

Nurses Perception about Situation, Background, Assessment, Recommendation (SBAR) Shift Report and Patient's Safety

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Abstract:

Background: communication is essential element in providing patient health care services. SBAR shift reports are utilized to ensure communicating patient's information briefly without unimportant details. **Aim:** Evaluate nurse's perception about situation, background, assessment, recommendation and patient's safety. **Study design:** the study was performed using descriptive design. **Setting:** the research performed at Sohag Cancer Center. **Subject:** involved of 50 nurse's works at inpatients department **Tools:** **Tool (I)** consists of two parts **Part (1):** Personal data sheet which gathered data about: gender, age, and years of experience, educational qualification, and marital status. **Part (2):** Self administer questionnaire about Nurse's perception related to situation, background, assessment, and recommendation. It included 25 multiple choice questions. **Tool (II):** patient's safety audit checklist, the tool consists of 17 items with sub-items covering general patient's safety goal. **Results:** all nurses had unsatisfactory knowledge score (100.0%) and no patient's safety activity (25). **Conclusion:** nurses have low knowledge score about SBAR shift report and no activity in relation to patient's safety goals **Recommendations:** implementing in-services training program on SBAR shift report applications, and further studies investigating SBAR shift report format on nurses productivity and nurses, patient satisfaction

Keywords: *Assessment, Background, Recommendation, Situation, Nurses & patient's safety*

Introduction

Communication is vital aspect of human interaction that involving the exchange of information, ideas or emotions. Communication is a two-way process that aims to establish a shared understanding between the parties involved. It is used by everyone and every day. In the context of nursing, effective communication skills are crucial for achieving positive outcomes and minimizing negative consequences. Poor communication has been linked to adverse events, longer patient stay, and suboptimal results. Furthermore, Effective communication foster collaboration among healthcare team members and enhances the relationship between health care providers and patients (Jurn, 2019).

Effective communication of patient information is critical factor in ensuring patient's safety within hospital setting. Incidents related to patient's safety are common in health care setting and can significantly impact the quality of care provided. Monitoring and documenting these incidents can provide valuable insight into factors affecting patient's safety (Hayat & David, 2020)

Joint Commission, (2017) has established International Patient's Safety Goal to address the issue of incomplete and unclear patient's handovers. However this goal is often not met and inadequate

patient handover remains significant concern in healthcare organizations. To address this issue, communication protocols and tools such as, SBAR (Situation-Background-Assessment-Recommendation) tool need to be implemented. Proper training of nurses on the use of these tools is essentials to ensure clear and concise reporting during patient's handover. The SBAR tool provides a structure framework for nurses to effectively communicate patient information, leading to improved reporting quality and efficiency (Stewart, 2017).

SBAR is a simple and efficient tool that can be utilized during shift reporting to enhance teamwork among nurses and increase their autonomy in practice. It consists of standardized questions that enable nurses and other healthcare provider to quickly and concisely share patient's information. By combined the communication style of healthcare professionals, the SBAR framework facilitates effective reporting and promotes the exchange of vital information (Shahid & Thomas, 2018).

Effective communication between health care team can be achieved through SBAR shift report. It is used as a helpful tool through which nurses reporting to other nurses by giving the on-coming nurse a full important data of the health status of of hospitalized patients. Situation; which means what is the problem,

the patient's name and room number and the reason for admission. Background: which gives a brief medical history about the patient complaints, any treatment plan, the provisional diagnosis, and any past history assessment data related to the patient. While making an assessment is the third step: which includes an overview of what is happening right now, recent progress in the patient's condition, and any new assessment body organ data which appear later (Abdelwahid, 2020).

Using SBAR shift report format will enhance patient safety and reduce adverse events; Patient safety has been a basic issue in continuous quality health care and has become a major concern of health care organizations. (Shahram, et al., 2021). Hospitals administration must provide quality health care and service by creating a safer and effective care. One of the key activities is the evaluation of the patient safety in nursing practice at the hospitals (Saaid., et al., 2020).

Significance of the Study

Currently, numerous research papers and articles are being published in both national and international professional journals. These publications primarily concentrate on the enhancement and advancement of communication and documentation of patient clinical data between nurses, (Raymond & Harrison 2014), (Dowden, (2017), Müller, et al. (2018) the SBAR tool is used in organizations to make communication more effective and consistent. This was encouraging the researcher to evaluate nurse's perception about situation, background, assessment, recommendation and patient's safety at Sohag Cancer Center.

Aim of the current research:

Evaluate nurse's perception about situation, background, assessment, recommendation and patient's safety.

Specific objective:

1. Determine nurses perception about situation, background, assessment and recommendation
2. Measuring general patient's safety goals at Sohag Cancer Center.

Research questions:

1. What is nurse's perception about SBAR shift report
2. Are General patient's safety goals established at Sohag Cancer Center

Subject and Methods

Technical design: This involves the research design, subject, and tools of data collection.

Research design; Descriptive research design was used in the present research.

Study subject; all nurses working at inpatient units at the time of the study and excluded the five nurses

who participate in the pilot study total number =50 nurses.

Tools of data collection: **Tool (1)** consist of two parts. **Part (1)** Personal data sheet which gathered data about: gender, age, years of experience, educational qualification, and marital status, **Part (2)** Self administer questionnaire to measure nurse's knowledge about SBAR. **Tool (2)** Patient's safety audit checklist.

Self-administer questionnaire about SBAR knowledge: This tool was constructed by (Said, 2014), and some modification were done by the researcher, to evaluate nurse's knowledge related to situation, background, assessment, and recommendation. It consisted of two main parts. **Part I:** Personal data sheet which involved information about name, age, educational qualification, marital status, and name of the department. **Part II:** It consist of 25 multiple choice questions (MCQ) divided into three main areas as following:

1. Communication skills: seven questions involves the definition of communication, effective communication, elements, sending message, verbal and legality of communication, and how to improve your communication.
2. SBAR shift report: twelve questions involves its definition, intradepartmental reports, definition of SBAR, its aim, what it must include, what it is considered as, signed by whom, writing person, place, time, responsible nurse, and what is a good report.
3. SBAR shift report exchange: six questions involves exchange place characteristics, between whom, frequency, morning to afternoon, afternoon to night, and night to morning.

Scoring: every question about the knowledge, a correct response was scored 1 and the incorrect response was given zero. For each question about knowledge, the scores of the items were summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into percent scores. Knowledge was satisfactory if the percent score was 60% or more and unsatisfactory if the knowledge score less than 60%.

Tool II: Patient's safety audit checklist: This is a standardized check list developed by the Ministry of Health and Population Egypt (2014). It was used to evaluate patient's safety activity at Sohag Cancer Center. The tool consists of 17 items with sub-items covering general patient's safety such as There are policies & procedures related to patient's safety in the organization such as Presence policies & procedures of patient's safety in the organization, Patient's safety policy defines Egyptian patient's safety Recommendations, Policy and procedure for handling critical values /tests, Nurses are educated regarding

the Egyptian patient's safety recommendations, patient's safety standards are posted in all applicable Areas, At least two (2) ways are used to identify a patient when giving him/her any other treatments or procedures, Current published and generally accepted hand hygiene guidelines,

Scoring: Each item was to be checked as: No activity: scored (1), starting the activity: scored (2), in progress the activity: scored (3) and established the activity: scored (4).

The total score for the 17 items thus ranged from 17 to 68. These are categorized as following: 17- 34 mean no activity, i.e. there has been no activity implemented; 35- 50 means activity started, i.e. the related item has been formally discussed and considered and staff has been trained or has implemented it partially in some department; 51-60 means activity is in progress, i.e. the related item has been partially implemented in all department of the hospital or fully implemented in some department of the hospital ; 61-68 means established activity, i.e. the related item is fully implemented in all department of the hospital.

Administrative design:

Official written agreement was taken from the Dean of Nursing Faculty and Directors of Sohag Cancer Center to be able to collect the essential data for this research.

Operational design: Preparatory phase; it contains reviewing the available literature related to the study topics and Arabic translation of the tools of the study were done. It took about six months from March to the end August 2019.

Ethical considerations:

Research proposal was approved from Ethical Committee at Nursing Faculty, Assiut University. The study followed common ethical principles in clinical research, then oral consent were taken from all nurses who involved in the present research, after explaining the purpose of the research and telling them that they have the right to participate or withdraw, and refuse to complete the research without any justification at any time, confidentiality were assured, during collection of data, and nurses were told that all obtained data were used only for research purpose.

Validity:

Face validity was done to assure accurate comprehension of the research tools statements. It was done through jury by nine expert opinions which was composed of 6 professors and assistant professor from Nursing Administration Department, and Community Health Nursing Department Faculty of Nursing, Assiut University and 3 quality specialist from Sohag Cancer Center. Also content validity was checked and analyzed using confirmatory factor

analysis test to assure (importance, clarity, and accountability) all items of the research tools scored more than one so all of them were confirmed all items are ranged from 1.5 to 1.8.

Pilot study:

It was performed before collection of data in order to test understandability and applicability of the tools. To estimate the time required for filling the questionnaire form, and to detect any obstacles which may encounter during data collection phase. It was carried out on 5 nurses (10% of the total sample). Nurses chosen in the pilot study were excluded from the present study. Accordingly, the required adjustments were done.

Reliability data

	No of Items	cronbach's alpha
Knowledge scale	25	0.90

Reliability which mean consistence of the study tool was measured using cronbach's alpha coefficient method and its results revealed that all statements of the study questionnaire were 0-8 and more

Filed work:

After assuring the clarity and understandability of the research tools the actual data collection was started in the end of **August 2019** by the researcher through distributing SBAR knowledge questionnaire form for nurses. The researcher intend meeting with every nurse in her departments at Sohag Cancer Center and explain the purpose of the research. Then they answer the SBAR knowledge questionnaire and researcher evaluates patient's safety by structure observation. The total time to collect data of the questionnaire form and evaluate patient's safety activity took about six months.

Statistical design

Statistical analysis and data entry were done using statistical software package for social sciences (SPSS), version 20 - Chicago, USA. Data were presented in the form of frequencies and percentages for qualitative variables, means, standard deviations, and medians for quantitative variables. In order to identify the independent predictors of nurses' knowledge scores.

Result**Table (1): Distribution of Nurses Personal data at Sohag Cancer Center (n=50)**

Personal data	Frequency	Percent
Age:		
<30	30	60.0
30+	20	40.0
Range	21-40	
Mean±SD	29.1±4.6	
Median	28.5	
Educational qualifications:		
Secondary Nursing school diploma	12	24.0
Diploma of Technical Institute of Nursing	34	68.0
Bachelor degree in nursing science	4	8.0
Gender		
Female	50	100.0
Male	0	00.0
Marital status:		
Unmarried	14	28.0
Married	36	72.0
Unit name:		
Surgical department	13	26.0
Tumors department	37	74.0

Table (2): Percentage Distribution of Nurses' Knowledge Regarding Communication Skills at Sohag Cancer Center n=50

Nurses Knowledge regarding Communication skills:	n=50	
	No.	%
Communication terminology	4	8
Effective communication	6	10
Elements of communication	7	10
Sending message	8	16
Verbal communication	7	14
Legality of communication	6	12
Improving communication process	8	10
Satisfactory:	4	8
Unsatisfactory:	46	92

Table (3): Percentage Distribution of Nurses' Knowledge Regarding SBAR Shift Report at Sohag Cancer Center n=50

Nurses Knowledge regarding SBAR report:	n=50	
	No.	%
Definition of report	2	4
Types of reports	1	2
Definition SBAR	4	8
Aim of SBAR	1	2
Element of SBAR	1	2
SBAR as documentation tool	1	2
Signature	3	6
Types of SBAR	1	2
Who write SBAR	1	2
When SBAR can be written	1	2
Who will be responsible for shift handoff	1	2
Characteristic of good SBAR	1	2
Satisfactory:	3	6
Unsatisfactory:	47	94

Table (4): Percentage Distribution of Nurses' Knowledge Regarding SBAR Shift Report Exchange at Sohag Cancer Center n=50

Nurses Knowledge of SBAR Shift Report Exchange:	n=50	
	No.	%
Characteristics of SBAR exchange place	3	6
SBAR shift report is exchanged between	2	0
How many SBAR exchange through the day	1	2
Who attend SBAR exchange from morning to afternoon	1	2
Who attend SBAR exchange from afternoon to night	2	4
Who attend SBAR exchange from night to morning	3	6
Satisfactory:	2	4
Unsatisfactory:	48	96

Table (5): Audit of Patient's Safety goals Achievement at Sohag Cancer Center n=50

	General patient safety	Audit No
Ps.1	Presence of policies & procedures of patients safety in the organization	2
Ps.2	Policy of Patient's safety as recommended by ministry of health and population.	2
Ps.3	Policy and procedure for handling critical values /tests.	1
Ps.4	Nurses has training regarding the Egyptian patient's safety recommendations	1
Ps.5	Standards of patient's safety are posted in suitable area	1
Ps.6	identify a patient with at least two methods when providing any treatments or procedures	1
Ps.7	Update guidelines, regulations and laws are implemented.	4
Ps.8	Disposable injection and devices must be discarded after single use	4
Ps.9	Telephone, and verbal orders must be standardized process	1
Ps.10	Implement a systems to prevent tubing and catheter miss connection	1
Ps.11	Patients risk of falling, including the potential risk associated with the patients any potential risk associated with medication regimen	1
Ps.12	Procedure were done to eliminate or prevent any risk of falling	1
Ps.13	Assessing and documenting any risk of pressure ulcers	1
Ps.14	Procedure are taken to decrease the development of pressure ulcers	1
Ps.15	Maintenance, implement, and document of critical alarm systems	1
Ps.16	Alarms are tested and must be audible with respect regarding to distances and noise within the unit	1
Ps.17	Approach to inter shift communications, including ask and answer questions	1
	Total score	25
	Activity level = no activity	

Table (1): Shows that all nurses are females, more than two thirds of nurses were having Diploma of Technical Institute of Nursing (68%). Most of the them were married (72%), also more than half of them (60%) aged 30 years or less. Regarding the unit they works in, most of the nurses works in tumor units (74%), while (26%) of them works in surgical units.

Table (2): Illustrates nurses' knowledge regarding communication skills the table shows that, the majority nurses had unsatisfactory knowledge level about communication skills (92%) meanwhile only 8% of nurses had satisfactory knowledge level.

Table (3): Shows nurses' knowledge regarding SBAR shift report the table depicts that the majority of nurses had unsatisfactory knowledge level SBAR report (94%) meanwhile only 6% of nurses had satisfactory knowledge level.

Table (4): Indicates the nurses' knowledge of SBAR shift report exchange the table reveals that the majority of nurses had unsatisfactory knowledge

level regarding SBAR shift report exchange (96%) meanwhile only 4% of nurses had satisfactory knowledge level.

Table (5): Shows nurses achievement of patient's safety goals. It illustrates that all nurses achieve no activity level regarding all items of patient's safety goals total score (25)

Discussion

The health care organization is consists of the many parties for example, physicians, nurses, pharmacists, laboratory scientist, dietitians, and social workers. The caring quality of patient is the result of working collaboration between health care member and administrators. However, according to the statistical data shown, many of human errors happened during the handover practice especially in the field of communication between health care members (Ting, et al., 2017).

Effective communication between health care members is necessary for harmony, effective and safe patient care and enhancing continuous care and it is

one of the major responsibilities of nursing profession. Shift report is the most important communication method of sharing essential information during patient care with other health care member. Using SBAR shift report communication requires the nurses to involved situation, background, assessment and recommendations in all communication between nurses (**Abdelwahid, 2020**).

Effective communication is an essential factor to perform safe patient care. This statement is supported by the rule that effective communication is one of the patient's safety goals. The situation, background, assessment, recommendation (SBAR) is the best choice to implement for nurses to communicate and transfer information more harmony and concisely. The main goal of using the SBAR is to detect the grow conditions and receive feedback current solutions. The SBAR shift report a structure communication technique that can reduce and avoid error in delivering important information to patients (**Elly Wardani, et al., 2021**)

The present study was conducted with the aim to determine nurse's perception about Situation, Background, Assessment, Recommendation (SBAR) shift report and patient's safety at Sohag Cancer Center.

The present study findings depicted that all nurses were females, most of them were married and more than two thirds of them have diploma of Technical Institute of Nursing (100.0%, 72.0%, 68%) respectively. The majority of nurses works in tumor adult units. (**Table 1**). All nurses were female this might be due to in the past the nursing profession accept only female students, the majority were works in tumor unit, because of work overload in tumor adult departments more than surgical department, also tumor department contains (46) beds but surgical department contains (n=30 beds). These results went in the same line with the study done by **Abdel-latif, (2018)**, who found that the highest percentage of studied nurses were graduated from Technical Institute of Nursing.

The current study findings revealed that the majority of nurses had unsatisfactory knowledge level regarding communication skills (**Table 2**). From the researcher point of view this result could be attributed to nurses not trained previously about communication skills. This finding was congruent with **Said, (2014)** who reported that the majority of nurses were not aware of communication skills knowledge elements. This finding went in the same line with **Taiye, (2015)** who found that the low perception of simulation participants regarding to communication skills.

The current study findings revealed that the lowest percentages of nurses have knowledge about SBAR shift report and the majority of nurses had

unsatisfactory knowledge level SBAR report (**table 3**). This might be due to SBAR was a vague and stranger term for nurses. They didn't study it before in their under graduate courses so when evaluate their knowledge about SBAR shift report also nurses document patient care from the beginning of their employment on narrative notes not using any standardized format. This finding went in the same line with **Inanloo, et al., (2017)** who found that the mean score of nurse's knowledge of SBAR shift report was very low.

The present study revealed that the majority of nurses had unsatisfactory knowledge level regarding SBAR shift report exchange. (**Table 4**). This might be due to SBAR shift report exchange is a new concept in the nursing fields and nurses at Sohag Cancer Center, not knowledgeable about it before. This result was inconsistent with (**Shahid & Thomas, 2018**) who reported that more than two thirds of the nurses had "good to high" proficiency with SBAR shift report exchange.

The current study revealed that nurses had no activity regarding to patient's safety goals, total score activity level (25). (**Table 5**). This may be due to nurses not committed to apply patient's safety goals because head nurses omit continuous supervision due to heavy work load the nurses not committed to apply patient's safety goals and there are no motivational strategy were apply in the hospital to encourage nurses to apply patient safety goals . These findings was incongruent with the study done by (**Cornell, et.al., 2014**), they found that patient's safety goals achievement were improved and there are positive effect of SBAR shift report on communication and patient safety, leading to better results in the realm of patient's safety

Conclusions

In the light of the present study findings, the following conclusions can be drawn as:

It was concluded that majority of nurses had unsatisfactory knowledge score regarding communication skills, SBAR report, SBAR report exchange (92, 94, 94) respectively, all nurses as observed by the researcher they recorded no activity regarding patient's safety (25).

Recommendations

Based on the study result the following recommendation will be drawn

1. Develop communication training program for nurses.
2. Develop and implement in-service training program to improve nurse's knowledge (communication skills, SBAR report, and SBAR report exchange) and patient's safety.

3. Further studies investigating SBAR shift report format on nurses productivity and nurse and patient satisfaction

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