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Effectiveness of SBAR Daily Shift Report Training Program on Quality of Care among Staff Nurses

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Abstract: Background: Effective patient care relies on the clear and concise transfer of clinical information among healthcare providers during handoff sessions. The SBAR technique is a widely employed method to enhance communication in healthcare settings. **Purpose**: To evaluate the effectiveness of SBAR daily shift report training program on quality of care among staff nurses. Sample: A convenient sample of 58 staff nurses. **Setting:** The research was conducted in the General Intensive Care Unit of Benha University Hospital. **Design:** A quasi-experimental design was utilized for this study. **Instruments**: Three tools were used: SBAR shift report knowledge questionnaire, SBAR shift report observational checklist, and quality of nursing care questionnaire. **Results**: Post-training, a significant majority of the staff nurses demonstrated satisfactory practice levels (84.5%, 86.2%, and 82.8% respectively) and adequate knowledge scores concerning SBAR shift reports immediately after and during follow-up phases. Furthermore, a high level of care quality was reported during these phases (82.0% and 86.6% respectively). **Conclusion**: The study concluded that the SBAR communication tool significantly enhances the knowledge and practices of staff nurses immediately after and upon follow-up of the training program, compared to before the program. **Recommendation**: Hospital managers are advised to implement the SBAR technique as a standard communication tool among nursing staff during shift handoffs.

Keywords: *Nursing care, Quality, SBAR, Shift report, Staff nurses.*

Introduction

One critical aspect of daily communication in hospitals is the transfer of knowledge and responsibility for patient care between healthcare providers. This process, known as "handoff communication," varies based on location, shift, unit, and individual nurses. Ensuring the

continuity of patient care relies heavily on effective handoff communication. Therefore, it is essential to establish an environment that facilitates this process and educates staff nurses on its importance (Perry, Potter, Ostendorf and Laplant, 2020).

Standardized handoff communication in healthcare involves the systematic transfer of patient care information from one healthcare professional to another. Recommended by The Joint Commission in 2017, this process aims to minimize medical errors and improve patient outcomes through a consistent reporting system. Handoffs occur multiple times daily, primarily during shift changes or whenever necessary. One effective model for standardized handovers is the SBAR system, which stands for Situation, Background, Assessment, and Recommendation. This method ensures clarity and efficiency in communication among healthcare providers (Kacena, 2020).

The SBAR (Situation, Background, Assessment, Recommendation) communication method was originally developed by the US military for use in nuclear submarine communication. However, it has proven to be highly effective in healthcare settings, particularly in improving patient safety. In 2002, rapid response teams at Kaiser Permanente in Colorado pioneered the use of SBAR to investigate patient safety issues. Since then, the technique has gained widespread popularity in healthcare because it facilitates quick and appropriate communication (Achrekar et al., 2016).

The SBAR communication method is designed to reduce communication errors and enhance patient safety. In the "S" (Situation) section, the nurse gathers information about the patient, including their name, role, room number, and reason for hospitalization. The "B" (Background) section contains relevant past medical history, any treatments administered for the current issue, the admitting diagnosis, and significant past assessment data. The "A" (Assessment) section describes the current situation, recent changes in the patient's status, and any new assessment data. Finally, the "R" (Recommendation) section includes the speaker's questions, specific requests for tests, consultations, and treatment changes (Morsy and Ahmed, 2020).

The SBAR method is structured to improve communication clarity and satisfaction among healthcare providers, thereby enhancing patient care and service quality. By using a defined format, SBAR eliminates uncertainties in handoff reports and provides a reliable communication tool, increasing the speaker's confidence in delivering valuable information. Additionally, SBAR acts as a guide for information sharing between staff nurses and doctors, effectively minimizing communication gaps (Stewart, 2016 and Jeong & Kim, 2020).

The Institute for Health Promotion introduced the Situation, Background, Assessment, and Recommendation (SBAR) tool as an effective method for shift reporting after it was initially created by the US Navy (Pope et al., 2008). This tool standardizes

communication, reducing errors during handovers, and helps staff nurses provide accurate, thorough, and concise information that is well-organized and free of unnecessary details. It ensures that the incoming nurse receives a complete and accurate clinical picture of the patient's condition (Espinoza, 2022).

Utilizing the SBAR tool in shift delivery reports is a quick and efficient method. According to Kim, Loversidge, and Fitzgerald (2020), the SBAR tool can enhance teamwork among staff nurses and encourage the sharing of organized information and details, leading to effective and accurate reports without the inclusion of superfluous information.

Nursing care is a crucial component of the healthcare system, with staff nurses playing a significant role in providing high-quality patient care. This care addresses individuals' physical, emotional, psychological, intellectual, social, and spiritual needs. Staff nurses deliver high-quality patient care both independently as nursing professionals and in collaboration with physicians. Quality patient care focuses on the whole patient, enabling them to improve, maintain, or recover their health, cope with health problems, and achieve the best possible quality of life, regardless of their disease or disability, until death (Geyer et al., 2022).

Quality healthcare is defined as the degree to which health services improve desired health outcomes through the delivery of effective, efficient, and cost-beneficial professional services to individuals and communities. As the largest group of healthcare professionals, staff nurses are legally and morally responsible for their care, making their perspective on the quality of nursing care essential. Quality nursing care involves providing services based on the strongest clinical evidence, delivered competently both technically and culturally, with good communication, collaboration, and shared decision-making (Labrague et al., 2022).

Moreover, a logical description of quality nursing care includes meeting patients' needs without causing harm and assisting patients in achieving health promotion, maintenance, and recovery from illness. This depends on a strong educational foundation, administrative support, communication tools among healthcare providers, and accessible, affordable care without errors (Kelly et al., 2018; Zamboni et al., 2020).

Significance of the study

The nursing report is the official exchange of information between staff nurses at the end of each shift, conducted in either written or oral form. In 2011, the Institute for Health Promotion announced that the SBAR (Situation, Background, Assessment, Recommendation) tool is an easy and efficient method for use in shift handover reports. The SBAR tool enhances team spirit among staff nurses, promotes the provision of effective and accurate reports, and facilitates the sharing of organized information without including unnecessary details (Halm, 2013; Potter, Perry, Stockert, & Hall, 2013).

Patients have the right to always receive high-quality care, especially in intensive care units where patients with severe or life-threatening illnesses require constant care, close supervision, life support equipment, continuous assessment, and quality nursing care to maintain normal bodily functions. Delivering quality nursing care is complex and crucial, and communicating information effectively using traditional methods can be challenging. Consequently, the Joint Commission and the Australian Commission on Safety and Quality in Health Care have set patient safety goals to ensure safe patient care by establishing standards for communication among healthcare providers and allowing opportunities for questions. They suggested that implementing the SBAR shift report tool supports clinical handoffs and ensures the accuracy, relevance, and timeliness of information, thereby enhancing the quality of patient care (Ho, 2020). So this study was conducted to evaluate the effectiveness of the SBAR daily shift report training program on the quality of care among staff nurses.

Purpose of the study

The aim of this study is to evaluate the effectiveness of the SBAR daily shift report training program on the quality of care among staff nurses.

Research Hypotheses:

1) There will be an improvement in staff nurses' knowledge and practice regarding SBAR daily shift reports after receiving the training program.

2) The training program will positively affect the quality of care provided by staff nurses in the general intensive care unit regarding SBAR daily shift reports.

Subjects and method

Research design:

A quasi-experimental research design with one group pre-test and post-test assessments was utilized for this study.

Setting:

The present study was conducted in the general intensive care unit at Benha University Hospital, which is part of the free paid hospitals. The total bed capacity at Benha University Hospital is 880, spread across three separate buildings. The medical building houses 478 beds, the surgical building has 384 beds, and the ophthalmology building contains 18 beds. The general intensive care unit has a total of 20 beds.

Sample

A convenience sample of 58 nurses working in the general intensive care units and responsible for providing direct nursing care to patients was included in the study. The sample size was initially calculated using G Power Software, aiming for a power of 0.80, an alpha of 0.05, and a medium effect size, which indicated a minimum requirement of 50 nurses for multiple regression analysis.

Instruments Used for data collection:

Three instruments were employed to collect the study data:

Instrument one: - SBAR Shift Report Knowledge Questionnaire:

Developed by the researchers after a comprehensive review of related literature (Abd El-Hamed, 2020; Achrekar et al., 2016; Horwitz et al., 2013; Elsayed, 2013; Marquis and Huston, 2016), this questionnaire assessed staff nurses' knowledge about the SBAR shift report. It comprised two parts:

- **Part One**: Items related to the personal characteristics of the study subjects, including age, gender, marital status, educational qualification, unit, years of experience, and previous training on SBAR shift reports.
- **Part Two**: Contained 28 questions; 19 multiple-choice and 9 true/false questions addressing nurses' knowledge about the SBAR shift report's concept, aim, content, importance, methods, and barriers. Responses were scored as (1) for correct answers and (0) for incorrect answers. The total score was 28, converted into percentages. Knowledge levels were deemed adequate if the percent score was ≥ 60% (17-28) and inadequate if < 60% (<17) (El Sayed, 2013).

Instrument two: - SBAR Shift Report Observational Checklist:

This checklist, developed after reviewing relevant literature (Elsayed, 2013; Cornell Gervis et al., 2014; Inanloo et al., 2017; Abd El-Hamed, 2020), assessed staff nurses' practice levels regarding SBAR shift reports. It consisted of 79 items divided into two main sections: Quality of Report (13 items) and SBAR Content (66 items) distributed as follows: Situation (8 items), Background (6 items), Assessment (45 items), and Recommendation (7 items). Each checklist item was scored as (1) for "Done" and (0) for "Not done." The total score was converted into percent scores. Practice levels were considered satisfactory if the score was ≥ 60% (48-79) and unsatisfactory if < 60% (<47) (Elsayed, 2013).

Instrument three: - Quality of Nursing Care Questionnaire:

This structured questionnaire, developed after a literature review (Sheasha, 2016; Brawen, 2011; Zineldin, 2006), assessed the quality of care among staff nurses. It contained 41 items divided into five domains: Dealing with Patients (8), Rationing of Nursing Care Quality (12), Health Education (5), Prevention of Complications (8), and Continuity of Nursing Care (8). Responses were measured on a three-point Likert scale ranging from (3) always to (1) never. Scores for each dimension were summed and converted into percent scores. The quality of nursing care was considered high if the score was ≥ 75% (30), moderate if the score was 60-<75% (24.5-<31), and low if the score was < 60% (<24.5).

Reliability and Validity of Instruments

The researchers developed and translated the content of three instruments into Arabic. The content validity was assessed by a panel of five experts: three professors of nursing administration from the

Faculty of Nursing at Menoufia University and two assistant professors of nursing administration from the Faculty of Nursing at Benha University. These experts reviewed the instruments for clarity, relevance, applicability, comprehensiveness, understanding, and ease of implementation. Minor adjustments were made based on their feedback. The consistency and homogeneity of the instruments were assessed using Cronbach's Alpha test. The internal consistency for the SBAR Shift Report Knowledge Questionnaire, SBAR Shift Report Observational Checklist, and Quality of Nursing Care Questionnaire were 0.895, 0.905, and 0.889, respectively.

The Pilot Study

A pilot study was conducted on 10% of the study sample (6 participants) to assess the clarity and validity of the study instruments, make necessary adjustments, and determine the time required to complete each questionnaire. No changes were made to the instruments following the pilot study.

Ethical Considerations

Ethical approval for the study was obtained from the Ethical Research Committee of the Faculty of Nursing, Benha University. Confidentiality was assured to all participants, and their information was used solely for research purposes. Participants were informed of their right to withdraw from the study at any time. The study's purpose and the method of completing the questionnaire were clearly explained to the first-line managers before they participated.

Procedure of Data Collection

An official letter explaining the study's aim was sent from the dean of the Faculty of Nursing to the hospital directors. Data was collected over nine months, from August 2022 to April 2023, as follows:

Assessment Phase

Before the educational program began, preprogram tests were administered to assess nurse knowledge using various data collection tools in the hospital classroom during work hours. The SBAR Knowledge Questionnaire took 15-20 minutes, the SBAR Shift Report Observational Checklist took 20-30 minutes, and the Quality of Nursing Care Questionnaire took 25-30 minutes to complete. Data collection occurred three days a week during morning and afternoon shifts.

Pre-Implementation Phase (Planning)

This phase lasted about one month in August 2022. An education program was developed based on pre-identified needs. Teaching sessions were created using available resources and training strategies. A time schedule, teaching sessions, media, and handouts were prepared. Different teaching methods, including lectures, group discussions, and brainstorming, were used. Handouts prepared by the researchers were distributed to all participants on the first day of the program. The program content covered topics such as communication and documentation, shift reporting, the SBAR shift report, its importance and benefits, processes

and methods, and barriers to its implementation.

Implementation Phase (Intervention)

Conducted in November 2022, staff nurses were divided into five small groups (four groups of 12 nurses each and one group of 10 nurses). The researchers implemented the educational program, which included 10 hours of training divided into 7.5 hours of theoretical sessions and 2.5 hours of practical sessions over six sessions, each lasting 1.5 hours. Sessions were held from 10:00 am to 12:00 pm. Each nurse received a knowledge booklet and a lecture printout at the end of each session. Nurses were encouraged to ask questions and provide feedback. In practical sessions, nurses filled out a template for reporting the work shift using the SBAR tool after receiving applied training from the researchers.

Evaluation Phase

In December 2022, the educational program's effect was evaluated immediately after its implementation using the same study tools. Follow-up data was collected three months later using the same instruments.

Statistical Analysis

Data were tabulated and analyzed using the Statistical Package for the Social Sciences (SPSS) version 20. Descriptive and parametric inferential statistics were employed. Paired sample t-tests and Chi-square tests were used to analyze the data. A statistical significance was considered if $P < 0.05$, and a highly statistical significance was considered if $P < 0.01$.

Results

Table (1): Illustrates that the majority (89.7%) of staff nurses were married, with nearly two-thirds (65.5%) being female. Notably, none of the staff nurses (100%) had previously attended any training courses on SBAR. More than half (56.5%) had less than 5 years of experience, with an average of 8.68±5.56 years. Regarding age, more than a third (34.5%) were under 30 years, with an average age of 31.10±6.08 years. Over half (53.4%) of the staff nurses held a Bachelor of Nursing degree.

Table (2): Shows that there was a significant improvement in the mean knowledge scores of staff nurses about SBAR daily shift reports post-program implementation compared to the pre-program phase (24.01±1.94 vs. 12.75±2.94). However, a slight decline in the mean score (22.24±3.83) was observed during the follow-up phase. The table also shows a highly statistically significant difference in staff nurses' total knowledge regarding SBAR daily shift reports throughout the program phases ($p = 0.000^{**}$).

Figure (1): This figure illustrates the improvement in knowledge levels regarding SBAR daily shift reports after the intervention, both in the post and follow-up phases, three months after the program. Initially, over three-quarters of the staff nurses (77.6%) had inadequate knowledge scores about SBAR daily shift reports before the intervention. In contrast, the majority (84.5%) had adequate knowledge scores immediately post-program implementation

Table (3): Indicates that there was an improvement in the mean practice scores of staff nurses immediately post-program implementation and during the follow-up phase compared to the pre-program phase (67.23±7.18 vs. 62.93±9.08 vs. 40.03±14.25). A highly statistically significant difference in staff nurses' practice throughout the program phases was observed (p = 0.000**).

Figure(2): This figure shows an improvement in staff nurses' practice levels regarding SBAR daily shift reports after the intervention, both in the post and follow-up phases, three months after the program. Initially, more than half (55.2%) had unsatisfactory practice levels before the intervention. In contrast, the majority had satisfactory practice levels immediately post-program implementation and during the follow-up phase (86.2% & 82.8%, respectively).

Table (4): Indicates that there was an improvement in the mean scores of quality of nursing care levels among the studied staff nurses in the post-test and follow-up phases compared to the pre-program phase (109.61±6.36 vs. 101.76±9.63 vs. 60.59±15.34). The table shows a very highly statistically significant difference in staff nurses' reporting on the quality of nursing care throughout the program phases (p = 0.000**).

Figure (3): This figure demonstrates a highly significant improvement in the quality of nursing care levels among the studied staff nurses after the intervention, both in the post and follow-up phases, three months after the program. Initially, less than half (46.7%) reported high levels of quality care before the intervention. In contrast, the majority reported high levels of quality care immediately post-program implementation and during the follow-up phase (82.0% & 86.6%, respectively).

Table (5): Displays that there was a highly statistically significant positive correlation among staff nurses' total knowledge, practice regarding SBAR daily shift reports, and the total quality of nursing care in the pre-program, immediate post, and follow-up program implementation phases

Table. (1) Personal Characteristics of Studied Staff Nurses (n=58).

Personal characteristics		No.	%
Age (in years)	< 30 years	20	34.5
	30- < 35 years	18	31.0
	35- < 40 years	11	19.0
	≥ 40 years	9	15.5
	Range 21-44 **Mean ± SD**	**31.10±6.08**	
Years of experience	< 5 years	33	56.9
	5- < 10 years	3	5.2
	10- < 15 years	4	6.9
	≥ 15 years	18	31.0
	Range 2-22 Mean ± SD	**8.68±5.56**	
Gender	Female	38	65.5
	Male	20	34.5
Marital status	Unmarried	6	10.3
	Married	52	89.7
Educational level	Diploma Degree in nursing	17	29.3
	Associated degree in nursing	10	17.3
	Bachelor of nursing	31	53.4
Attending training coursesabout SBAR?	Yes	0	0.0
	No	58	100.0

Table (2): Mean Distribution of Nurses' Knowledge Pre, Post and Follow up Program

	Maximum Score	Pre-program		Post- program		Follow- up program		paired t1	P-value	paired t2	P - value
		X±SD	Mean %	X±SD	Mean%	X±SD	Mean%				
Total knowledge	28	12.75± 2.94	45.5%	24.01±1.94	85.7.3%	22.24±3.83	79.8%	30.553	0.000**	17.518	0.000**

Figure (1): Percentage distribution of the studied staff-nurses' total knowledge levels regarding SBAR daily shift report throughout the program phases

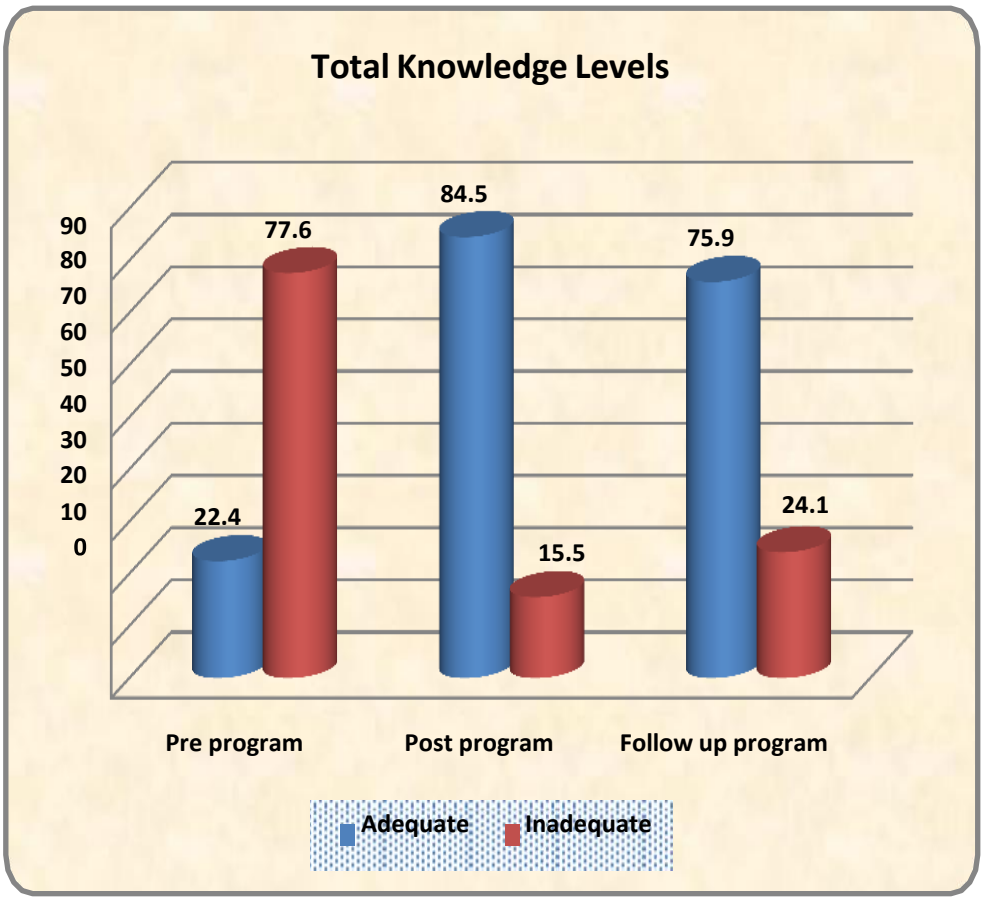

Table (3): Total Means score of Staff Nurses' Practices Regarding SBAR at Pre- post and Follow up Program(n=58).

Total SBAR practice domains	Maximum Score	Pre- program		Post- program		Follow- up program		paired t1	P- value	paired t2	P - value
		X±SD	Mean%	X±SD	Mean%	X±SD	Mean%				
Quality of report	13	5.18±2.72	39.8	11.23±1.48	86.4	10.47±2.46	80.5	17.717	0.000**	13.199	0.000**
Situation	8	3.25±1.48	40.6	7.28±2.04	91.0	6.97±1.43	87.1	15.481	0.000**	11.249	0.000**
Background	6	2.49±2.09	41.5	5.43±1.18	90.5	5.04±0.97	84.0	10.728	0.000**	9.780	0.000**
Assessment	42	25.84±5.49	61.5	38.15±1.40	90.8	35.91±2.41	85.5	13.809	0.000**	10.396	0.000**
Recommendations	7	3.27±2.47	46.7	5.17±1.08	73.9	4.54±1.81	64.9	26.620	0.000**	23.678	0.000**
Total SBAR practice	**76**	**40.03±14.25**		**67.23±7.18**		**62.93±9.08**		**29.175**	**0.000****	**21.137**	**0.000****

Figure (2): Percentage distribution of the Studied staff-nurses' practice levels regarding SBAR daily shift report through the program phases

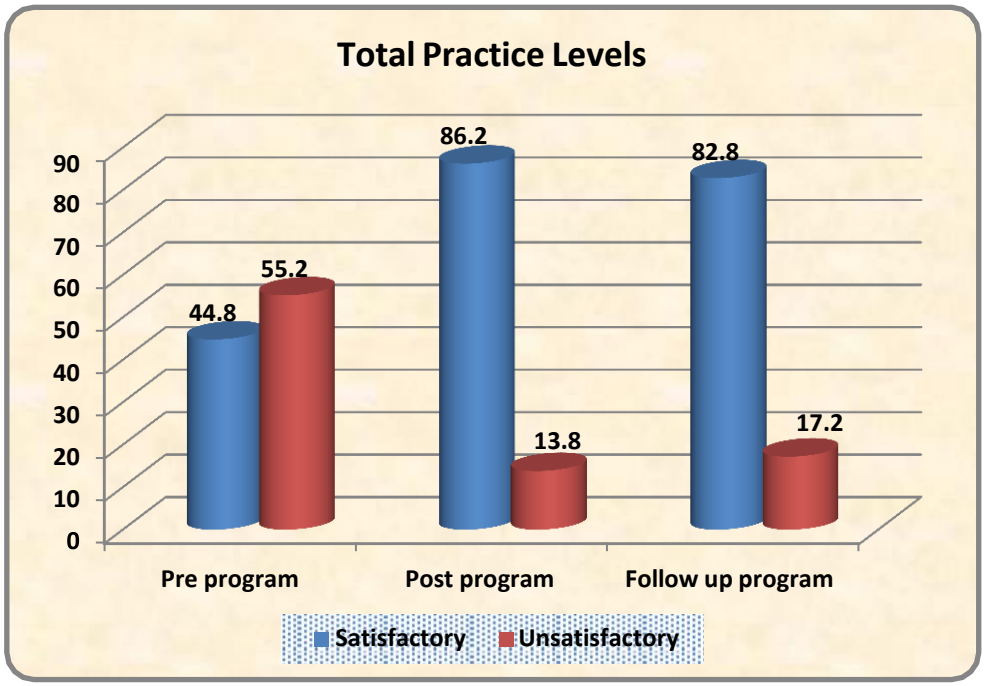

Table (4): Means Score of Quality of Nursing Care among Staff nurses at Pre- post and Follow (n=58).

Quality of nursing care domains	Maximum Score	Pre program		Post program		Follow- up program		paired t1	P-value	paired 2t	P - value
		X±SD	Mean%	X±SD	Mean%	X±SD	Mean%				
Dealing with patient	24	11.43±2.79	47.6	19.72±1.48	82.2	22.37±0.49	93.2	25.117	0.000**	28.850	0.000**
Rationing of nursing care quality	36	16.48±4.29	45.8	30.40±1.82	84.4	31.98±1.25	88.8	19.754	0.000**	23.348	0.000**
Health education	15	5.18±2.43	34.5	12.49±2.18	83.3	12.98±1.47	86.5	14.605	0.000**	25.312	0.000**
Prevention of complication	24	13.08±3.08	54.5	19.45±2.43	81.1	20.49±1.61	85.4	16.397	0.000**	20.491	0.000**
Continuity of nursing care	24	14.42±2.75	60.1	19.71±1.72	82.1	21.79±1.54	90.8	20.438	0.000**	23.480	0.000**
Total quality of nursing care	**123**	**60.59±15.34**		**101.76±9.63**		**109.61±6.36**		**26.221**	**0.000****	**32.848**	0.000**

(* A statistical significant difference P ≤ 0.05 **, A highly statistical significant difference P ≤ 0. 001)

t-test & P Value (1): between Pre-Intervention and Post Intervention, t-test & P Value (2): between PreIntervention and Follow up Intervention

Figure(3): Percentage distribution of quality of nursing care among Studied staff-nurses' through the program phases

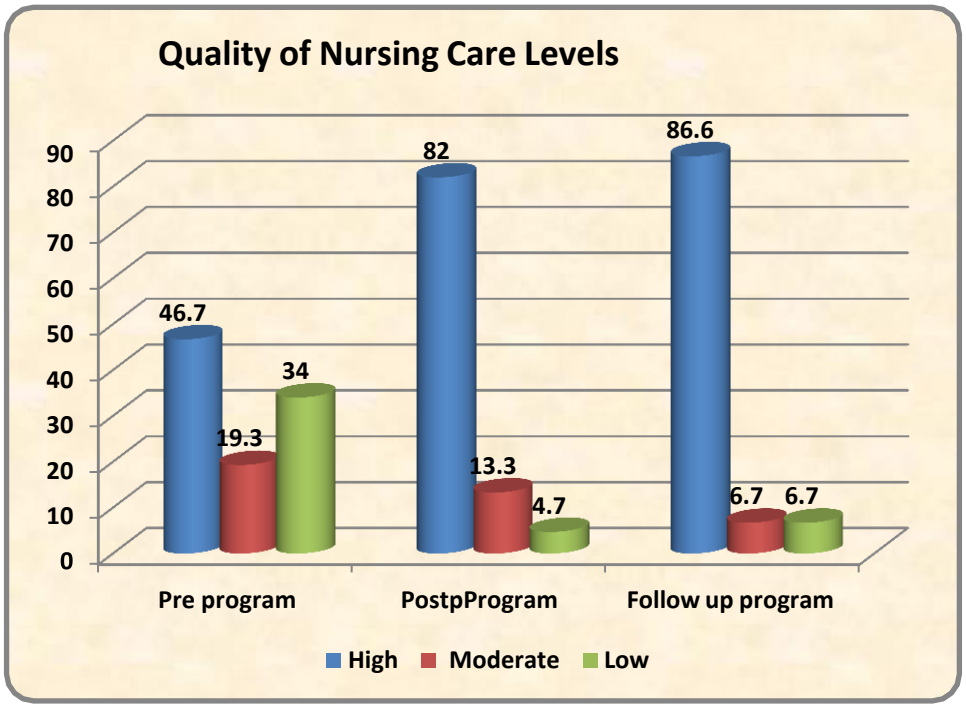

Table (5): Correlation Matrix among Study Variables at Post Program.

Variables		Total knowledge	Total practice	Total quality of nursing care
Total knowledge	r	……	0.421	0.384
	p-value	……	0.001**	0.001**
Total practice	r	0.421	……	0.847
	p-value	0.001**	……	0.000**
Total quality of nursing care	r	0.384	0.847	……
	p-value	0.001**	0.000**	……

Discussion:

Historically, Intensive Care Units (ICUs) have been engineered primarily to address immediate, life-threatening conditions rather than predicting and mitigating potential complications. Emphasizing prevention, which is linked to superior outcomes, healthcare systems now prioritize quality patient care by identifying strategies that decrease the incidence of critical events. One such strategy is enhancing situational awareness, defined as the ability to perceive environmental elements within a specific timeframe and space, understand their implications, and anticipate their future status.SBAR (Situation, Background, Assessment, Recommendation) exemplifies the practical application of situational awareness. It serves as an integral factor in patient care and decision-

making, assisting healthcare professionals in critical settings to manage and interpret situational data effectively (Riesenberg, Leitzsch, and Little, 2019).

Recent studies have demonstrated that after implementing SBAR training programs, there is a noticeable improvement in staff nurses' knowledge about daily shift reporting. Although a slight decline was observed during the follow-up phase, the overall increase in knowledge was statistically significant, confirming the efficacy of SBAR training.

Further corroborating these results, studies by Dawood (2021), Inanloo, Mohammadi, and Haghani (2017), and Dawod, Ali, and Bahaaldeen (2018) consistently report significant improvements in knowledge post-implementation of SBAR programs. These findings align with research by Jeong and Kim (2020) and Hanna et al. (2014), who noted that the SBAR method notably enhances the efficiency of information transfer in acute scenarios, thereby advancing patient safety and nursing care quality.

Moreover, the current study reveals a substantial enhancement in knowledge concerning SBAR reporting post-intervention, with a significant number of staff nurses showing improved understanding post-training. This improvement likely stems from targeted training, periodic refreshers, and a supportive learning environment, as evidenced by Galal, Mostafa, and Mahmoud (2022), who found similar advancements in staff nurses' knowledge and practices regarding shift handovers after program implementation.

The present study aligns with El Sayed (2013), who demonstrated a statistically significant improvement in knowledge during the post-program and follow-up phases. Similarly, Randmaa, Martensson, Swenne, and Engstrom (2018) revealed that staff nurses initially had inadequate knowledge about SBAR before the intervention. However, there was a notable improvement in their knowledge regarding the SBAR daily shift report immediately after the program's implementation. This finding is consistent with Beigmoradi, Pourshirvani, Pazokian, and Nasiri (2019), who found that most participants possessed a good knowledge level following the program's implementation. Additionally, Morsy and Ahmed (2020) observed in their study that participants had low situational awareness and knowledge levels before the program but reported significant improvements in SBAR situation awareness scores between the pre- and post-training phases.

Furthermore, these results are consistent with Blom et al. (2015), who found that perceptions of communication improved in nurse-to-nurse and nurse-to-physician scenarios after the program's implementation. Binion (2019) also noted that most nursing staff found SBAR very helpful, providing a good structure for oral reporting on patients' conditions. Binion reported that using the SBAR daily shift report enhances the accuracy and efficacy of information exchanged during reports and helps those conducting the report differentiate and correctly convey the

necessary information for safe patient care. However, the findings of this study contrast with Abdel-Aal et al. (2020), who found that most studied staff nurses had very deficient overall knowledge regarding shift report handovers.

The findings of the present study indicated an improvement in the mean scores of staff nurses' practices immediately after the program's implementation and during the follow-up phase compared to the pre-program phase. The data also showed a highly statistically significant difference in staff nurses' practices throughout the program phases. This finding is in line with Inanloo et al. (2017), who reported a statistically significant difference in practice scores before and after the intervention, with scores increasing post-intervention. This result is also consistent with Vivian (2020), who found a statistically significant improvement using the SBAR method of communication, and a significant difference before and after the training program. Additionally, Renz et al. (2015) found that the majority of subjects were satisfied with using the SBAR tool.

The recent study demonstrated a significant enhancement in the practice levels of staff nurses using the SBAR tool for daily shift reporting following an intervention. Initially, over half of the staff nurses exhibited unsatisfactory practice levels, which markedly improved immediately post-intervention and were maintained during the follow-up phase three months later. These findings align with the work of Inanloo, Mohammadi, and Haghani (2017), who reported similar improvements in nurses' practices after training in work shift delivery reporting with the SBAR tool. Likewise, Dawod et al. (2018) and Phung (2016) found that the SBAR tool significantly bolstered nurses' practice levels.

Further, studies by Sh (2020) and Jukkala et al. (2012) corroborate the efficacy of the SBAR tool in enhancing nurse practices, particularly in ICUs and during shift reports. De Meester et al. (2013) noted that SBAR usage notably reduced incident reports due to improved communication between physicians and nurses. Additionally, Sears et al. (2014), Randmaa et al. (2014), and Cornell et al. (2014) highlighted that the SBAR tool significantly enhances the quality of nursing care, patient safety, and efficiency in shift reporting while fostering better teamwork among healthcare staff.

However, contrary findings were presented by Abdel-Aal et al. (2020) and Coleman (2018), who noted no significant improvements or low practice levels concerning the SBAR implementation.

The study also revealed an increase in the quality of nursing care as reflected by the staff nurses' mean scores post-intervention compared to the pre-intervention phase. This improvement could be attributed to the enhanced skills and knowledge acquired through the educational program, as suggested by previous findings from Ara et al. (2016) and Hassanzadeh et al. (2021), which reported high levels of care quality. In contrast, El-Sayed et al. (2021) and Nantsupawat et al. (2023)

found moderate to poor quality levels among staff nurses.

The study also established a significant positive correlation between the nurses' knowledge and practice regarding the SBAR tool and the overall quality of nursing care across all phases of the program. This correlation supports the findings of Elsayed (2014) and Taiye (2016), who noted significant relationships between nurses' knowledge, practice of handoff, and continuity of care. Similarly, El-Guindy et al. (2022) and El-Sayed et al. (2021) documented a substantial positive impact of nursing care standards on nursing practices.

Conclusion

This study demonstrates that the use of the SBAR (Situation, Background, Assessment, Recommendation) communication tool for shift reporting significantly enhances the knowledge and practice of staff nurses immediately after, as well as during post and follow-up phases compared to their baseline assessments.

Recommendations

Given the positive outcomes observed, it is recommended that hospital administrations focus on fulfilling the educational needs of staff nurses to emphasize the criticality of reporting essential elements of nursing care. Hospital managers should consider adopting the SBAR method as the standard communication protocol during nursing shift handoffs. It is also advisable to facilitate continuous in-service workshops aimed at bolstering intradepartmental communication among staff nurses via the hospital's ongoing training and learning center. Moreover, nurses should be encouraged to participate in workshops, conferences, and training programs that reinforce nursing practices related to SBAR. Periodic refresher training sessions and workshops are essential to maintain and enhance nurses' proficiency in SBAR reporting. Regular assessments should be conducted for head nurses and their teams to gauge the effectiveness of reporting skills. Finally, ongoing support should be provided to nursing staff to improve their documentation capabilities.

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