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The Association between SBAR (situation, background, assessment, recommendation) Communication Methods with Patients' Safety Culture Application in A.W. Sjahranie Hospital Samarinda

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ABSTRACT

Preface: SBAR communication method is an effective communication which aims to improve patients' safety. The use of SBAR communication methods is not fully optimized and accustomed. For these reasons, this research is aimed to find out the relation between the SBAR communication methods with the patients' safety culture application.

Methods: The type of this research is quantitative with analytic study and cross-sectional design. The total population of this research is 452 people that spread to 14 service units. Sample of 77 people used a purposive sampling technique. Instruments that used are SOP from PPSDMK of Indonesian Health Departments and AHRQ issued patients' safety culture questionnaires. SBAR observation data was taken during the process of shifts handover between nurses, and continued with answering questionnaires. The data are then analyzed using univariate and bivariate analysis with Chi Square test.

Result: From the tests are obtained that the score from situation variable of p=0,001, background variable of p=0,003 and assessment variable of p=0,006, and recommendation variable of p=0,001. The result of p value < 0.05 (Sig. 95%) therefore Ho is rejected and Ha is accepted with the result that there is a relation between SBAR communication methods with patients' safety culture application.

Conclusion: There is a relation between SBAR communication methods with patients' safety culture application. It is highly suggested for Hospital to improve the application of SBAR communication methods and patients' safety culture that is not yet fully optimized.

Keywords: Communication, effective, SBAR, patients' safety culture.

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1. Introduction

Communication plays an important role in providing a healing (Asrina, Palutturi, & Andayanie, 2018; Asrina, Palutturi, & Tenri, 2018; Bensing & Verheul, 2010; Kelley & Kelley, 2013; Nahlah, Palutturi, & Abadi, 2019; Palutturi, Sahiddin, Ishak, & Hamzah, 2018; Thorne, Hislop, Armstrong, & Oglov, 2008) and safety culture to patients (Ammouri, Tailakh, Muliira, Geethakrishnan, & Al Kindi, 2015; Top & Tekingündüz, 2015). Patients get satisfaction and recovery not only because of drugs and other health services but also friendliness and communication of health officers. Additionally, their families are also important components in the process of patients' recovery.

There are many cases in the health care sector due to miscommunication. Institute of Medicine (IOM) estimated that 100.000 patient safety incidents due to medical errors occurred every year. For 15 consecutive years, miscommunications contributed to 70% of sentinel events. In 2015, 744 cases of miscommunications were reported as the cause of patient safety incidents (Murray, 2016). The data of Hospital Patient Safety Committee / Komite Keselamatan Pasien Rumah Sakit (KKPRS) from 2006 to 2011 recorded 877 patient safety incidents (Harsul, Syahrul, & Majid, 2018).The data from the PMKP of A. W. Sjahranie Hospital Samarindain 2017 suggests that immediate attention should be paid to patient safety incidents in the Hospital.

Agency for Healthcare Research & Quality (2016) defines patient safety culture as the culmination of values, attitudes, competencies and behavioral patterns of both individuals and groups toward the patient safety program. Thus, the implementation of patient safety culture is intended to suppress the patient safety incident rate which has been an ongoing global issue in Hospitals(McCradden et al., 2020; Nahlah et al., 2019; Rogers, Hwang, Scott, Aiken, & Dinges, 2004; Rusydi, Palutturi, Noor, & Pasinringi, 2020; Rusydia, Palutturi, Noor, & A. Pasinringi, 2020; Sadakah et al., 2020; Said & Palutturi, 2018; Supriadi, Minarti, Paminto, Hidayati, & Palutturi, 2020). Furthermore, according to patient safety standards, effective communication is part of nurses' efforts in achieving patient safety in Hospitals (Kumbi, Hussen, Abate Lette, & Morka, 2020; Manojlovich, Hofer, & Krein, 2020). Therefore, the SBAR communication method (Situation, Background, Assessment, and Recommendation) is an effective communication method used by health team members especially in the reporting of patient condition (Hilda et al., 2018; H. Hilda et al., 2018). It is a structured communication method that will hopefully result in patient safety (Singh, Purva, & Gupta, 2017).

At A. W. Sjahranie Hospital Samarinda, 73.9% of nurses always practice effective communication during a handover (H. Hilda et al., 2018). In addition, the data from the Patient Safety and Quality Improvement Committee of A. W. Sjahranie Hospital report that out of 64 respondents that are considered as the representative of each room, 100% of them practice effective communication during a handover. However, the PMKP committee admits that the data is not entirely accurate. From the results of field observation and interviews, it is known that during a handover between shifts in a room the SBAR method is used. However, it is suboptimal and has only been recently implemented.

There are many studies related to the importance of the SBAR (Situation, Background, Assessment, and Recommendation) communication method as an effective communication method used by health officers, especially in reporting patient health conditions. Some of them are research conducted by (Thomas, Bertram, & Johnson, 2009) on the SBAR communication technique taught to nursing students as a professional communication skill and research conducted by (Simamora & Fathi, 2019) regarding the effect of SBAR communication training to improve patient safety. Furthermore, there is also a research article written by Haig, Sutton, and Whittington (2006), Velji et al., (2008), Woodhall, Vertacnik, and McLaughlin (2008), Dunsford (2009), and Kostoff, Burkhardt, Winter, and Shrader (2016).However, differences in culture, gender, religion and various patient characteristics may produce different results and thus require different approaches.

Centered on the elaboration above, the researcher is interested in studying "The Association between the SBAR (Situation, Background, Assessment, Recommendation) Communication Method with Patient Safety Cuture Application at A. W. Sjahranie Hospital Samarinda".

2. Research methods and materials

2.1 Research location

The research was conducted in 14 service units (Flamboyan, Seruni, Dahlia, Angsoka, Melati, Anggrek, Cempaka, Aster, Edelweiswards, ICU, ICCU, PICU/NICU, Stroke and ICU unit) of A. W. Sjahranie Hospital Samarinda. It was conducted in April 2018.

2.2 Research design

This was aquantitave research with analytical studyand cross-sectional design.

2.3 Populations and samples

The population in this study was 452 nurses of inpatient wards of A. W. Sjahranie Hospital spread across 14 service units. The sample was 77 respondents taken using purposive sampling technique.

2.4 Data collection methods

Data collection was performed by observing the process of handover between shifts using the SOP of the SBAR communication method from the PPSDMK of the Ministry of Health of the Republic of Indonesia. Then, it was followed by the distribution of a standard questionnaire of patient safety culture issued by the AHRQ.

2.5 Data analysis

The data collected were analyzed in univariate and bivariate manners using chi square test to determine the relationships between the SBAR communication method and the implementation of patien safety culture.

3. Methodology

A qualitative case study approach was used to explore the Greek female ESL learner's strategy use as well as possible influencing factors. Such an approach helps the researcher to understand "how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences" (Merriam, 2009:23).

3.1 Participants

Given that few empirical studies have been conducted on strategies used by Greek learners of English in a study-abroad context, a Greek female learner of English was chosen as the major informant of the study. She had an English study experience for nearly 10 years and was a first-year English major university student in the UK when the present study was carried out. Moreover, in order to better address the role of gender in the female learner's use of language learning strategies, a Chinese male student learning English at the same UK University was selected randomly for comparison.

3.2 Data collection

The interview technique can be used to understand "the lived experience of other people and the meaning they make of that experience" (Seidman, 2013:9). In this study, semi-structured interviews were adopted to elicit data from the participants and to help the researcher delve deeper into their strategy use. In doing so, a set of topics were prepared in advance, including learning strategies, motivation, gender and personality. While the interview with the female learner dealt with all these issues, the one with the male learner focused mainly on identifying strategies he used. I also prepared some questions on these topics. The types of questions roughly fell into three categories identified by Spradley (1979): descriptive, structural and contrast. For example, I asked the informants: "Have you used any English learning strategies? (Descriptive question)", "If yes, what strategies do you often use? (Structural question)" "Is there any difference in your strategy use after studying in the UK? (Contrast question)". The two interviews with them happened in a cafeteria, according to their wishes, and each took about 1 hour. During the interviews, the informants were allowed to speak freely, so that they could feel more comfortable and "unveil whatever...maybe of relevance to the topic at hand" (Peer et

al, 2012:81). New questions were also allowed to emerge based on what they said. Both the interviews were fully audio recorded and transcribed for subsequent analysis.

3.3 Data analysis

In the qualitative analysis of interview data, I used both inductive ("bottom-up") and deductive ("top-down") approaches to generate interpretations. Therefore, the process of analysis is "both a data-geared and theory-driven activity" (Mills, 2010:751). Moreover, the strategy use reported by the learner was analyzed roughly based on the categories proposed by O'Mally and Chamot(1990): cognitive, metacognitive and social-affective.

4. Research results

4.1 Univariate analysis

4.1.1 Respondent characteristics

4.1.1.1 Genders

Table 1.

Respondents Characteristics Based on the Gender of Nurses of A. W. Sjahranie Hospital Samarinda.

Respondent Gender Classification	Frequency(n)	Percentage (%)
Men	22	28.6
Women	55	71.4
Total	77	100

As shown in Table 1, the majority of the respondents were women, amounting to 55 respondents (71.4%), nearly twice of male respondent number with 22 (28.6%).

4.1.1.2 Age

Table 2.

Respondents Characteristics based on the Age of Nurses of A. W. Sjahranie Hospital Samarinda.

Respondent Age Classification(Years)	Frequency(n)	Percentage (%)
< 25	14	18.2
25-35	44	57.1
36-45	15	19.5
> 45	4	5.2
Total	77	100

As shown in Table 2, the majority of the respondents were in the age group of 25-35 years, amounting to 44 respondents (57.1%),while only 4 (5.2%) respondents were in the age group of >46 years.

4.1.1.3 Last education

Table 3.

Respondents Characteristics based on the Last Education of Nurses of A. W. Sjahranie Hospital Samarinda.

Respondent Last Education Classification	Frequency(n)	Percentage (%)
DIII Nursing	64	83.1
DIV Nursing	6	7.8
S1Nursing	1	1.3
Nurses (Profession)	6	7.8
Total	77	100

As shown in Table 3, nearly all respondents were a graduate of DIII Nursing, amounting to 64 respondents (83.1%), while 1 (1.3%) respondent was a S1Nursing graduate.

4.1.1.4 Tenure

Table 4.

Respondents Characteristics based on the Job Tenure of Nurses of A. W. Sjahranie Hospital Samarinda

Respondent Job Tenure Classification (Years)	Frequency(n)	Percentage (%)
< 5	38	49.4

5-10	29	37.7
> 10	10	13.0
Total	77	100

As shown in Table 4, nearly half of the respondents had job tenure of<5 tahun, amounting to 38 respondents (49.4%), while only a few respondents had job tenure of>10, amounting to 10 respondents (13.0%).

4.1.2 Variable distribution

4.1.2.1 The distribution of the respondents based on the implementation of the SBAR communication method between nurses during a handover

Table 5.

The Distribution of the Respondents based on the Implementation of the SBAR Communication Method during a Handover between Nurses of A. W. Sjahranie Hospital Samarinda

SBAR Communication Distribution	Frequency(n) = 77	Percentage (%)
Situation		
Poor	20	26.0
Good	57	74.0
Background		
Poor	21	27.3
Good	56	72.7
Assessment		
Poor	20	26.0
Good	57	74.0
Recommendation		
Poor	23	29.9
Good	54	70.1

In Table 5 for the situation variable, 20 respondents (26.0%) were considered poor in implementing the SBAR method, the majority of respondents, 57 (74.0%), were considered good in implementing the method. Meanwhile, for the background variable, 21 (27.3%) respondent were considered poor in implementing the method, and the majority of the respondents, 56 (72.7%), were considered good in implementing the method.

For the assessment variable, 20 (26.0%) respondents were in the poor category, and the majority of them, 57 (74.0%) were considered good. Meanwhile, for the recommendation variable, 23 respondents (29.9%) were in the poor category, and the majority of them, 54 (70.1%), were in the good category.

4.1.2.2 The distribution of the respondents based on the implementation of patient safety culture

Table 6.

The Distribution of the Respondents based on the Implementation of Patient Safety Culture

Patient Safety Culture Distribution	Frequency(n)	Percentage (%)
Poor	32	41.6
Good	45	58.4
Total	77	100

As shown in Table 6, for the distribution of the implementation of patient safety culture nearly half of the respondents, 32 (41.6%), were in the poor category, while the majority of them, 45 (58.4%), were in the good category.

4.2 Bivariate analysis

Based on the analysis results in Table 4.7, it was known that the implementation of the SBAR method in the poor situation variable with the poor patient safety culture was observed in 16 (80.0%) respondents, while 4 (20.0%) individuals had a good patient safety culture, with a total of 20 respondents. Furthermore, the implementation of the SBAR method in the good situation variable but with poor patient safety culture was observed in16respondents (28.1%), while 41 (71.9%) respondents had good patient safety culture, with a total of 57 respondents. The analysis using chi square test obtained ap value of 0.001, meaning that statistically there was a relationship between the situation variable and the implementation of patient safety culture at A. W. Sjahranie Hospital Samarinda. The analysis also obtained an OR value of 10.25,meaning that nurses with SBAR communication in the poor situation variable were10.25 times more likely to implement poor patient safety culture compared to nurses with SBAR communication in the good situation variable.

The implementation of SBAR communication in the poor background variable showed 15(71.4%) respondents, while 6 (28.6%) respondents had good patient safety culture, with a total of 21 respondents. The implementation of SBAR communication in the good background variable with poor patient safety culture showed 17 (30.4%) respondents, while 39 (69.6%) respondents had good patient safety culture, with a total of 56 respondents. From the analysis using chi square test, ap value of 0.003 was obtained, meaning that statistically there was a relationship between the background variable and the implementation of patient safety culture at A. W. Sjahranie Hospital Samarinda. The analysis also obtained an OR value of 5.73, meaning that nurses with SBAR communication in the poor background variable were 5.73 times more likely to implement poor patient safety culture compared to nurses with good SBAR communication in the situation variable.

Table 7.

The Results of Bivariate Analysis Using Chi-Squar Test for the SBAR Communication Method Variables (Situation, Background, Assessment, Recommendation) with the Implementation of Patient Safety Culture at A. W. Sjahranie Hospital Samarinda

SBAR Communication Method	Patien Safety Culture				Total		P *value*	OR (95% CI)
	Poor		Good					
	n	%	N	%	N	%		
Situation								
Poor	16	80.0	4	20.0	20	100.0	0.001	10.250
Good	16	28.1	41	71.9	57	100.0		(2.970-35.372)
Background								
Poor	15	71.4	6	28.6	21	100.0	0.003	5.735
Good	17	30.4	39	69.6	56	100.0		(1.900-17.314)
Assessment								
Poor	14	70.0	6	30.0	20	100.0	0.006	5.056
Good	18	31.6	39	68.4	57	100.0		(1.670-15.302)
Recommendation								
Poor	19	82.6	4	17.4	23	100.0	0.001	14.981
Good	13	24.1	41	75.9	54	100.0		(4.311-52.063)

The implementation of SBAR communication in the poor assessment variable that had poor patient safety culture showed 14 (70.0%) respondents, and 6 (30.0%) respondents had good patient safety culture, with a total of 20 respondents. While in the implementation of SBAR communication for the good assessment variable with poor patient safety culture, there were 18 (31.6%) respondents, 39 (68.4%) had good patient safety culture, with a total of 57 respondents. From the analysis using chi square test, ap value of 0.006 was obtained, meaning that statistically there was a relationship between the assessment variable and the implementation of patient safety culture at A. W. Sjahranie Hospital Samarinda. The analysis also obtained an OR value of 5.05, meaning that nurses with SBAR communication in the poor assessment variable were 5.05 times more likely to implement poor patient safety culture compared to nurses with good SBAR communication in the assessment variable.

The implementation of SBAR communication in the poor recommendation variable that had poor patient safety culture showed 19 (82.6%) respondents and only 4 (17.4%) had good patient safety culture, with a total of 23 respondents. While in the implementation of SBAR communication for the good recommendation variable with poor patient safety culture, there were 13 (24.1%) respondents, and 41 (75.9%) had good patient safety culture, with a total of 54 respondents. From the analysis using chi square test, ap value of 0.001 was obtained, meaning that statistically there was a relationship between the recommendation variable and the implementation of patient safety culture at A. W. Sjahranie Hospital Samarinda. The analysis also obtained an OR value of 14.98, meaning that nurses with SBAR communication in the poor recommendation variable were 14.98 times more likely to implement poor patient safety culture compared to nurses with good SBAR communication in the recommendation variable.

5. Discussion

The framework of effective communication used at the Hospital is the SBAR communication (Situation, Background, Assessment, and Recommendation).This method is used during the process of handover when communicating patient condition. The principles in the use of this method and necessary components to relay according to Shahid and Thomas (2018)and the Ministry of Health of PPSDMK of 2017 in the Management of Patient Safety(Tutiany, Lindawati, & Paula, 2017).

In the situation variable, during a handover between shifts, a nurse should mention patient's name, age, admission data and treatment day, doctor in charge, medical diagnosis, and briefly describe patient's problems or complaints. Based on the analysis results, the majority of the respondents, 57 (74.0%), were in the good category of the situation variable. While 20 respondents were in the poor category. This was due to nurses failed to mention admission date or days of patient's treatment and it often occurred in inpatient wards. Those details were not mentioned probably due to the sheer number of patients treated, resulting in suboptimal reporting in which the mention of those details was not considered time-effective. That said, the mention the number of patient treatment days is used as a reference in maximizing service and improving hospital quality According to the Health Department of the Republic of Indonesia (2005), one indicator of Hospital service quality is the number of patient treatment days.

In the background variable, a nurse should communicate patient background and problems, including explaining the actions taken for every patient's nursing problem, history of allergy and surgery, installation of invasive devices, administration of drugs and intravenous fluids, and also the results of identification of the patient's knowledge of their illness. Based on the analysis results, 56 (72.7%) respondents were in the good category for this variable. According to the observation made, nurses reported any installation of invasive devices and administration of drugs and intravenous fluids, history of allergies and surgery. Furthermore, 21 (27.3) respondents were in the poor category. This was due to them failing to mention whether the patient had an allergy. The mention of a patient's allergy history is intended to avoid the effects of unwanted errors in drug administration. Usually nurses only mentioned a patient's history of drug allergies when they were first admitted to the treatment room. This was exacerbated by the lack of SOP and standards from the Hospital. In some of the findings, some nurses only mentioned details considered important.

In the assessment variable, a nurse should thoroughly describe the results of current patient assessment and supporting clinical examinations such as lab results, rontgen and others. Based on the analysis results, 57 (74.0%) respondents were in the good category. Regarding current patient condition assessment, the nurses in this category mentioned vital signs and the latest lab examination results. Furthermore, 20 (26.0%) respondents were in the poor category. During the observation of handover process, some nurses faced confusion when communicating supporting clinical conditions. This can occur because of a lack of understanding of the SBAR in the steps of its implementation.

In the recommendation variable, a nurse should elaborate and confirm actions that must be continued, modified or stopped. In this component, nurses have the opportunity to discuss and think about treatment recommendations with other doctors and nurses (Leonard, Bonacum, & Graham, 2017). Based on the analysis results for this variable, 54 (70.1%) were in the good category. The

implementation of this component is expected to reach 100% because during this part nurses should give recommendations or suggestions regarding what to do for the next shift. They are not limited to medical interventions or actions; emphasis should also be given to the provision of nursing care. The observation revealed a lackluster understanding of the implementation of this component evidenced by 21(27.3%) respondents in the poor category. In their study, Lestari dan Suryani (2014) stressed that communication between nurses at shift changes must be improved. SBAR is a communication method that can help communicate information about patients not only from the medical aspect, but also from the aspect of nursing care. It can greatly facilitate handover because it helps nurses sort stages that must be reported so that no patient information is left out.

The research results showed that there was a significant relationship between the SBAR communication method and the implementation of patient safety culture. This is in line with the study byH. Hilda et al. (2018) stating that there was a significant correlation between effective communication and the implementation of patient safety culture.

Faisal, Syahrul, and Jafar (2019) also demonstrated the impact of the SBAR communication method on decreasing patient safety incidents in the surgery ward of Panti Waluyo Hospital Surakarta. The study by Aswardz, Noor, and Mangilep (2017) futher corroborated the relationship between the two.

The SBAR (Situation, Background, Assessment, and Recommendation) communication method is an effective communication framework used by healthcare teams to communicate with each other to relay patient conditions. The goal of the use of this technique, according to the Ministry of Health of PPSDMK of 2017, is to improve and develop patient safety culture. This is supported by the Joint Commission Internationalof2014statingthatthe second patient safety goal is effective communication, which is achieved by the SBAR communication method during handover between shifts.

As expressed by the committee of Patient Safety and Quality Improvement (PMKP) of A. W. Sjahranie Hospital, they are in the middle of reformation largely to improve Hospital services towards JCI accreditation. One of the ways is by implementing the SBAR method during handover process between shifts. However, the implementation admittedly has not been optimal because there are no standardized concepts and SOP in place.

The researcher hypothesized that nurses with good patient safety culture have the propensity to implement the SBAR method effectively, and vice versa. The reasoning is that nurses who have a good patient safety culture have a positive understanding of the importance of patient condition information. Communication is one of the important factors that influence patient safety culture. Communication culture is a condition in which a nurse is able to handle work problems and has the rights and responsibilities in conveying the patient's condition. In communication, providing feedback or building trust and transparency is an important characteristic of patient safety culture (Idris, 2017).

As expressed by Shahid and Thomas (2018), the SBAR is a robut and simple communication mechanism that helps frame every conversation, especially critical ones, that requires immediate clinical actions. This method provides an easy and focused way to set expectations about what must be communicated and how communication takes place between team members, which are important to improve teamwork and patient safety culture. Nagammal, Nashwan, Nair, and Susmitha (2016) also added that this method has a structured framework in hopes of improving communication and it hasbeen proven in ensuring patient safety.

A. W. Sjahranie Hospital Samarindais expected to keep improving the implementation of this method during handover process between shifts. It can start from establishing standard concepts according to the SOP and thoroughly explaining the steps in implementing the method to nurses so as to avoid confusion and engender harmonius and uniform understanding. As one of the goals of patient safety, namely effective communication, continues, followed by other goals, the implementation of patient safety culture at A. W. Sjahranie Hospital Samarindacan only get better and better. Ultimately, it will give rise to a standardized service quality that is able to ensure patient safety.

Last but not least, to support the implementation, trainings related to the SBAR method and patient safety are of great necessity. The researcher hoped that those can further improve patient safety at A. W. Sjahranie Hospital. As demonstrated by Fatimah and Rosa (2016), the SBAR communication method are able to significantly improve the quality of shift handover after SBAR

communication trainings are provided to nurses. Likewise, Yu and ja Kang (2017) argued that SBAR communication education provides clarity for nurses in communicating, organizing information, and improving patien safety.

6. Conclusions and suggestions

The conclusion is that there is a significant relationship between the SBAR (Situation, Background, Assessment, and Recommendation) communication method and the implementation of patient safety cultureat A. W. Sjahranie Hospital Samarinda. The results are expected to be beneficial for the effort to improve the implementation of the SBAR (Situation, Background, Assessment, Recommendation) communication method and patient safety culture, which so far has been disappointing. The SBAR communication method, is a method to ensure patient safety from unwanted events for the actions and services provided. The goal is to be an approach to control patient safety and security, for example medication errors, near-miss events, patients falling out of bed. Therefore, SBAR is a communication tool during 24-hour shift. A further policy implication is that this instrument will guide patient safety and security. In terms of policy implications, this can actually be used for policy making by hospital management, for example relating to training, increasing skills and knowledge of officers, and/or increasing personnel due to workload of officers.

References

Ammouri, A., Tailakh, A., Muliira, J., Geethakrishnan, R., & Al Kindi, S. (2015). Patient safety culture among nurses. International nursing review, 62(1), 102-110.

Asrina, A., Palutturi, S., & Andayanie, E. (2018). Culture and health behavior of buton society of Baubau City, Southeast Sulawesi. Indian Journal of Public Health Research & Development, 9(9), 315-318.

Asrina, A., Palutturi, S., & Tenri, A. (2018). Dole-Dole Tradition in Health Seeking Behavior of Buton Society, Southeast Sulawesi. Indian Journal of Public Health Research & Development, 9(7), 270-274.

Bensing, J. M., & Verheul, W. (2010). The silent healer: the role of communication in placebo effects. Patient education and counseling, 80(3), 293-299.

Dunsford, J. (2009). Structured communication: improving patient safety with SBAR. Nursing for women's health, 13(5), 384-390.

Faisal, F., Syahrul, S., & Jafar, N. (2019). PENDAMPINGAN HAND OVER PASIEN DENGAN METODE KOMUNIKASI SITUATION, BACKGROUND, ASSESMENT, RECOMMENDATION (SBAR) PADA PERAWAT DI RSUD BARRU KABUPATEN BARRU SULAWESI SELATAN. Jurnal Terapan Abdimas, 4(1), 43-51.

Fatimah, F. S., & Rosa, E. M. (2016). Efektivitas Pelatihan patient safety; komunikasi s-bar pada perawat dalam menurunkan kesalahan pemberian obat injeksi di Rumah Sakit PKU Muhammadiyah Yogyakarta Unit II. Jurnal Ners dan Kebidanan Indonesia, 2(1), 32-41.

Haig, K. M., Sutton, S., & Whittington, J. (2006). SBAR: a shared mental model for improving communication between clinicians. The joint commission journal on quality and patient safety, 32(3), 167-175.

Harsul, W., Syahrul, S., & Majid, A. (2018). PENERAPAN BUDAYA PELAPORAN INSIDEN KESELAMATAN PASIEN DI SEBUAH RSU DAERAH PROVINSI SULAWESI SELATAN. Panrita Abdi-Jurnal Pengabdian pada Masyarakat, 2(2), 119-126.

Hilda, Setyadi, R., Wahyuni, E. P., Supriadi, Loariana, R., Rasmun, & Nurachmah, E. (2018). Uji Similarity Strengthening Patients Safety Culture through the Implementation of SBAR Communication Method (NEW). Health Nations, 2(8), 856-861.

Hilda, H., Setiadi, R., Wahyuni, E. P., Supriadi, S., Loriana, R., Rasmun, R., & Nurachmah, E. (2018). Strengthening Patients Safety Culture through the Implementation of SBAR Communication Method. Health Notions, 2(8), 856-861.

Idris, H. (2017). Dimension of patient safety culture. Jurnal Ilmu Kesehatan Masyarakat, 8(1), 1-9.

Kelley, K. J., & Kelley, M. F. (2013). Teaching empathy and other compassion-based communication skills. Journal for nurses in professional development, 29(6), 321-324.

Kostoff, M., Burkhardt, C., Winter, A., & Shrader, S. (2016). An interprofessional simulation using the SBAR communication tool. American Journal of Pharmaceutical Education, 80(9).

Kumbi, M., Hussen, A., Abate Lette, S. N., & Morka, G. (2020). Patient safety culture and associated factors among health care providers in bale zone hospitals, southeast ethiopia: An institutional based cross-sectional study. Drug, Healthcare and Patient Safety, 12, 1.

Manojlovich, M., Hofer, T. P., & Krein, S. L. (2020). Advancing patient safety through the clinical application of a framework focused on communication. Journal of Patient Safety.

McCradden, M. D., Joshi, S., Anderson, J. A., Mazwi, M., Goldenberg, A., & Zlotnik Shaul, R. (2020). Patient safety and quality improvement: Ethical principles for a regulatory approach to bias in healthcare machine learning. Journal of the American Medical Informatics Association.

Murray, M. (2016). Implementing SBAR Training with Acute Care Nurses.

Nagammal, S., Nashwan, A. J., Nair, S., & Susmitha, A. (2016). Nurses' perceptions regarding using the SBAR tool for handoff communication in a tertiary cancer center in Qatar. J Nurs Educ Pract, 7(4), 103-110.

Nahlah, A., Palutturi, S., & Abadi, M. Y. (2019). Factors Related to the Satisfaction of Patients in Pelamonia Hospital. SCOPUS IJPHRD CITATION SCORE, 10(7), 1191.

Palutturi, S., Sahiddin, M., Ishak, H., & Hamzah. (2018). Community Motivation and Learning to Pay the National Health Insurance Contribution. Asian Journal of Scientific Research, 11(2), 276-286.

Rogers, A. E., Hwang, W.-T., Scott, L. D., Aiken, L. H., & Dinges, D. F. (2004). The working hours of hospital staff nurses and patient safety. Health Affairs, 23(4), 202-212.

Rusydi, A. R., Palutturi, S., Noor, N. B., & Pasinringi, S. A. (2020). The comparison of good corporate governance on human resources performance in regional general hospital of Labuang Baji and Ibnu Sina hospital Makassar, South Sulawesi. Enfermería Clínica, 30, 482-486.

Rusydia, A. R., Palutturi, S., Noor, N. B., & A. Pasinringi, S. (2020). Implementation of Good Hospital Corporate Governance (GCG) in Makassar, Indonesia. International Journal of Innovation, Creativity and Change(Volume 12, Issue 7), 555-564.

Sadakah, S., Palutturi, S., Pasinringi, S. A., Sidin, A. I., Amiruddin, R., & Saleh, L. M. (2020). The implementation of the value of local philosophy on nurse performance in bima regional general hospital, Indonesia. Enfermería Clínica, 30, 478-481.

Said, M., & Palutturi, S. (2018). Increasing inpatient service quality of using quality function deployment method in nene mallomo hospital of sidrap regency, Indonesia. Indian Journal of Public Health Research & Development, 9(4), 287-291.

Shahid, S., & Thomas, S. (2018). Situation, Background, Assessment, Recommendation (SBAR) communication tool for handoff in health care–a narrative review. Safety in Health, 4(1), 7.

Simamora, R. H., & Fathi, A. (2019). The Influence Of Training Handover Based SBAR Communication For Improving Patients Safety. Indian Journal of Public Health Research & Development, 10(9), 1280-1285.

Singh, D., Purva, M., & Gupta, S. (2017). SBAR (Situation, Background, Assessment, Recommendation)-An exploration of transfer of learning to clinical workplace. Metric Journal, 2(1), 8-11.

Supriadi, S., Minarti, S. M. S., Paminto, A. P. A., Hidayati, T. H. T., & Palutturi, S. P. S. (2020). Factors related to Nurses' Job Satisfaction and Performance at Private Hospitals in Samarinda City, Indonesia. Journal of Arts and Humanities, 9(6), 42-52.

Thomas, C. M., Bertram, E., & Johnson, D. (2009). The SBAR communication technique: teaching nursing students professional communication skills. Nurse educator, 34(4), 176-180.

Thorne, S. E., Hislop, T. G., Armstrong, E.-A., & Oglov, V. (2008). Cancer care communication: the power to harm and the power to heal? Patient education and counseling, 71(1), 34-40.

Top, M., & Tekingündüz, S. (2015). Patient safety culture in a Turkish public hospital: A study of nurses' perceptions about patient safety. Systemic Practice and Action Research, 28(2), 87-110.

Tutiany, Lindawati, & Paula, K. (2017). Manajemen Keselamatan Pasien (Edisi Tahu). Jakarta: Kementerian Kesehatan Republik Indonesia Badan Pengembangan dan Pemberdayaan Sumber Daya Manusia Kesehatan.

Velji, K., Baker, G. R., Fancott, C., Andreoli, A., Boaro, N., Tardif, G., . . . Sinclair, L. (2008). Effectiveness of an adapted SBAR communication tool for a rehabilitation setting. Healthc Q, 11(3), 72-79.

Woodhall, L. J., Vertacnik, L., & McLaughlin, M. (2008). Implementation of the SBAR communication technique in a tertiary center. Journal of Emergency Nursing, 34(4), 314-317.

Yu, M., & ja Kang, K. (2017). Effectiveness of a role-play simulation program involving the sbar technique: A quasi-experimental study. Nurse Education Today, 53, 41-47.