

Perception of the Handover Communication with Situation, Background, Assessment, Recommendation (SBAR) at the Ummi Hospital, Bogor City, Indonesia

Diah Setyaningsih^{1*}, Wahyu Sulistiadi¹ and Al Asyary²

¹Department of Health Administration and Policy, Faculty of Public Health, Universitas Indonesia, Depok, Indonesia

²Department of Environmental Health, Faculty of Public Health, Universitas Indonesia, Depok, Indonesia

*Corresponding author

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Abstract: Handover communication, that recommended by WHO, has the purpose of ensuring the continuity and safety of the patient's care. The success of patient treatment increases with the success of handover with Situation, Background, Assessment, Recommendation (SBAR) method in some relevances settings which emerged a question whether it will succeed in various setting. This study aims to know the perceived of handover communication with the SBAR method, including its perception with the work environment, safety behavior, and supervision in the Ummi Hospital of Bogor, Indonesia. The qualitative approach was conducted with a semi-structured questionnaire to enhance the study aimed. The subject was all nurses and midwives in the Emergency Unit, Inpatient Unit, ICU, NICU/PICU, Delivery Unit and Operating Room (n = 71). In general, the medical staffs in the ED of Ummi Hospital of Bogor City had awareness about the importance of communication during handover, although it has not yet implemented in all daily duty activity. All of the subjects agreed that SBAR made the handover communication happens with understandable language to all nurses and midwives, with 61.9% agreeing that it was easy to use as it uses a short sentence. Meanwhile, there 90.9% of nurses and midwives agreed to use language with a sentence that mentions the main points. Almost medical staffs perceived that the handover communication with SBAR would be useful in those variables. It is essential to foster any efforts to well-implemented this approach in daily activity at the Ummi Hospital of Bogor.

1 INTRODUCTION

Handover (also called *handoff*) is an interactive process of transferring patient-specific information from one caregiver to another or one care team to the next care team with the aim of ensuring the continuity of the patient's care and security process (Patton et al., 2007). The handover process has a major impact on the continuity of care and patient safety Ministry of Health, 2017). The quality of handover becomes very important because the poor handover can lead to inappropriate treatment, delays in diagnosis, additional hospitalization time and patient and nurse dissatisfaction (Thomson, 2015). One of the service units in hospitals that have crucial handover is the Emergency Department.

Emergency Department (ED) have unique characteristics with handover communication that

cannot be predicted due to having a fast patient flow and an increasing number of patients in a short time. This situation also puts great pressure on the nurses in charge (Healy et al., 2011). It found that the quality of handover increased in the ED as the patient inflows slowed, the nurse had a good experience, a comfortable situation and a good relationship between the nurse giving and receiving the patient when taking care (Thomson, 2015). The success of communication handover is influenced by physical environmental factors, social, language barriers, communication media (Solet et al., 2005), as well as the ability of nurses (Foster-Hunt et al., 2015; Santana et al., 2018).

Situation, Background, Assessment, and Recommendation (SBAR) method is a standard communication procedure made by clinical staff at the Kaiser Permanente Organization in Colorado, United States (Institute for Healthcare Improvement

SBAR,2014). SBAR is officially recommended by WHO as an effort to improve the quality of handover communication that leads to patient safety. For nurses who give over to take care of transferring the SBAR method, the nurse accepts to take care of listening, checking in the transfer paper guard, taking notes and asking questions that are not clear to the nurse giving the guard. Handover can also involve the patient's family waiting for the patient by asking the patient's family about additional information that the nurse may not yet know (Herm-Barabasz, 2015).

Based on the published official report, the Ummi Bogor Hospital ED had not implemented the standardized handover communication yet before. Currently, the hospital declares and start to implement this method in their handover communication as well as in their workflow activities including in the ED department. At present, the Bogor Ummi Hospital ED consists of 12 nurses and 1 midwife, 8 of whom have certified as Basic Trauma Cardiac Life Support (BTCLS) care. Although some nurses have received effective handover training, the implementation has not been implemented according to several factors. Therefore, this study explores the working environment, safety behavior, and supervision aspects of the effectivity of communication handover at the Ummi Hospital of Bogor City, Indonesia.

2 MATERIAL AND METHODS

This study used the SBAR method with the qualitative approach with semi-structured questionnaire for all nurses and midwives in the ED, Inpatient Installation, ICU, NICU/PICU, Maternity Room, and Ummi Bogor Hospital Operation Room (n = 71). Validity and reliability of questionnaire assessed by Cronbach's alpha test for reliability, while the correlated item-total correlation for validity test. Multiple linear regression was conducted to analyze the correlation adjusted on communication handover at the ED of the Ummi Bogor hospital, Bogor City, Indonesia.

The study was conducted after obtaining approval from the University of Indonesia's Public Health Faculty Research Ethics Committee and Public Health Service with letter number: 579/UN2.F10/PPM.00.02/2017 dated 21 November 2017.

3 RESULT

It shows that all of nurses and midwives at the ED of Ummi Bogor agreed to use understood language to their comrades, while 61.9% agreeing to use a short sentence. A total of 90.9% of nurses and midwives agreed to use language with a sentence that mentions the main points in the handover in accordance with the SBAR sequence order and as many as 70.9% of nurses agree to take notes with short sentences as handover documentation (Table 1).

Table 1. Perceived of the Handover Communication with SBAR at the ED of Ummi Hospital in Bogor

No	Statement	Scoring				
		Strongly agree	Agree	Doubtful	Disagree	Strongly Disagree
	Handover Communication					
A	Language					
	The language used in the handover communication at Ummi Bogor Hospital is a language that is understood by all clinical staff	26 (47.3%)	29 (52.7%)	-	-	-
	It used a short sentence,	9 (16.4%)	24 (45.5%)	8 (14.5%)	13 (23.6%)	-
	The sentence used, mentions the points to be taken in accordance with the order of SBAR	20 (36.4%)	30 (54.5%)	4 (7.3%)	1 (1.8%)	-
	Recorded with short sentences as documentation handover	13 (23.6%)	26 (47.3%)	8 (14.5%)	7 (12.7%)	1 (1.8%)

No	Statement	Scoring				
		Strongly agree	Agree	Doubtful	Disagree	Strongly Disagree
B	Standard Method					
	The current handover procedure at the Ummi Bogor Hospital has been carried out according to the SBAR standards I learned	10 (18.2%)	34 (61.8%)	10 (18.2%)	1 (1.8%)	-
	If there is an unclear sentence according to the recipient nurse, the nurse who gave over the care shall repeat the sentence	24 (43.6%)	30 (54.5%)	1 (1.8%)	-	-
	The implementation of the SBAR standard method makes it easier for me to work	14 (25.5%)	38 (69.1%)	3 (5.5%)	-	-
	The SBAR method makes me focus on efforts to improve patient safety	14 (25.5%)	38 (69.1%)	3 (5.5%)	-	-

There was 80% of nurses and midwives agreed that the handover procedure at the ED of Ummi Bogor Hospital had been carried out according to the method of SBAR method, and 94.6% agreed that the handover method made their work easier. When handover happened, if there is a sentence that is unclear according to the nurse

or midwife of the handover recipient, 98.1% of nurses and midwives who give handover agreed to repeat the sentence. As many as 94.6% of respondents agreed that the handover method with SBAR can make them more focus on efforts to improve patient safety (Table 2).

Table 2. Perceived of the Handover Communication with SBAR to Work Environment, Safety Behaviors, and Supervision at the ED of Ummi Hospital in Bogor

No	Statement	Scoring				
		Strongly agree	Agree	Doubtful	Disagree	Strongly Disagree
	Work Environment					
A	Physical Environment					
	The job support tools have been complete	8 (14.5%)	18 (32.7%)	18 (32.7%)	11 (20%)	-
	Tools have been placed according to safety rules	6 (10.9%)	25 (45.5%)	22 (40%)	2 (3.6%)	-
	It held periodic tool checking/calibration	7 (12.7%)	26 (47.3%)	18 (32.7%)	4 (7.3%)	-
	If there is damage, it quickly replaced	6 (10.9%)	21 (38.2%)	19 (34.5%)	5 (9.1%)	4 (7.3%)
	Laboratories support the work adequately	3 (5.5%)	28 (50.9%)	18 (32.7%)	6 (10.9%)	-
	Pharmacy installations support the work adequately	3 (5.5%)	29 (52.7%)	19 (34.5%)	4 (7.3%)	-
	Radiology installations support the work adequately	3 (5.5%)	27 (49.1%)	13 (23.6%)	11 (20%)	1 (1.8%)
B	Psychic Environment					
	I have a reward if I get an achievement at my job	6 (10.9%)	19 (34.5%)	24 (43.6%)	4 (7.3%)	2 (3.6%)
	I have leeft that according to the Ministry of	17 (30.9%)	31	7	-	-

No	Statement	Scoring				
		Strongly agree	Agree	Doubtful	Disagree	Strongly Disagree
	Manpower's provisions. The right to leave for employees according to Law no. 13 of 2003 concerning Manpower, namely in the form of annual leave, maternity leave, leave if sick and leave due to important needs		(56.4%)	(12.7%)		
	I have enough rest time	8 (14.5%)	26 (47.3%)	17 (30.9%)	4 (7.3%)	-
	I have enough worship opportunities	17 (30.9%)	32 (58.2%)	4 (7.3%)	1 (1.8%)	1 (1.8%)
	I have a salary according to workload	8 (14.5%)	15 (27.3%)	21 (38.2%)	10 (18.2%)	1 (1.8%)
C	Social environment					
	I have a clear career path according to the achievement	7 (12.7%)	18 (32.7%)	23 (41.8%)	6 (10.9%)	1 (1.8%)
	If there is a dispute, it is settled in a familial manner	12 (21.8%)	32 (58.2%)	10 (18.2%)	1 (1.8%)	-
	My co-worker is willing to help if I experience difficulties	16 (29.1%)	35 (63.6%)	3 (5.5%)	1 (1.8%)	-
	Safety Behavior					
	Standard Operating Procedure					
	SOP already exists in the unit where I work	10 (18.2%)	31 (56.4%)	13 (23.6%)	1 (1.8%)	-
	I understand the SOP that applies in my work unit	9 (16.4%)	33 (60%)	12 (21.8%)	1 (1.8%)	-
	I obey the SOP in my work unit	9 (16.4%)	36 (65.5%)	9 (16.4%)	1 (1.8%)	-
	SOP helps simplify my work	8 (14.5%)	43 (78.2%)	3 (5.5%)	1 (1.8%)	-
	SOP evaluation is carried out according to the development needs in my work unit	11 (20%)	30 (54.5%)	12 (21.8%)	2 (3.6%)	-
B	Patient Safety					
	My education matches with the unit I work for	24 (43.6%)	27 (49.1%)	4 (7.3%)	-	-
	When handover, I identified the patient next to the patient him/herself	16 (29.1%)	32 (58.2%)	5 (9.1%)	2 (3.6%)	-
	When handover, I mentioned the patient's disease history	16 (29.1%)	36 (65.5%)	1 (1.8%)	2 (3.6%)	-
	When handover, I mentioned the results of my patient's examination	18 (32.7%)	34 (61.8%)	1 (1.8%)	2 (3.6%)	-
	When handover, I mentioned the need for patient care which needed	15 (27.3%)	34 (61.8%)	6 (10.9%)	-	-
	I apply the informed consent before taking the medical care	29 (52.7%)	26 (47.3%)	-	-	-
	Safety signs are complete	7 (12.7%)	19 (34.5%)	27 (49.1%)	2 (3.6%)	-
	I always make sure the patient's warning signs are clearly read	7 (12.7%)	28 (50.9%)	18 (32.7%)	2 (3.6%)	-

No	Statement	Scoring				
		Strongly agree	Agree	Doubtful	Disagree	Strongly Disagree
	The safety line is clear	1 (1.8%)	27 (49.1%)	25 (45.5%)	2 (3.6%)	-
	Floor tight (not slippery)	8 (14.5%)	37 (67.3%)	9 (16.4%)	1 (1.8%)	-
	The floor is easy to clean	9 (16.4%)	40 (72.7%)	6 (10.9%)	-	-
	When there is contamination (vomiting, blood or other contaminants) the cleaning is done immediately by the officer	12 (21.8%)	31 (56.4%)	10 (18.2%)	2 (3.6%)	-
C	Code of Conduct					
	Regulations at the Ummi Bogor Hospital were carried out in an orderly manner	13 (23.6%)	34 (61.8%)	7 (12.7%)	1 (1.8%)	-
	I have a warning when breaking the rules	11 (20%)	43 (78.2%)	-	1 (1.8%)	-
	Shift changes are done on time	13 (23.6%)	27 (49.1%)	11 (20%)	4 (7.3%)	-
	Working hours are in accordance with the applicable rules	19 (34.5%)	28 (50.9%)	7 (12.7%)	1 (1.8%)	-
	Shifting happens in regularly	18 (32,7%)	29 (52.7%)	8 (14.5%)	-	-
	Exchange of shift schedules for team members is reported to the coordinator	20 (36.4%)	31 (56.4%)	4 (7.3%)	-	-
	Supervision					
A	Leadership					
	There is a person in charge of each handover team	18 (32.7%)	34 (61.8%)	3 (5.5%)	-	-
	There is a clear work division among the handover team members	18 (32.7%)	26 (47.3%)	10 (18.2%)	1 (1.8%)	-
	Each member of the work team can propose the progress of the handover team	10 (18.2%)	39 (70.9%)	6 (10.9%)	-	-
	Team members involved in the decision making of the handover team	13 (23.6%)	34 (61.8%)	8 (14.5%)	-	-
	The leader of the team ensures that the patient's standard needs are carried out on demand	12 (21.8%)	33 (60%)	9 (16.4%)	1 (1.8%)	-
B	Monitoring					
	The hospital management supervised the handover	6 (10.9%)	31 (56.4%)	15 (27.3%)	3 (5.5%)	-
	Periodic evaluation of handover is carried out by management	7 (12.7%)	31 (56.4%)	16 (29.1%)	1 (1.8%)	-
	Periodic training of handover is carried out	9 (16.4%)	27 (49.1%)	18 (32.7%)	1 (1.8%)	-
	The hospital conducts a comparative study to another hospital about the handover procedure	3 (5.5%)	28 (50.9%)	19 (34.5%)	5 (9.1%)	-
	The investigation is carried out if an error handoff is found	11 (20%)	34 (61.8%)	9 (16.4%)	1 (1.8%)	-

4 DISCUSSIONS

Initially, the SBAR communication method adopts communication procedures in the United States Navy which composes effective communication in the US submarine industry. The soldiers use the SBAR method which can be effectively used for all people at all levels, with structured communication (Narayan,2013). In its development, the basic pattern of SBAR can be adapted to existing needs, such as the replacement of the treating physician or the discussion of the patient's condition. The previous study states that the use of standardized communication through the SBAR method is able to create a safe atmosphere and decrease the incidence of accidents due to communication disruptions (Randmaa,2016).

Others studies also stated that the existence of standard standards can make communication over guard more smoothly. (Cheung et al.,2010;Cohen et al., 2010;Asyary et al., 2013). Handover communication is called effective communication as seen from the outcome that is in the form of certainty and continuity of uninterrupted treatment seen from the patient's medical record (WHO,2007). In this study, handover communication is seen from the perception of nurses and midwives because perception is the result of one's knowledge. Perception includes passive behavior as well as thinking and opinion, depending on the objective of the workflow and the actors involved (Santana et al., 2018). In this case, the perception of nurses examined through questionnaires was the result of knowledge possessed by nurses and midwives, after receiving training (Agiviana,2015). Handover communication is considered effective based on the standard language and method, that is, if the language is neatly arranged, the contents of the content are kept the same and the standard method of SBAR is applied in an effort to improve patient safety(Thomson,2015;Cheung et al.,2010;Ellis et al., 2003).

Other studies have previously stated that relationships in teamwork (*relationship*), job stress, fatigue and standard procedures over guarding affect handover communication (Thomson,2015). The leadership factor in the work team as the concept of the System Migration Model has stated that handover communication in the team is not only to explain the needs and conditions of the patient but also to make important decisions in determining the necessary steps of care (Cornell et al., 2014). The nurse leadership attitudes in terms of patient safety are significantly related to staff perceptions of

patient safety culture (Drake,2015). Lack of responsibility sense, language barriers, ability to well communicate factors also become variables that influence the occurrence of failure handover (Quattrin et al., 2014).

This study finding shows that all of nurses and midwives in the ED of Ummi Hospital Bogor agreed to use language understood by all nurses and midwives, with 61.9% agreeing to use a short sentence. This gap in approval rate shows that not all nurses and midwives agree that language that is easy to understand is a short language. In its application, there is a short variation of sentence length according to the perception of each respondent. If it is related to the results in the same finding that 90.9% of nurses and midwives agree to use language with a sentence that mentions the points to keep in accordance with the sequence order of SBAR. It can be concluded that most respondents use communication in an easy to understand language with varying sentence lengths but contains the points of handover in accordance with the sequential order of *Situation, Background, Assessment, Recommendation*.

There was 70.9% of respondents agreed to write a record of short sentences as handover documentation. These results indicate that respondents realize that the use of the standard method of overseeing SBAR as a handover method through verbal conversation must be supported by writing a record as part of the documentation. In fact, several of the patient's information was lost in the event of a transfer of care in the ED caused by communication that was not running well and structured (Bennett et al., 2016). The mistake of handover at the ED does not only cause treatment results which are not optimal but also results in the patient losing medical history information that will be useful in the future. Procedure improvement through the use of standard procedures is a solution to facilitate the handover process.

The use of standardized communication through the SBAR method is able to create a safe atmosphere and decrease the incidence of accidents due to communication disruptions (Randmaa,2013). SBAR is the best method that contains critical information about patients that can be well drawn up and consistent at all times (Warrier, 2011).SBAR brevity is useful to go directly to the main points of information so that communication becomes directed. Although the main principle of communication is very simple, which starts from the ability to hear and understand the interlocutor rather than talking and trying to convince the other person

(Tunajek, 2010). In practice, there are many factors that can become inhibitors, such as stress and lack of standard procedures (Cheung et al., 2010). SBAR standard procedures make it easier to carry out the handover by making restrictions and directions of conversation so that information can be handed over appropriately (Anselm, 2017)

5 CONCLUSION

This study revealed that the SBAR method, that implements to support a better work environment, safety behavior, and supervision has made better handover communication. Safety behavior shows the consistency perception about the handover communication with SBAR influence in order to achieve patient safety at the primary care. However, all medical staff has not yet implemented this issue on their daily duty all activity. It is essential to overlook these variables with quantitative approach to discover the validity of relationship significances as well as fostering the method by well-structured training and information from databases in primary care in the further studies.

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