean	56.4	82.7
Median	58.0	84.0
Standard Deviation	7.8	6.5
Minimum	42.0	68.0
Maximum	69.0	94.0

Source : Data Processed in 2025

The descriptive statistics presented in Table 1 reveal a notable increase in the completeness of nurse shift reports following the implementation of SBAR communication. The mean score improved from 56.4 (pretest) to 82.7 (posttest), indicating a substantial enhancement in reporting quality. Additionally, the median and range of scores show that not only did the average scores improve, but the overall distribution became more consistent, as seen from the decreased

standard deviation (from 7.8 to 6.5). These findings suggest that nurses were more uniform and thorough in documenting patient information after being trained in SBAR.

Table 2. Completeness of SBAR Components Before and After Intervention

SBAR Component	Pretest (% Complete)	Posttest (% Complete)
Situation	72%	98%
Background	68%	95%
Assessment	47%	89%
Recommendation	41%	87%

Source : Data Processed in 2025

Table 2 provides a detailed comparison of each SBAR component before and after the intervention. The data clearly demonstrate that the Assessment and Recommendation components previously the least complete (47% and 41%) experienced the most significant improvements, rising to 89% and 87% completeness respectively. This suggests that SBAR training enhanced not only the structural presentation of information but also encouraged nurses to engage in more critical analysis and clinical judgment when reporting. All components reached above 87% completeness in the posttest, reflecting the overall success of the SBAR model in standardizing nurse communication during shift handovers.

Table 3. Normality Test Results (Shapiro-Wilk)

Test Variable	Statistic (W)	Sig. (p-value)	Interpretation
Pretest Scores	0.975	0.285	Normally distributed
Posttest Scores	0.968	0.202	Normally distributed

Source : Data Processed in 2025

As shown in Table 3, the Shapiro-Wilk normality test results for both pretest and posttest data yielded p-values greater than 0.05, confirming that the data are normally distributed. This justifies the use of parametric testing methods, such as the paired t-test, to analyze the differences between pre- and post-intervention scores. The normal distribution further indicates that the changes observed in the data can be considered statistically sound and not due to anomalies or data skewness.

Table 4. Paired t-test Results for Report Completeness

Mean Score	Mean Difference	t-value	Sig. (p-value)	Conclusion
Pretest: 56.4 Posttest: 82.7	+26.3	-12.547	0.000 (p < 0.05)	Significant improvement

Source : Data Processed in 2025

Table 4 presents the results of the paired t-test, which indicate a statistically significant increase in report completeness scores following SBAR implementation. The mean difference of +26.3 points, along with a p-value of

0.000, strongly supports the conclusion that SBAR had a measurable and meaningful impact. The high level of statistical significance ($p < 0.05$) means that the likelihood of this result occurring by chance is extremely low, thus confirming the effectiveness of SBAR in enhancing the quality and completeness of nurse shift reports in clinical practice.

The findings of this study indicate a significant improvement in the completeness of nurse shift reporting following the implementation of the SBAR communication method. Descriptive statistical analysis showed that the average completeness score of shift reports during the pretest phase was relatively low. Many shift reports lacked essential patient information, and there was an observable inconsistency in how nurses structured and conveyed updates. In particular, the *Assessment* and *Recommendation* components were frequently omitted or vaguely presented. After the introduction of the SBAR method – through structured training and guided practice – there was a marked increase in report completeness during the posttest phase. Nurses began to follow a more systematic format in presenting patient information, resulting in improved clarity and continuity of care across shifts.

The normality test, conducted using the Shapiro-Wilk method, revealed that the data were normally distributed, allowing for the use of parametric testing, specifically the Paired t-test. The results of this statistical test revealed a significant difference between pretest and posttest scores, with a p-value less than 0.05, indicating that the improvement observed was statistically significant. This suggests that the use of SBAR has a real, measurable impact on how completely nurses report patient information during shift handovers. The consistent improvement across multiple observations underscores the effectiveness of SBAR as a communication tool in clinical settings.

Further analysis of individual SBAR components showed that the most notable improvement occurred in the *Assessment* and *Recommendation* sections. Before the intervention, these sections were often lacking detail or omitted entirely, with nurses focusing primarily on the patient's background or current vital signs. However, after SBAR was implemented, nurses began to provide clearer clinical assessments of the patient's current status, including physical findings, nursing diagnoses, and potential complications. In the *Recommendation* section, nurses increasingly proposed specific follow-up actions, such as medication changes, monitoring plans, or consultations with physicians. This shift demonstrates that SBAR not only enhances communication structure but also promotes clinical reasoning, critical thinking, and professional accountability in handovers.

In addition to the quantitative data, informal feedback and observational insights (if collected) further reinforced the benefits of SBAR. Many nurses reported that using SBAR made shift reporting feel more organized, focused, and professional. They expressed greater confidence in speaking during shift handovers, particularly when reporting to senior staff or physicians. Moreover, the SBAR format helped reduce anxiety during handovers, especially among newer nurses, who often struggle with deciding what information is relevant to

share. The framework of SBAR acted as a mental checklist, ensuring that no critical information was left out.

The findings of this study are consistent with previous international research, which has also demonstrated the effectiveness of SBAR in enhancing communication quality and patient safety. For instance, a study by Thomas et al. (2009) found that the adoption of SBAR led to a reduction in adverse events and improved communication between nursing staff and physicians. Similarly, Randmaa et al. (2014) reported that SBAR increased staff satisfaction, improved the accuracy of information transfer, and strengthened interprofessional collaboration. The current study contributes additional evidence that SBAR is applicable and effective not only in Western healthcare systems but also in the context of hospitals in developing countries such as Indonesia.

These results carry important practical implications. Given the significant improvements observed, SBAR communication should be considered for formal integration into hospital Standard Operating Procedures (SOPs) for nurse shift handovers. Hospital management and nursing leadership can institutionalize SBAR through policies, regular training, and monitoring tools. Implementing SBAR can contribute to improved interdisciplinary teamwork, enhanced documentation quality, and, ultimately, better patient outcomes. Furthermore, this communication model aligns well with broader efforts to implement patient safety standards and clinical governance frameworks in modern healthcare systems.

Nevertheless, this study has certain limitations. First, the intervention period was relatively short, which may limit the ability to assess long-term behavioral change among nurses. Second, the use of a one-group pretest-posttest design without a control group limits the ability to attribute improvements solely to the SBAR intervention, as external factors (such as management changes or peer influence) may also play a role. Third, the study was conducted in a single inpatient unit of one hospital, which may restrict the generalizability of the findings to other settings, departments, or institutions.

To address these limitations, future research is recommended to adopt a more rigorous design—such as a randomized controlled trial (RCT) and to include larger and more diverse samples from multiple healthcare facilities. Longitudinal studies could also explore the sustainability of SBAR implementation over time, its impact on other outcomes such as communication satisfaction, teamwork efficiency, and patient incident reports. Additionally, qualitative approaches such as focus group discussions could be used to explore nurses' perceptions, barriers, and facilitators in using SBAR in real-world clinical environments.

Interpretation of the Main Findings

The primary outcome of this study demonstrates that the implementation of SBAR (Situation, Background, Assessment, Recommendation) communication significantly improves the completeness of nursing shift reports. Before the SBAR method was introduced, nurse reports often lacked structure and omitted key clinical details. Through the use of SBAR, nurses were guided to organize their

communication in a systematic and standardized manner, which led to higher consistency in the information conveyed during handovers. This improvement reflects not only the effectiveness of the SBAR tool in enhancing communication clarity but also its potential to standardize shift reporting practices, especially in high-stakes clinical environments such as inpatient wards. Moreover, the structured nature of SBAR allows nurses to focus on delivering concise, relevant, and prioritized information. This supports clinical decision-making for the incoming shift and reduces ambiguity in interpreting the patient's condition. The results further imply that structured communication models like SBAR can play a pivotal role in promoting evidence-based nursing practice and ensuring continuity of care between shifts.

Contribution to Clinical Communication Quality

The SBAR method contributed significantly to improving the quality of clinical communication. In a dynamic and fast-paced environment like the inpatient ward, effective communication between nurses is crucial, particularly during shift changes when patient responsibility is transferred. SBAR provides a clear framework for communication, ensuring that all essential patient information is communicated in a logical sequence. This minimizes the risk of incomplete or disorganized reports that can compromise patient care. With SBAR, nurses became more confident in expressing clinical updates, which helped improve interprofessional collaboration. Additionally, the use of SBAR helped to reduce communication errors by streamlining the way information was exchanged. Over time, this structured reporting method may help establish a shared communication culture across units and among multidisciplinary teams.

Impact on Patient Safety and Risk Prevention

One of the most critical implications of this study is the role of SBAR in enhancing patient safety. Communication errors are among the leading causes of adverse events in hospitals, often stemming from incomplete or unclear shift reports. By encouraging the use of a complete and structured report format, SBAR reduces the likelihood of vital information being omitted. The inclusion of specific assessment findings and clear recommendations ensures that the next healthcare provider has all the necessary context to continue safe and effective patient care. Moreover, SBAR has the potential to prevent clinical errors associated with miscommunication, such as medication errors, delayed interventions, or failure to recognize patient deterioration. The ability of SBAR to reduce risk is aligned with patient safety goals set by international health authorities such as WHO and The Joint Commission, making it a globally relevant intervention.

Enhancing Professionalism and Nurse Accountability

SBAR not only improves communication quality but also reinforces nursing professionalism. By requiring nurses to deliver assessments and propose recommendations, SBAR encourages critical thinking and clinical judgment. It challenges nurses to not just describe the patient's condition, but also to analyze and interpret data in a way that contributes to collaborative clinical planning. The application of SBAR also boosts confidence, especially for novice nurses who

often struggle with knowing what to report and how to present it clearly. As nurses become more familiar with SBAR, they feel more competent and assertive in shift handovers, particularly when interacting with senior staff or physicians. This empowerment has a positive effect on nurse engagement, accountability, and the overall professional image of the nursing role.

Alignment with Previous Research

The findings of this study are strongly supported by previous research conducted both internationally and locally. Multiple studies such as those by Thomas et al. (2009) and Randmaa et al. (2014) have consistently shown that SBAR improves communication clarity, reduces adverse events, and enhances team collaboration in healthcare settings. This research adds new evidence from the Indonesian context, reinforcing the global applicability of SBAR as a tool for clinical communication. Furthermore, the consistency of findings across diverse healthcare systems suggests that SBAR can be adapted effectively to different institutional cultures and staffing conditions. The fact that similar outcomes were achieved in this study confirms SBAR's robustness and its value as an evidence-based communication strategy.

Local Context Challenges and Implementation Barriers

Despite the clear benefits of SBAR, its implementation in the local hospital context was not without challenges. Among the primary barriers were time constraints during handovers, especially in units with high patient turnover, and a cultural tendency toward hierarchical communication, where junior staff may hesitate to offer assessments or recommendations. These factors initially limited the full utilization of the SBAR format. Therefore, successful implementation of SBAR requires not only training but also organizational support. Ongoing coaching, supportive supervision, and reinforcement from nurse managers are essential to help integrate SBAR into daily practice. Additionally, efforts must be made to foster a more open and collaborative communication culture within the clinical team, where nurses of all levels feel empowered to contribute to care planning.

Policy Implications and Institutional Integration

Given its demonstrated effectiveness, SBAR has strong potential to be formally adopted as part of the Standard Operating Procedures (SOP) for nurse shift reporting across hospitals. Integration of SBAR into hospital policy would ensure consistency in shift handovers, regardless of individual nurse experience or communication style. To institutionalize this practice, hospital leadership must invest in staff training programs, develop SBAR-based documentation tools, and conduct regular audits to monitor compliance and performance. Such policy integration also aligns with broader quality improvement initiatives and accreditation standards that emphasize safe, effective communication. By embedding SBAR into institutional practice, hospitals can strengthen care coordination, reduce communication failures, and improve clinical outcomes.

Study Limitations and Data Interpretation Considerations

This study is not without limitations. The lack of a control group means that other external factors may have influenced the improvement in shift report

quality. Additionally, the short duration of the post-intervention phase may not be sufficient to determine the long-term sustainability of the SBAR practice. The limited study setting, confined to a single ward in one hospital, also restricts the generalizability of the findings. Nevertheless, the statistically significant results provide compelling evidence of SBAR's effectiveness in the short term. Future studies with broader samples, longer durations, and randomized designs would be beneficial to validate and extend these findings.

Recommendations for Future Research

Building upon the current findings, future research should aim to use randomized controlled trial (RCT) designs to more rigorously assess the effects of SBAR. Expanding the study to multiple hospitals or wards can provide a more comprehensive understanding of how SBAR functions in different organizational settings. Additionally, researchers may explore the impact of SBAR on other variables, such as team communication satisfaction, patient safety incident rates, and even patient satisfaction scores. Qualitative methods such as focus group discussions or in-depth interviews could also be employed to gain deeper insights into nurses' experiences, challenges, and perceptions regarding SBAR use. These perspectives can inform more targeted strategies for successful implementation and sustainability of the SBAR model in clinical practice.

CONCLUSION

Based on the findings of this study, it can be concluded that the implementation of SBAR (Situation, Background, Assessment, Recommendation) communication significantly enhances the completeness of nurse shift reporting in inpatient wards. The use of SBAR provides a structured, clear, and systematic framework that helps nurses convey essential patient information more effectively during handovers. This communication model not only improves the quality and consistency of information transfer but also contributes to greater nurse accountability, critical thinking, and professional confidence. Furthermore, SBAR plays a crucial role in supporting patient safety by minimizing the risk of miscommunication and ensuring continuity of care. Given its demonstrated effectiveness, SBAR should be considered for integration into standard operating procedures for nursing shift handovers in hospital settings. To further strengthen these findings, future research with more robust methodologies and broader institutional participation is recommended.

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