

# Implementation of nurse knowledge about handover with situation, background, assessment and recommendation technique

## Implementación del conocimiento de enfermería sobre el traspaso con la técnica de situación, antecedentes, evaluación y recomendación

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### SUMMARY

**Introduction:** *Error due to the conveyance of handover during shift change will result in a decrease in service quality indicators, especially patient safety in a hospital. Poor communication is a contributing factor to the cause of injury. One form of nurse communication is a handover. Handover is a technique of conveying and receiving information related to the conditions of patients. Gaps in communication in the handover process were found. It is considered that around 45.5 % of the implementing nurses at the Regional General Hospital of Mataram do not maximize the form of handover implementation with the SBAR technique. This study aimed to describe the implementation of nurse knowledge*

*about handover with the SBAR technique at the Regional General Hospital of Mataram in 2022.*

**Methods:** *This study is descriptive research. The samples in this study were 30 implementing nurse respondents. The sampling technique used was Total Sampling-with the research instrument being a questionnaire.*

**Result:** *This study reveals that, in general, the description of implementing nurse knowledge is sufficient with a percentage of 46.7 or, 14 implementing nurse respondents having sufficient knowledge about handover with the SBAR technique.*

**Conclusion:** *It can be concluded from this study that the description of the implementing nurse knowledge about handover with the SBAR technique at the Regional General Hospital of Mataram in 2022 is in the sufficient category. Therefore, it is suggested for implementing nurses and hospital institutions continue to develop new knowledge related to health services so that the implementation of nursing care is in following the goals expected.*

**Keywords:** *Description of knowledge, handover, implementing nurse, SBAR.*

DOI: <https://doi.org/10.47307/GMC.2023.131.s1.3>

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Recibido: 30 de enero 2023

Aceptado: 7 de febrero 2023

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## RESUMEN

**Introducción:** *El error debido a la transmisión del traspaso durante el cambio de turno resultará en una disminución de los indicadores de calidad del servicio, especialmente la seguridad del paciente en un hospital. La mala comunicación es un factor que contribuye a la causa de la lesión. Una forma de comunicación de la enfermera es un traspaso. El traspaso es una técnica de transmisión y recepción de información relacionada con las condiciones de los pacientes. Se encontraron lagunas en la comunicación en el proceso de traspaso. Se considera que alrededor del 45,5 % de los enfermeros implementadores del Hospital General Regional de Mataram no maximizan la forma de implementación del traspaso con la técnica SBAR. Este estudio tuvo como objetivo describir el conocimiento del enfermero ejecutor sobre el traspaso con la técnica SBAR en el Hospital General Regional de Mataram en 2022.*

**Métodos:** *Este estudio es una investigación descriptiva. Las muestras de este estudio fueron 30 enfermeras ejecutoras encuestadas. La técnica de muestreo utilizada fue el Muestreo Total, siendo el instrumento de investigación un cuestionario.*

**Resultado:** *Este estudio revela que, en general, la descripción del conocimiento de la enfermera implementadora es suficiente con un porcentaje de 46,7 o, 14 enfermeras implementadoras encuestadas tienen conocimiento suficiente sobre el traspaso con la técnica SBAR.*

**Conclusión:** *Se puede concluir a partir de este estudio que la descripción del conocimiento de la enfermera implementadora sobre el traspaso con la técnica SBAR en el Hospital General Regional de Mataram en 2022 se encuentra en la categoría suficiente. Por lo tanto, se sugiere a los enfermeros ejecutores e instituciones hospitalarias continuar desarrollando nuevos conocimientos relacionados con los servicios de salud para que la implementación de los cuidados de enfermería esté en el seguimiento de las metas esperadas.*

**Palabras clave:** *Descripción del conocimiento, transferencia, enfermera implementadora, SBAR.*

## INTRODUCTION

Patient safety goals outlined in PMK No. 1691/MENKES/PER/VIII/2011 were stipulated with reference to nine patient safety solutions by World Health Organization (WHO) aiming to encourage specific improvements in patient safety. Patient handover is included in the second goal, namely increasing the effective communication of health

workers. Error due to the conveyance of handover during shift change will result in a decrease in service quality indicators, especially patient safety in a hospital (1).

The impact of the lack of implementation of patient safety on the quality of health services results in injury to the actions taken. Poor communication is a contributing factor to the cause of injury. One form of nurse communication is a handover. Handover is a technique of conveying and receiving information related to the conditions of patients (2).

Phenomena found in nursing services in hospitals related to communication between staff, especially in patient handover activities, are wrong communication resulting in misperceptions, delay time, unfocused communication content about patient problems, and often, digressed topic of conversation, and incomplete information during the handover, so the nurse have to ask the nurse who was on duty again. This situation results in late service and even had an impact on patient safety (3).

There are many gaps in communication in the handover process. It is considered that around 45.5 % of the implementing nurses at the Regional General Hospital of Mataram do not maximize the form of handover implementation with the Situation-Background-Assessment-Recommendation (SBAR) technique which provides a framework for communication between members of the health care team about a patient's condition and is one of the main causes of gaps in treating patients, causing unexpected events in treating patients (4). Based on the results of observations that the researchers had made in the room where a study had been carried out, it was found that there were quite a lot of the implementing nurses working in that room who had not been sufficient in handover implementation with the SBAR technique. Then, if seen from the SBAR format itself, the lack in the conveyance of the Background and Assessment in the handover process can result in things that are not desirable in carrying out intervention or implementation. Then in another room where this study was carried out, the results were quite far from the application of the SBAR format itself.

Another study with a total of 786 articles, showed that there was a positive effect on

patient safety after the use of the SBAR effective communication method when carrying out the handover process. The benefits of using the SBAR effective communication method in handover implementation are increasing the effectiveness of patient information, making work more systematic, enabling nurses to follow patient developments in a structured manner, and avoiding unexpected errors. Therefore, it is hoped that the SBAR effective communication method can be used as a choice of communication method that can be applied in hospitals (4).

SBAR provides an organized way of delivering information that has the potential of not only improving communication methods but also directly affecting patient care outcomes. Many studies have been conducted to evaluate the effectiveness of using SBAR. In general, the use of SBAR shows that this handover tool helps improve communication skills as well as minimize or prevent errors arising from miscommunication in various healthcare settings (5,6). Based on the data the presented study aimed to assess the implementation of nurse knowledge about handover with the SBAR technique.

**METHODS**

This study is descriptive research, that is used to answer the formulation of the problem with regard to the question of the existence of independent variables, either only on one variable or more (7,8).

This study described the implementation of nurse knowledge about handover with the SBAR technique at the Regional General Hospital of Mataram in 2022. The population in this study was all implementing nurses in the IRNA II and IRNA IIIA inpatient rooms at the Regional General Hospital of Mataram in 2022 — with the research instrument being questionnaires that were distributed directly to respondents. The sampling technique used was Total Sampling, namely taking sample members from the entire existing population (8,9). Thus, the number of samples taken from the population of implementing nurses in the IRNA II and IRNA IIIA inpatient rooms at the Regional General Hospital of Mataram was 30 respondents.

**RESULTS**

Table 1 shows that out of 30 respondents, the average age of the respondents is 20-30 years old, with 22 respondents (73.3 %).

Table 1. Distribution of Respondents by Age

Age	Total	Percentage (%)
20 – 30 Years old	22	73.3
31 – 40 Years old	8	26.7
41 – 50 Years old	0	0
Total	30	100.0

Table 2 shows that out of 30 respondents, the average respondents are Nurse Profession, with 15 respondents (30 %).

Table 2. Distribution of Respondents by Education

Age	Total	Percentage (%)
Associate Nursing Expert	10	33.3
Bachelor of Nursing	5	16.7
Nurse Profession	15	50.0
Master of Nursing	0	0
Total	30	100.0

Table 3 shows that the description of the implementing nurse knowledge about handover with the SBAR technique at the Regional General Hospital of Mataram in 2022 is in the sufficient category, with 14 respondents (46.7 %).

Table 3. Description of the Implementing Nurse Knowledge about Handover with the SBAR Technique at the Regional General Hospital of Mataram in 2022

Age	Total	Percentage (%)
Good	12	40.0
Sufficient	14	46.7
Insufficient	3	10.0
Poor	1	3.3
Total	30	100.0

## DISCUSSION

Age affects one's comprehension and mindset. The older someone is, the more their comprehension and mindset will develop so that the knowledge they gain will improve, both technically and psychologically, and their ability to carry out the tasks given will also improve (10,5).

Based on the characteristics of the respondents, the age of the respondents when viewed from the percentage of implementing nurses aged 31-50 years old, only 3 respondents have a good description of knowledge about SBAR. Whereas the percentage of younger implementing nurses aged 20 - 30 years old, those with a good description of knowledge about SBAR are more, namely around 9 respondents.

Ideally, getting older will affect one's comprehension and mindset so that the knowledge gained is improved (11). However, this does not guarantee that older nurses will have better knowledge. This can happen if it is not accompanied by self-development, through the learning process, especially to seek new knowledge or information about certain things.

The level of knowledge is also related to cognitive limitations, misinterpretation of information, lack of exposure, lack of interest in learning, lack of memory, and unfamiliarity with information sources (12,13).

Knowledge can also be affected by the ability of the individual nurse themselves, such as the willingness of the nurse to learn about the latest information so that they are able and easily completes their duties as a knowledgeable nurse. Education functions to develop the abilities and qualities of a person's personality, where the higher the level of education, the greater the willingness to utilize knowledge and skills. Knowledge is very closely related to education where it is hoped that someone with higher education will also have a wider knowledge (10,14,15).

This theory is proven by the characteristics of the respondents from the results of this study. When viewed from the percentage of implementing nurses based on the results of the

characteristics of the respondents, it is obtained that the average implementing nurses with bachelor's degree who have good knowledge about SBAR are 9 respondents, and for those with Associate Nursing Expert degree who have good knowledge are 3 respondents.

This study aimed to describe the implementation of nurse knowledge about handover with the SBAR technique. Effective communication using SBAR communication is a framework that is easy to remember, a tangible mechanism used to convey the conditions of patients that are critical or need immediate attention and action. S (situation) describes the patient's identity, current problems, and results of medical diagnoses. B (background) describes a history of illness or a situation that supports the current problems/situation. An (assessment) describes the conclusion of the problems that are happening to the patient as a result of an analysis of the situation and background. R (recommendation) describes a plan or proposal to be made for existing problems (15,16).

The results of this study show that the description of the implementing nurse knowledge about handover with the SBAR technique in the inpatient rooms at the Regional General Hospital of Mataram in 2022, in general, is sufficient with a percentage of 46.7 or, 14 implementing nurse respondents have sufficient knowledge about handover with the SBAR technique. This was followed by 12 implementing nurse respondents with good knowledge, and 3 implementing nurse respondents with insufficient knowledge. And there is 1 implementing nurse respondent with poor knowledge (17-19).

## CONCLUSION

The general description of implementing nurse knowledge about handover with the SBAR technique shows that as many as 14 respondents have sufficient knowledge.

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## IMPLEMENTATION OF NURSE KNOWLEDGE

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