

ORIGINAL ARTICLE

Effects of Situation, Background, Assessment, and Recommendation (SBAR) Usage on Communication Skills among Nurses in a Private Hospital in Kuala Lumpur

Ho Siew Eng^{1*}, Akina Teh Gek Kin¹, Thanaleetchumi A/P Mani¹

¹Nursing Division, School of Health Sciences, International Medical University, Kuala Lumpur, Malaysia

Abstract:

Background: Situation, Background, Assessment and Recommendation (SBAR) is a standardized communication tool used to enhance patients' safety and quality of care in the hospital. *Aim and Objectives:* The objective of this study was to determine the effects of Situation, Background, Assessment, and Recommendation (SBAR) usage on the communication skills among nurses in a private hospital in Kuala Lumpur. *Material and Methods:* A cross-sectional descriptive study was conducted with 189 respondents who fulfilled the inclusion criteria. A set of questionnaires related to communication using SBAR was adapted and scored using a 5-point Likert scale. *Results:* The mean total score of communication was ($M = 25.63$, $SD = 6.74$) which indicated moderate level. There were significant differences between marital status of respondents with communication level of married ($M = 30.26$, $SD = 7.29$) and unmarried ($M = 22.04$, $SD = 7.85$) with ($t = -7.95$, $p < 0.01$). There was likewise, significant difference found between higher diploma respondents ($M = 30.26$, $SD = 5.19$) ($M = 24.76$, $SD = 7.99$) and diploma with ($t = -4.82$, $p < 0.01$). In terms of designation, communication level was higher among charge nurses ($M = 29.50$, $SD = 5.73$) than registered nurses ($M = 24.12$, $SD = 7.98$) with ($t = -3.19$, $p < 0.01$). *Conclusion:* Effective communication through the use of SBAR is associated with the marital status, education level, and designation of nurses in the private hospital.

Keywords: Nurse, Communication, Situation-Background-Assessment-Recommendation (SBAR).

Introduction:

The exchange of information and patient care between nurses and other healthcare providers occurs on a daily basis. Handover communication process is a crucial part in patient care and nurses are the primary participants as they have the responsibility of providing healthcare [1]. It is vital that nurses have standardised communication tools to effectively transfer information about patients to other healthcare professionals [2]. Poor communication, or miscommunication, between healthcare professionals has been recognised as a major factor in errors compromising patient care, which may even result in deaths due to medical errors [3]. The Situation, Background, Assessment and Recommendation (SBAR) model has been suggested as a channel to facilitate effective communication between healthcare professionals [4]. It provides a framework for communication regarding patient's condition, and found to be an effective tool to develop teamwork [2]. If the information is incorrect, it might compromise the patient's treatment outcomes [5]. Nurses who are aware of the risks of miscommunication will be better prepared to handle unforeseen circumstances, thus ensuring optimal communication and maintain safe patient care [6]. SBAR communication was implemented 5 years ago at a private hospital in Kuala Lumpur, but a number of medical errors still occurred due to mis-

communication. The Quality Control unit reported 21% of medical errors in 2011, which increased to 54% in 2015. The nurses' lack of communication with other healthcare providers resulted in delays when attending to the patients' treatment, failure to adhere to specific cases, and misplaced patient documentation and records. Thus, the aim of the study was to assess the effects of SBAR usage on the communication skills among nurses in a private hospital in Kuala Lumpur.

Material and Methods:

Design

A descriptive cross-sectional study design was conducted on Registered Nurses from a private hospital in Kuala Lumpur from October 2015 to January 2016. A total of 189 respondents who fulfilled the inclusion criteria were recruited.

Data Collection and Instruments

The respondent's socio-demographic data, which include marital status, education level, designation and ward placement was obtained. A 12-item questionnaire on SBAR communication was adapted and modified from Sears et al. [7]. Items were scored according to a 5-point Likert scale, with 1=Strongly Disagree, 2= Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree. Dependability was determined by using the Cronbach Alpha more than (0.7), suggesting that the items have relatively high internal consistency and reliability.

Ethical Approval

Data collection was carried out after obtaining approval from the Ethics and Research Committee of International Medical University (IMU) (BN 1/2016: PR-32) and the chairman of the private hospital in Kuala Lumpur, and permission was obtained to carry out the study.

Confidentiality and anonymity of respondents' personal information was maintained by the researcher throughout the study.

Data Analysis Techniques

Data from this study was analysed using Statistical Package for the Social Science (SPSS) version 20. The socio-demographic data of the respondents were analysed using descriptive statistics, and independent t-test to identify the association between socio-demographic data with the effects of SBAR usage on the nurses' communication skills.

Results:

Table 1 shows the respondents' socio-demographic data. There were 104 (55%) single respondents and 85 (45%) who were married. The majority of the respondents are diploma holders (159; 84%) with 30 respondents (16%) having higher diploma qualification. 167 respondents (88%) were registered nurses and only 22 (12%) were charge nurses. Majority of them are working in medical/surgical unit (128; 68%) while the other 61 respondents (32%) are working in specialized units. Table 2 shows there was significant difference between single and married respondents, with ($t = -7.954$; $p \text{ value} = < 0.001$). The mean and standard deviation of respondents with diploma was ($M = 24.76$, $SD = 7.99$) while those with higher diploma had higher mean and standard deviation scores ($M = 30.26$, $SD = 5.19$). There was significant difference between respondents' education level and communication skills, with ($t = -4.82$; $p \text{ value} = < 0.001$).

Charge nurses had a higher mean and standard deviation ($M = 29.50$, $SD = 5.73$) compared to registered nurses which had lower score in communication skills ($M = 25.12$, $SD = 7.98$).

There was significant difference between respondents' designation with ($t = -3.19$; $p \text{ value} < 0.001$). There was minimal difference in mean and standard deviation in the respondents' ward

placement with medical/ surgical unit nurses scoring slightly higher ($M = 25.92, SD = 7.87$) than the specialty nurses with no significant difference ($t = 0.745$; $p \text{ value} > 0.05$) ($M = 25.01, SD = 7.89$).

Table 1: Respondents' Socio-demographic Data (n=189)

Characteristics	Variables	Respondents (n) (%)
Marital status	Single	104 (55)
	Married	85 (45)
Education level	Diploma	159 (84)
	Higher diploma	30 (16)
Designation	Registered Nurses	167 (88)
	Charge Nurse	22 (12)
Ward Placement	Medical/Surgical	128 (68)
	Specialized units	61 (32)

Table 2: Respondents' Total Mean Score of Communication Skills for SBAR with socio-demographic Data (n=189)

Variables	Communication skills	Mean \pm SD	t	p
Marital status	Single	22.04 \pm 6.58	-7.954	0.00**
	Married	30.02 \pm 7.92		
Education level	Diploma	24.76 \pm 7.99	-4.82	0.00**
	Higher diploma	30.26 \pm 5.19		
Designation	Registered Nurses	25.12 \pm 7.98	-3.19	0.00**
	Charge Nurse	29.50 \pm 5.73		
Ward Placement	Medical/Surgical	25.92 \pm 7.87	0.745	0.457
	Specialized units	25.01 \pm 7.89		

*Statistically significant $p < 0.05$, ** $p < 0.001$

Discussion:

The complexity of patient care make it crucially important that nurses have structured communication tool to effectively transfer information about patients to other healthcare professionals. The SBAR communication tool is one such method, which has become increasingly popular among nurses and physicians to convey patient information.

Results of the study showed that the respondents' total mean score of communication was ($M = 25.63$), which indicated that usage of SBAR had a moderate effect on their communication skills. This is congruent with a study which found SBAR to be an effective tool in team and individual communication, with perceived improvement in patient safety culture and reporting of incidents and near misses [8]. A similar study concluded that SBAR provides a structure for better communication between nurses and other health care providers on patient's condition, and has been found to accommodate the collection, organization, and exchange of information among nurses and other health care providers [2]. Therefore, continuous training is required to reinforce the importance of SBAR among nurses.

This study found that respondents' marital status, education level and designation affected their communication skills in the usage of SBAR. Married respondents were deemed able to communicate more effectively, as they were more likely to be exposed to social settings in their everyday lives. Those with higher education levels would have better critical thinking skills and able to communicate more effectively with other healthcare providers in the hospital. As supported by another study, there must be proper training given prior to using the SBAR to ensure effective communication among healthcare providers [9].

In terms of designation, charge nurses were considered senior nurses with higher qualifications (Bachelor of Nursing) and more than 6 years of working experience, compared to Registered Nurses. This is in line with Benner's [10] theory of novice to expert, which explains why charge nurses had better communication skills with usage of SBAR.

Nurses are the backbone of the hospital, in which patient satisfaction and high quality of care are important in achieving delivery of optimum care. Structured communication models are powerful. Further expansion and implementation of communication models that assist experience, peer dependency, and direct face-to-face communication are proven to enhance communication between nurses and other healthcare providers in the acute clinical setting [11]. Therefore, it is vital that nurses are able to effectively communicate important information regarding patients during handover.

Conclusion:

Majority of the nurses involved in the study are familiar with SBAR as a communication tool and its usage. Married nurses, and those with higher education level and senior designations were deemed to possess better communication skills in using SBAR with other healthcare providers. It can be said that experience and critical thinking ability is necessary in situations where nurses have a deep understanding of the situation and are able to effectively communicate important patient information. Continuous nursing education must be supported by the organization to further enhance nurses' knowledge and skills, prevent miscommunication resulting in medical errors, increase confidence and enhanced patient care in the clinical setting.

Source of funding: IMU funding

References

1. Friensen MA, White SV, Byers JF. Chapter 34. Handoffs: Implications for Nurses. *Patient Safety and Quality: An Evidenced Based Handbook for Nurses*. 2008; 45: 285-332.
2. Leonard M, Graham S, Bonacum D. The human factor: the critical importance of effective teamwork and communication in providing safe care. *Quality and Safety in Healthcare* 2004; 13(1):i85-i90.
3. Marshall S, Harrison, J, Flanagan, B. The teaching of a structured tool improves the clarity and content of interprofessional clinical communication. *Quality and Safety in Healthcare* 2009; 18(2):137-40
4. Beckett CD, Kipnis G. Collaborative communication: Integrating SBAR to improve quality/ patient safety outcomes. *Journal for Healthcare Quality* (report No.5) 2009.
5. Greenberg CC, Regenbogen SE, Studdert DM, Lipsitz SR, Rogers SO, Zinner MJ, et al. Patterns of communication breakdowns resulting in injury to surgical patients. *J Am Coll Surg* 2007; 204(4): 533-40.
6. Bramhall E. Effective communication skills in nursing. *Nursing Standard* 2014; 29(14):53-9.
7. Sears K, Lewis ST, Craddock MDM, Flowers BR, Bovie LC. The evaluation of a communication tool within an acute healthcare organization. *J Hosp Admin* 2014; 3(5):79-87.
8. Velji K, Baker GR, Fancott C. Enhancing Effective Team Communication for Patient Safety: An Adapted SBAR Communication Tool for Rehabilitation. *Healthcare Quarterly (Toronto, Ont.)*. 2008; 11(3): 72-9.
9. Cunningham N, Weiland, TJ, Van Dijk J, Cunningham NY. Telephone referrals by junior doctors: A randomised controlled trial assessing the impact of SBAR in a simulated setting. *Postgraduate Medical Journal* 2012; 88(1045):619-26.
10. Benner P. From novice to expert. *Am J Nurs* 1982: 402-7.
11. Reese J, Simmons, R, Barnard J. Assertion Practices and Beliefs among Nurses and Physicians on an Inpatient Pediatric Medical Unit. *American Academy of Paediatric* 2016 doi: 10.1542/hpeds.2015-0123.

***Author for Correspondence:** Dr. Ho Siew Eng, Associate Professor, Nursing Division, School of Health Sciences, International Medical University, No. 126, Jalan Jalil Perkasa 19, Bukit Jalil 57000, Kuala Lumpur, Malaysia
Email: hosieweng@imu.edu.my Tel: 006-03-86567228