

# Nursing Experience of Implementing Communication Sbar (Situation Background Assessment Recommendation) at South Sumatera

Sutrisari Sabrina Nainggolan, Meri Neherta, Vetty Priscilla  
Nursing Faculty, Nursing Postgraduate Program-Andalas University

**Abstract:- SBAR communication is part of patient safety goals provided for health workers in delivering the patient's condition. The nurse should have the ability in developing such communications so as to provide nursing services optimally to the patient. When nurses fail in communicated then raises events that are not expected. Qualitative research against nurses is very necessary to uncover in-depth experience of the nurse. This research uses qualitative approach method of Phenomenology. Data obtained with the in-depth interview against 8 participants are women, the age-sex between 26 years up to 37 years, length of work between 2 years up to 15 years. Analysis of the results of the interviews with the Collaizi method. There are 8 themes that emerged, among others, implementation of the SBAR communication response, nurse, nursing, objective communication media are used, the time nurses carry out, the structure of the SBAR communication carry out impact, and the obstacles faced. The findings of this research show that the problems facing nurses obtained from the doctor in charge of a difficult patient contacted so it is important the existence of monitoring and evaluation of work against medical personnel related communication implementation SBAR. Then the need for the granting of further studies for nurses who administer the SBAR communication as well as the existence of the granting of material supply SBAR to institutions before practice clinic.**

**Keywords:- Phenomenology, Experience, SBAR**

## I. INTRODUCTION

Communication is a process of forming, convey, receiving and processing messages to be delivered to another person either directly or indirectly with the goal of keeping messages received will be processed and interpreted so that cause reactions from people. One patient safety standard is effective communication. The ability of nurses to develop effective communication among nurses with other professions must be owned by the nurses in the practice of nursing professional. SBAR is a communications framework for effective communication are provided for health workers in delivering patient conditions, such as health workers conduct the handover between shifts or between staff in the clinical areas of the same or different. SBAR communication through this will give an opportunity between the members of the health team or other health team for discussion about the condition of the patient. The existence of such things, it will reduce the incidence of unwanted at the hospital.

One of the hospitals in South Sumatra is obtained that status of patients who read, a doctor in charge of the Ministry does not give signature because doctors came more than 24 hours. Nurses have been documenting the SBAR communication has filled in nicely. Nurses communicate with SBAR new patients each report that there has been no therapy or ask for advise additional therapy over a new patient, the patient's allergy drug reports, reports of laboratory results, x-rays or ultrasound.

Communication performed by nurses is extremely important in improving the quality of service of the professional nursing as well as patient safety indicators. Inaccurate information resulted in a failure to communicate (Nonong, 2014). SBAR is recommended as a means to avoid unclear communication between health care professionals in order to improve patient safety (Blom, Petersson, Hagell, & Westergren, 2015). In addition, SBAR technique has also helped nurses to focus on communicating and are also easily implemented a nurse during the turn of the shift. Later use of the SBAR nursing practices in standards to weigh thank patients can improve communication between caregivers so that patient safety is assured (Achrekar et al., 2016).

Based on the above background, important research about the experiences of nurses implementing the SBAR communication. Accurate information is needed so that the expected results of this research were able to provide input towards the improvement of the quality of service rendered to the patient so that patient safety is assured. Researchers interested in conducting research with qualitative methods with emphasis on exploration of the experience of nurses with the phenomenology of approach, in order to dig deeper about the experience of carrying out nursing SBAR communication.

## II. RESEARCH METHODS

The research is used qualitative descriptive research approach of Phenomenology. This research was conducted in one of the hospitals of South Sumatera. The sample uses the purposive sampling number of participants eight people with consideration has been the saturation. Criteria of participants is a nurse who worked in inpatient space, minimal education DIII of nursing, and the work of more than one year; willing to be a participant in the research as evidenced by signing the waiver approval research, able to apply communication SBAR by following the training held by the hospital, and was in place at the time This research was conducted. The researcher is the main instrument in this

study and use the guidance interview and sound recorder. Data collected by in-depth interviews. Data analysis using the Collaizi approach.

### III. RESEARCH RESULTS

There are six themes that emerged, among others, the implementation of the communication objectives, nurses, SBAR communication media are used, the time nurses carry out, SBAR, structures and constraints encountered.

The first theme is: execution of the SBAR communication by nurses during work has two sub themes namely the implementation and execution of the SBAR communication previous SBAR communication right now.

#### A. Implementation of the SBAR communication before

- Implementation of communication from the seven previous SBAR participants reveals no use of SBAR stamp in the report.
- "It used to be not as it is now, most just call then made the note report of treatment, there is no cap SBAR (spirit stories, smiling)" (P1)
- "If our first report with the doctor via the phone constantly we make SOAP in patient status regarding what actions will be given, just that there is no cap it's SBAR (serious face)" (P2)
- "If previously not wear cap SBAR, most just call with the doctor, and then we noted (serious face expressions, gaze fixed to the wall)" (P3)
- "Previously we only write book reports the action that this doctor's report it therapy, for example, can cure anything, injection infusion continued therapy, do not use cap SBAR (staring at researchers, right hand flicked down the book report)" (P4)
- "If used to keep communication by telephone, record a fixed note in the nursing action sheet on the status of the patient, do not use cap SBAR (serious facial expressions, bowed his head)" (P5)
- "First communication with a doctor by telephone, we noted in the report of the actions, do not use cap SBAR (voice softly, staring at the researchers)" (P7)
- "Still communicated with the doctor in charge of the patient by telephone, only hat different only the report, only what therapy will be given by the doctor in charge of the patients we noted in the development of treatment there he wrote, does not wear a cap (a soft tone of voice, facial expression is serious)" (P8)
- However, one participant expressed that the participants do not know the implementation of the SBAR communication earlier because the participant work more or less two years.
- "Formerly did not know because new work two years, I think it used to be like this also (facial expression serious infusion pole, holds to his left)" (P6)

#### B. SBAR communication Implementation now

SBAR communication implementation now of the eight participants revealed that participants use the cap TUBAK at the report. The following expression of the eight participants.

- "We write order drugs, an action that will be given to the patient continue to reconfirm our order remedies and actions, if the doctor said OK, recently created in the development of an integrated patient record sheet later stamped continues to date created signature, hours, a nurse who did the SBAR and signature doctor in charge of the patients who give orders (the spirit of the story, smiling)" (P1)
- "Well if it is now in the development of an integrated patient record sheet tuh clear, we SBAR what we report hold what doctors recommend then pake cap SBAR (eksrepsi serious face)" (P2)
- "Similarly there is documentation, there is now a cap SBAR (serious facial expressions, gaze fixed to the wall)" (P3)
- "When it's our doctor cap SBAR and then signed by the nurses and the doctor in charge of the patients 1 x 24 hours. The ruling is so powerful because the doctor is also a signature that we provide is appropriate therapy their doctor orders (staring at researchers, right hand flicked down the book report)" (P4)
- "Now it's us over the phone, we note developments in SBAR sheet integrated patient there it's cap, the nurse who did the SBAR paraf, paraf doctor in charge of the patients who received the SBAR and who gave the order or action of the drug ( serious facial expressions, bowed his head)" (P5)
- "in an environment of the Hospital since I was working primarily in this room already carry out communication SBAR, phone 1 x 24 hour doctors continue to cap the development notes at SBAR integrated patient (spirit stories, smiling)" (P6)
- "After we write, we read and confirmed with the doctor in charge of the patients continue to move us in the development of an integrated patient record reports then we cap SBAR after that paraf, date and time it was written. Parafnya not only nurses but doctor's signed well (tone of voice quietly, talking fast)" (P7)
- "There's a corporate official said SBAR stampel nurses to give the appropriate orders recommended by the doctor in charge of the patient (tone of voice quietly, clasping both hands)" (P8)

The second theme: the purpose of the nurse when carrying out communication SBAR obtained one of the sub themes where the eight participants reveal because nurses carrying out communication SBAR. Two participants stated to reduce errors in administering medication. The following statement.

- "with SBAR communication this misunderstanding happened with doctor in dispensing to the patient (right hand supporting the head, the spirit told me)" (P1)
- "because in order to reduce errors in administering therapy for example should be repeated, read again, communicated back, probably misidentified the name of the drug can occur (quiet while gazing at the researcher)" (P4)

One participant stated does not occur is wrong communication is as follows.

- "it will not happen wrong communication among nurses with doctors (facial expression serious, occasionally staring researchers) the legality of the ruling is clear because there is clear documentation of patient status (serious facial expressions while staring at the researchers)" (P3)

One participant also stated the patient can be helped. The following expression of the participants.

- "with SBAR, can we please patient complaints of pain (participant speaks quickly, researchers looked at) because we know the action to be performed (the spirit told me, gazing at the researchers)" (P7)

One participant reveal due to the collaboration of nurses and physicians in providing care to patients. The following expression.

- "If you want to say we're nurses collaborate with physicians in providing care to patients (participant stare researcher, tone of voice is slow)" (P8)

While the three other participants in the nurses revealed evidence of action to the patient after getting the order of a physician. The following expression.

- "there is evidence of the nurse in provide medical action due to the development of an integrated patient record reports there is a stamp and signature nurses and doctors (participants tone of voice is softly, staring at the researcher) so the nurse not give medical action to his patient (bowed) (P2)
- "the evidence, there is a handle that is written is true and has reported his patient to the doctor in charge of his patients, for example, the doctor mentions injection sarok (voice softly, staring at the researcher) (P5)
- "at the moment we do that one of his main points of SBAR, e.g. doctors provide therapies, we have nuliskan if that SBAR kan wrote read confirmation (participant in the spirit of storytelling), we forget when we write, we forget SBAR read birthday we forgot, at the time of forget that we are no strength, tisak is no evidence if we already reported that the patient (spirit of storytelling, the left hand holds the pillar of infusion) (P6)

#### ➤ *Third theme*

Communication media used by nurses when carrying out communication SBAR obtained there are two sub themes namely internal communication media and external communication media.

#### ➤ *Internal Communication Media*

To eight participants stated that this was implemented with SBAR communication using the telephone as a medium of communication that is used. The following expression.

- "We contact their doctor by phone 1 x 24 hours can be done (smile)" (P1)
- "If there's any new patient first Yes we report to the doctor in charge of his patient ye via phone (tone of voice slowly)" (P2)
- "Usually by the doctor in charge of the patient via telephone (serious face expression)" (P3)

- "We are SBAR with the physician responsible for the patient by telephone the deck (looking towards the door of the room) (P4)
- "Our communications with SBAR doctor over the phone (tone of voice is slow, serious facial expressions) (P5)
- "As long as it communicates with SBAR appointments via phone (the spirit answered) (P6)
- "Kan SBAR communication by telephone (smiling)" (P7)
- "With SBAR Communication with telephone, the doctor wrote read reset confirmation then given cap (participants seem serious, staring into the bed of the patient)" (P8)

#### ➤ *External Communication Media*

To eight participants stated that in addition to using the phone, to eight participants also use whatsapp while implementing communication SBAR. The following expression to eight participants.

- "Now with whatsapp when communicating with doctors (participants smiling)" (P1)
- "We just doctors with whatsapp in charge his patients (the participant of propping up his head with the use of right hand) (P2)
- "it could be with whatsapp SBAR communication we conducted with the doctor (a serious facial expression)" (P3)
- "It could also pass whatsapp, we leave a message any time using whatsapp (participants smiled, looked at the researcher) (P4)
- "we can communicate with the physician using whatsapp (spirit of storytelling) (P5)
- "If the doctor does not pick up the phone, kito contact with whatsapp, later the answer from the doctors we can dokumentasikan photo by the way in which data in the confirmation (participant of the spirit told me)" (P6)
- "We can also with whatsapp (quick talk, staring into the bed of the patient)" (P7)
- "Now we can be menghubungkaninnyo via whatsapp, so nurses keep in touch with the doctor (tone of voice quietly, looked down)" (P8)

Theme four: time nurses carry out communication SBAR obtained two sub themes i.e. anamnesa patients and supporting the inspection results.

#### ➤ *Anamnesa patients*

The theme of the anamnesa these patients acquired two categories i.e. when there are new patients and new complaints from patients. Seven participants revealed that participants implement the SBAR communication at a time when there is a new patient. The following expression.

- "At the time of the reported new patients (participant holding a pen, staring researchers)" (P1)
- "we are to report there was a new patient (looking towards the patient's family the passing) (P2)
- "The State of the new patients come enter a room, asked what his complaint to us(staring into the office boy who was being swept)" (P4)
- "Sometimes reported when a new patient (tone of voice is softly, smiling)" (P5)

- "for example, at the moment the conditions we tell new patients the same doctor (looking spirit of storytelling)" (P6)
- "SBAR Communication implemented in cases such as the new patient walked into the room of hospitalization (staring at the patient's bed, holding a pen)" (P7)
- "usually when a new patient, we report with the doctor in charge of his patient (slow tone, facial expression serious, occasionally looked down)" (P8)

Different things expressed by one participant where the participants declared the existence of new complaints of patients so that participants will implement the SBAR communication. The following expression.

- "At the moment the patient complained of pain recently for example patients complain of pain. What the patient complained of by, we report to the doctor (a serious facial expression)" (P3)

#### ➤ *Ancillary Inspection Results*

The theme of this supporting examination results obtained two categories i.e. inspection results of laboratory and x-ray results. Seven participants stated that the time of the examination the laboratory does not correspond to the normal value then the participant mengkomunikasikannya. It can be seen from the expression of the seven participants here.

- "There are the results of the laboratory outside of normal limits (a spirit told me, gazing at the researchers)" (P1)
- "at the time of reporting the results of a laboratory that does not fit, we report with the doctor and he said the insurer (tone of voice is softly, staring at the researcher)" (P2)
- "when the results of the pemeriksaan outside of normal limits such as the results of the laboratory for hemoglobinnya low, soon we report with doctor in charge (serious facial expressions, researchers looked at)" (P3)
- "Abnormal Laboratory Results (staring toward the door of the room nurses)" (P4)
- "The laboratory reported the results of its value under normal or above normal (tone of voice quietly, looked down)" (P5)
- "The results of medical examination results of patients who are not in accordance with its normal value, we report the same doctor (the spirit of storytelling)" (P6)
- "The results of his lab results such as is not in accordance with its normal values, so we report it to the doctor in charge (the spirit of storytelling, staring into the bed of the patient)" (P7)

Different things expressed by one of the other participants stated that while the results of x-rays not suitable then the participant of to communicate. The following expression.

- "The results of the x-rays not suitable, we report with your insurer and he said (staring at researchers, the sound slowly)" (P8)

Theme five: the structure of the SBAR delivered by nurses when communicating obtained four sub themes,

namely situations (situation), background (background), valuation (assessment), and recommendation (recommendation).

#### ➤ *Situation*

Expression of the participants emerged from the sub theme of situations (situation) is comprised of two categories, namely the identity of the patient and the patient's complaint. Of the eight participants revealed that participants mentioned the identity of patients while to communicate. The following explanation.

- "Good afternoon doctor from inpatient space, want to report a new patient on behalf of Mrs Z age 45 years (the spirit of storytelling)" (P1)
- "Hallo assalammulalaikum, good morning Sir/doctors there are new patient Ny. S aged 40 years (holding a phone in the room)" (P2)
- "Assalamualaikum doctor. This is with the SH of inpatient physicians. Dokter, I'd like to report a patient's name, Ny. S, age 34 years (serious face expression)" (P3)
- "Good morning doctor, there is a new patient of hospitalization. I'm nurse Elsa reported a patient with the name Mr. A, age 40 years (right hand practice such as holding the phone)" (P4)
- "Doctor, there's a new doctor in the patient's inpatient space, by the name of Mr. A's age 58 years (slow tone of voice)" (P5)
- "Doctor, I want to report a new patient on behalf of Mrs N age of 47 years (the spirit of storytelling, such as practicing the left hand holding the phone)" (P6)
- "Hello good afternoon doctor, my sister I of inpatient room reported no new patients on behalf of the mother of A 35-year-old, (talk fast, researchers looked at)" (P7)
- "Assalamalaikum doctor, there's this new patient with initials Ny. M, age 35 years (tone of voice is slow, took a deep breath)" (P8)

In addition to mentioning the identity of the patient, the eighth participants also mentioned the patient. The following expression of the participants of the eighth.

- "the complaint of nausea vomiting doctor then patients also complained of abdominal pain doctors since last night, the pain scale 4 (spirit stories, serious facial expressions, while his right hand like grip the phone)" (P1)
- "with complaints of abdominal pain since last night there There is nausea vomiting since last night (facial expression mengerutkan forehead)" (P2)
- "the complaint of doctors (silence for a moment) he says his breath shortness and arises when a (serious face expression)" (P3)
- "the complaint with shortness of breath (while looking at the door of the room), congested already felt two days (smiling)" (P4)
- "the patients come with complaints of shortness of breath (tone of voice quietly, staring into the bed of the patient)" (P5)
- "the complaint of severe headache dizzy spinning (the spirit told me, gazing at the researcher)" (P6)
- "the complaint body limp and can not be active (fast talk, researchers looked at)" (P7)

- "with complaints of nausea, vomiting, dizziness (serious face expression)" (P8)

#### ➤ *Background*

Expression of the theme of the participants background includes two categories namely vital sign and laboratory results. Of the six participants revealed that participants mentioned the vital sign when communicate. The following expression.

- "doctor, blood pressure 110/70, pulse 82 times per minute, respiration rate 16 times per minute, the patient seemed to withstand the pain, the patient does not have a history of allergies (the spirit of the story, the researchers looked at)" (P1)
- "blood pressure 130 per 80, 38 tempnya (enlarged tone of voice, facial ekspresi serious)" (P2)
- "respirasinya 28 times per minute, pulse 84 times per minute blood pressure 130/80, his patients seem claustrophobic, compos mentis patient circumstances (serious face expression)" (P3)
- "signs, for example his respiration rate 29 times per minute, blood pressure 140x/mnt (spirit tells the story)" (P4)
- "it's a blood pressure 160/100, temperatures are 36, 100 for his respiration rate (tone of voice is softly, smiling)" (P5)
- "If there is a value to different laboratoritum with its normal value e.g. blood pressure and observations or other vital sign, the results reported to the doctor and he said the insurer (tone of voice is softly, staring at the researchers)" (P8)

While the two participants revealed that participants mention the results of the laboratory while mengkomunikasikannya. The expression of both participants are as follows.

- "for example there are BSS such as the results of laboratory results 546, it includes high right, we report with the doctor in charge of the patient (spirit looks and seamless storytelling)" (P6)
- "doctors report the results of laboratory 10.10 HB, leukocytes 6000, platelets are 324,000, BSS 16, BSNPP, 355 324 (talk fast, highest serious face)" (P7)

#### ➤ *Assessment*

Expression of the theme of the participants assessment obtained a category i.e. eighth participant mentioned the diagnosis of the disease when communicating. The following expression.

- "Patients with diagnosis of acute abdomen (the spirit told me, smiling)" (P1)
- "diagnose from emergency while the doctor abdominal cholic (bowed)" (P2)
- "then diagnosanya dipsneu and CKD (highest serious face)" (P3)
- "Diagnose of patients with shortness of breath (enlarged tone of voice, facial expression is serious)" (P4)
- "The patient's Diagnosis of emergency with asthma (staring at the patient's bed, smiling)" (P5)

- "we inform the diagnose with the doctor in charge of the patient e.g. vertigo plus diabetes mellitus type 2 (staring at researchers, smiling)" (P6)
- "this diabetes mellitus, doctor (fast pitch)" (P7)
- "patients with diagnosis of vertigo with acute abdomen (tone of voice is slow, staring researchers)" (P8)

#### ➤ *Recommendation*

Expression of the theme of the participants recommendations is obtained as one category, namely the eight participants mention therapy doctor. The following expression.

- "Patients can already therapy of emergency injection ranitidine intalasi 2 x 1, ketorolac injection 2 x 1, 3 x 1 syrup antacid, lanso 1 x 1 (silence for a moment) there are additional therapy are not a doctor. The doctor answered such as: Yes, there are additional lanso 1 x 1, 3 x 1 tsp antacid, eeee (moment of silence) other therapies (silence for a moment) distop. For example like that (moment of silence) my doctor confirm again, not if for example added antacid add 2 spoons lanso 1 x 1 continues it other therapies distop, yes he said already, if she said yes, nurses will stamp on the integrated patient development note sheet (the spirit told me, smiling)" (P1)
- "A temporary injection Ranitidine Therapy ECG continuously attached to doctors with whatsapp. Temporal therapy drug that doctors beg further therapy. Then the doctor give you the answers. After the doctor gave the answer then we repeat again what is delivered by doctors (serious facial expressions, bowed his head)" (P2)
- "Patients can already 3-4 liters of oxygen therapy and then his position was already semi fowler. Patients got injection 2x1. Doctor, please further therapy. Then the doctor recommended therapy for example oxygen replace with a to 6-liters per minute, the patients have to bedrest, continue drug therapy (facial expression serious, staring at the wall)" (P3)
- "We are waiting for instructions from the doctor. When her doctor asked for examination and ECG examinations conducted laboratory, nurses noted a recommendation from a doctor, keep if it can order drug dose is raised or replaced, we noted only (right hand propping his Chin)" (P4) Therapy of critical installation pentolin 3x1 for example, dexsa 3x1 has been given. Doctor please its preliminary therapy (tone of voice is softly, staring at the patient's bed, smiling)" (P5)
- "Doctors, patients can be the installation of emergency therapy vase 3 x 1, 2 x 1 ondansentron. Are there any other additional therapy doctor. Then answered by doctors for example love first three 3 x 1 vase, a drug routinely distop while replaced with neovorapid 3 x 16 units of lantus, 1 x 12 units (the spirit told me, gazing at the researcher)" (P6)
- "We ask the doctor, his patients can already any therapy? Then we mentioned novorapid insulin cure, 3 times 12 units before eating, levemir 1 times 10 units each night. Then her doctor raise the novorapidnya raised 3 times 16 units, levemir 3 times 12 units (talk fast, researchers looked at)" (P7)

- "Beg the therapy then, doctor. After that, the doctor's love for terapinya. Then we reset the therapy being delivered by doctors. Had he love obat-obatnya we explain, we ejakan alphabetnya. Fear of the same medication wrong name Jn (speak slowly, hands while driven) "(P8)

The sixth theme: obstacles faced when nurses carry out SBAR communication obtained one of the sub themes namely the constraints from the doctor in charge of the patients. The theme of the obtained a category i.e. the doctor in charge of the patients did not respond immediately to a communication which is done nursing. The following expression.

- "Most of the constraints of the doctor in charge of his patients, sometimes if the phone has a long, raised repeatedly call still does not lift (the spirit of the story, the researchers looked at). If we are contacted via whatsapp, doctors advised long (the spirit of the story, smiling) "(P1)
- "If the doctor does not pick up the phone for instance doctors are there jobs that do not allow to be appointed (a serious facial expression) (P2)
- "Communication SBAR is not replied to by the doctor directly. Sometimes the call, not appointed (talk faster, view to the bed of the patient). We contacted with whatsapp and also was not directly replied to by the doctor in charge of the patient (facial expression serious, occasionally bowed his head) "(P3)
- "There is also a doctor in charge of his patient is not appointed, then when on whatsapp does not have (the right hand shore up Chin, looking at the wall)" (P4)
- "Most of his difficult doctor was not raised at the time we call the doctor in charge of the patient (researcher, smiling, gazing at tonality slowly)" (P5)
- "we contact the doctors of that time the patient is in a State of critical e.g. one-one with the breath, we phone the doctor penanggungjawabnya doctor and it turns out that time hard" (the spirit of storytelling, staring at the researcher) (P6)
- "If the doctor does not pick up the phone (to talk fast, researchers looked at)" (P7)
- "Sometimes doctors tuh do not pick up the phone, so we don't know what the doctors are currently working on (tone of voice is slow, slow, serious face expression)" (P8)

#### IV. DISCUSSION

Participants in this study reveals the SBAR communication before implementation and execution of the SBAR communication right now. Participants stated that previous SBAR communication do not use a stamp. SBAR communication to date has been used SBAR stamps as evidence that the nurse has been implementing communications SBAR with doctors. Other studies conducted by Blom, Petersson, Hagell, & Westergren (2015) stating model SBAR is considered a good structure for effective communication and improve patient safety. The success of the implementation in this perform SBAR nursing health requires a willingness to change and improve your

communication, and mutual respect among all members of the health care team. According to research done Ulva (2017) obtained that in hospital X conducted orally and telephone, with SBAR technique and WRC (write, read, confirmation). Effective communication is done in an effort to reduce medical errors. Communication system with SBAR and WRC requires confirmation sheet. But at RS X confirmation sheet is not yet available. Communications procedures to ensure the implementation of effective communication on the RS X using SBAR technique and WRC. Communication and coordination profession which can be used to reveal an actual fact for accountable. Documentation done by nurse it is legal for a nurse.

The participants revealed a wide variety of reasons participants carry out communication SBAR, among others, reduce errors in administering medication, the error will not occur in communicating, there is collaboration of nurses and physicians in providing care to patients, and nurses in providing evidence of action to the patient after getting the order of a physician. Communication between nurses, doctors and team work is an important part in determining the quality of nursing and patient safety. Inaccuracies of information can pose a serious impact on patients, more than 70% of cases in hospital caused by a failure in communication and 75% of his or her death. There are 65% inaccurate information in any over the information could cause errors and unexpected occurrence. In his research is obtained that there is influence of effective communication in patient safety, which means between before and after the application of communication collaboration between nurses and doctors using the SBAR technique (Nonong, 2014). The communication process with SBAR technique requires the recording of as physical evidence. As physical evidence needed confirmation sheet which is available on the record of the patient's medical record (Ulva, 2017). Communication is key for staff to reach the patient safety. Effective communication, timely, accurate, complete, clear and well understood by the recipient/recipients as well, reduces errors, and led to improved patient safety (Indonesian Republic Health Minister's Regulation, 2017). SBAR communication should be implemented by health care personnel who are in the hospital. SBAR communication through this, nurses and other health workers can help patients overcome health problems that affect them so as to decrease the number of events that are not expected.

Participants in the study reveal that media communication are used when implementing a communication phone is SBAR and whatsapp. Through the communication media, the nurses and doctors can give information related to the patient's condition so that the health services provided to the patient can be given to the maximum. Cunningham, et al (2012) states that do not improve the performance of SBAR reference phone with increasing amounts of sensitive information obtained from a patient, despite the fact that the SBAR is a tool minimum data elements. Joffe, et al (2013) stated that the majority of nurses reported a situation signals but not the background cues. In the communication with the phone made after hours of work between doctors and nurses, vital information is often not communicated and the doctor did not obtain the necessary information. The same thing is also done by Nazri,

Juhariah, & Arif (2015) stated that the weak ability of nurses to communicate and yet the existence of standardising communication techniques are factors barrier to effective communication. Communication is the most prone to errors was given command over the phone, when it allowed the regulation of legislation. Oral commands and by phone or written examination results in full by the recipient of the order or the inspection results (Commission on accreditation of hospitals, 2012). Health care facilities are collaboratively developed a policy for commands and spoken by phone including: write down the complete command or the results of the examination by the recipient of the information; recipient reads out the back (read back) command or inspection results; and confirm that what is already written and read out by accurate (Indonesian Republic Health Minister's Regulation, 2017). The medium of communication is a very important tool in the continuity of the course of the process of health care to patients. With the existence of a medium of communication is both a nurse or other health care personnel can collaborate in meeting the health needs of patients so as to enhance patient safety.

The participants revealed that in the current situation of the existence of a new patient, a new complaints from patients, as well as the results of laboratory examination and the results of the x-rays came out so as to make the participants implement the SBAR communication with physicians. Research conducted Blom, Petersson, Hagell, & Westergren's (2015), SBAR is recommended as a means to avoid unclear communication between health care professionals in order to improve patient safety. There is a difference before and after the implementation of the model of the SBAR. Qualitative obtained four themes namely the structure of SBAR, time reporting, patient safety and personal aspects. So the SBAR is considered a good structure in the conduct of effective communication so that it can improve the patient's salvation. In Indonesian Republic Health Minister's Regulation (2017) and the oral command declared by phone or written examination results in full by the recipient of the order or the inspection results; oral and oral orders by phone or complete the inspection results are read back by the recipient of the order or the inspection results; as well as command or inspection results confirmed by individuals who gave orders or the results of such examination. SBAR communication can help nurses and other health personnel in reporting the condition of the patient. SBAR method used covers all aspects of the nursing care given to patients. With the communication of this then it will awaken SBAR cooperation nurses and other health workers in providing service to patients so as to prevent unwanted occurrence numbers.

Participants in this study reveals the structure of communication used by nurses when communicating i.e. SBAR. Situation describes the identity of the patient and the patient's complaint. Background checks conducted results (vital sign, abnormal laboratory results). Assessment of patient disease diagnosis mention based on complaints from patients. Recommendation mentions the therapy from a doctor. SBAR communication also provides an opportunity for discussion between members of the health team or other health team. Its application is followed by a WRC technique

to avoid error information (Langsa, 2015). With the presence of SBAR, doctors informed the State of the patient, work faster, and to communicate clearly the problems as well as provide an opportunity to convey suggestions of collaboration. SBAR communication implemented when the handover of patients from one service unit to another unit, shift in the health team, and while having to go break/conferences, etc (Sari, 2013). By the time a nurse reported the condition of the patient to the doctor, the nurse must first conduct a review of the patient's condition; collect the necessary data related to a patient's conditions will be reported; make sure the patient's diagnosis; read and understand the notes recent developments and the results of studies on nursing shift before; as well as setting up the medical record of the patient, history of allergies, medicines/infuse fluids used today (the Ministry of health of the Republic of Indonesia, 2012). Nurse using the SBAR communication when reporting the condition of the patient must explain the four components namely, Situation, Background, Assessment, Recommendation. When a nurse is not able to explain it then give rise to misunderstandings of reporting the condition of patients who have an impact on patient safety while the action.

Participants in this study reveals the obstacles that are obtained by the nurse while implementing communication SBAR obtained from the responsible doctor where the doctor does not respond to communications carried out by nurses. Research conducted by Raymond & Harrison (2014) reveals that the SBAR (Situation Background Assessment Recommendation) has helped communication, confidence, as well as the quality of patient care. The existence of this will reduce the SBAR communication barriers in conducting effective communication in various hierarchies and levels of staff so that they can act quickly in providing care on the patient. Other studies conducted by Renz, Marie P. Boltz, Wagner, Elizabeth A. Capezuti, & Lawrence (2014) stated that ineffective communication between nurses and physicians in nursing homes can harm and affect the care and the working environment is not good between nurses and doctors. Research conducted by Nazri, et al (2015) that the difficult situations experienced by nurses when communicating with doctors. Then the weak ability of nurses and nurses communicate less preparation, not structured, less complete as well as the standard communication has not been established. Constraints that are found when implementation of the SBAR communication should immediately be addressed. It is so potentially against the occurrence of patient safety incidents. The nurse should increase self awareness, train your interpersonal skills and clarify the purpose of the interaction. If not corrected, it will happen that will cause side effects in all aspects of health care.

## V. CONCLUSION

The findings of this study show that when participants carry out communication SBAR there are six things expressed by participants, the following implementation of the SBAR communication by nurses, nurse SBAR communication carry out reasons, media communications used by nurses, nurse time implementing the communication

structure of the SBAR SBAR conducted by nurses when communicating and obstacles faced when nurses carry out SBAR communication. Expected for head of nursing services and to be able to conduct training for health personnel IPE directly related to patients so that communication can work well for the sake of the safety of the patient. In addition, conduct an evaluation to health workers in carry out communication.

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