World Academic Journal of Management
Vol.**14**, Issue **2**, pp.**01-09**, June **2026**
E-ISSN: 2321-905X
Available online at: www.isroset.org

Research Article

Using the SBAR Communication Tool in Nursing Management and Organisational Efficiency

Ana Luiza Ferreira Aydogdu[1*], Meryem Feyza Türkmen[2]

[1]Dept. of Nursing/Faculty of Health Sciences, Istanbul Health and Technology University, Istanbul, Türkiye
[2]Quality Directorate, Acibadem Taksim Hospital, Istanbul, Türkiye

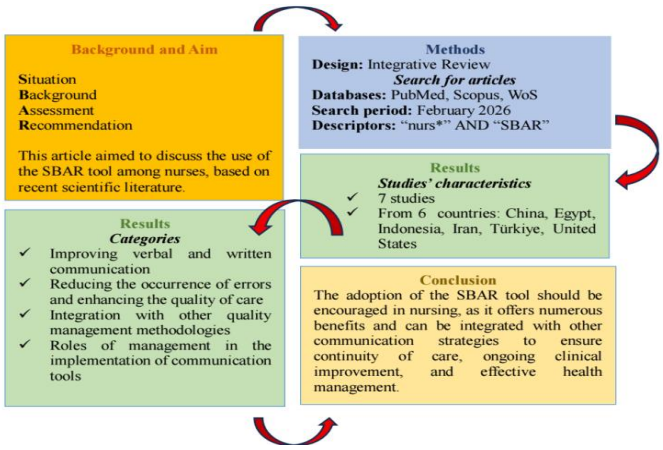
**Corresponding Author:* ✉

Received: 18/Apr/2026; **Accepted**: 20/May/2026; **Published**: 30/Jun/2026

Abstract— Effective communication is a fundamental skill in the healthcare field. A significant portion of healthcare adverse events, including those involving nurses, could be prevented through active, clear, and precise communication. Among the most widespread tools to optimise this process is SBAR, an acronym for Situation, Background, Assessment, and Recommendation. This structured communication tool organises the transmission of information to cover the current clinical scenario, the patient's background, a critical analysis of the situation, and proposed actions for resolution. This integrative review aimed to discuss the use of the SBAR tool among nurses based on the current scientific literature. A search for articles was conducted in the second week of February 2026 using the PubMed, Scopus, and Web of Science (WoS) databases with the descriptors "nurs*" and "SBAR." Inclusion criteria comprised original research articles published in English within the last five years, involving nurses as participants, available in full text, and relevant to the study objectives. Initially, 37 articles were identified; seven were selected. The studies are from China (n = 1), Egypt (n = 1), Indonesia (n = 1), Iran (n = 2), Türkiye (n = 1) and the United States (n = 1), with samples ranging from 21 to 527 nurses. The results were organised into four categories: (1) improving verbal and written communication, (2) reducing the occurrence of errors and enhancing the quality of care, (3) integration with other quality management methodologies and (4) roles of management in the implementation of communication tools. Research showed that the use of the SBAR tool improved verbal and written communication, reducing the occurrence of errors and elevating the standard of care provided. Investigations particularly explored the use of the tool during handover and indicated that its efficacy can be further enhanced when integrated with other quality management methodologies. The role of nurse managers in implementing communication tools and training other team members was emphasised. In conclusion, the adoption of the SBAR tool should be encouraged in nursing, as it offers numerous benefits and can be integrated with other communication strategies to ensure continuity of care, ongoing clinical improvement, and effective health management.

Keywords— Communication, Health Facilities, Health Management, Nurse Administrators, Nurses, Patient Handoff, Quality of Health Care

Graphical Abstract- The purpose of this visual overview is to provide an immediate summary of the subject covered in the study, how it was conducted, the main findings and its specific contribution to the field. SBAR, an acronym standing for Situation, Background, Assessment, and Recommendation, is widely utilised in nursing. The figure demonstrates how current literature addresses the use of SBAR in nursing and how the utilisation of systematic communication can bring benefits to both patients and healthcare professionals. Furthermore, it offers an insight into how fundamental healthcare institution administrators and nurse managers are in the implementation of tools such as SBAR and other methodologies to guarantee the quality of care.



1. Introduction

In all organisations, productivity and service effectiveness are essential, as operational errors can result in financial losses, loss of clients, and damage to institutional reputation [1]; [2]. Although adverse events can occur in any sector, in healthcare their consequences tend to be more significant, as they can directly affect patients' safety and clinical condition [3]; [4]. In this context, errors can lead to complications, prolonged hospital stays and other adverse outcomes, reinforcing the importance of quality and safety in healthcare. Although much is done to prevent adverse events in the healthcare sector, they continue to occur and take many different forms. The main types of adverse events in healthcare include medication errors, blood transfusion errors, errors relating to surgery on the wrong site or the wrong patient, patient falls, mix-ups or misidentification of newborns, the development of pressure injuries (pressure ulcers), events related to the inappropriate use of restraints (physical restraint), healthcare-associated infections, as well as serious events such as patient suicide or self-harm [4]; [5]; [6].

In many adverse events, nurses are involved either directly or indirectly [7]. It is important to emphasise that in several situations, nurses serve as the final barrier in the chain of events that can prevent the occurrence of medication or care-related errors. From a systems perspective, this reflects the multilayered nature of patient safety, in which errors may pass through several stages of the healthcare process before reaching the patient. For instance, a medication may be incorrectly prescribed by a physician and subsequently dispensed by the pharmacy without the error being detected. In this context, it is the nurse's responsibility at the point of administration to identify such inconsistencies, question potential discrepancies, and take appropriate action to prevent patient harm [7]; [8]. This role highlights the critical contribution of nurses to patient safety.

Furthermore, nurses occupy a strategic position in the process because, although incorrect prescribing or inappropriate dispensing do not, in themselves, result in direct harm to the patient, it is the administration of the medication that effectively determines whether or not an adverse event occurs. Thus, the role of nurses is fundamental in promoting patient safety and preventing avoidable harm [8].

1.1. Statement of the Problem

Despite the diversity of adverse events in healthcare settings, root cause analyses frequently identify communication breakdowns as a common contributing factor. Many adverse events result from a lack of clear, accurate, and effective communication between healthcare professionals [5]; [9]; [10]. In many situations, this inadequate communication, or even the lack thereof, directly involves nurses, given their central role in providing and coordinating care. Over time, various strategies and tools have been developed with the aim of improving communication in healthcare settings and ensuring patient safety, among which SBAR stands out [11].

SBAR was first used in a military context, having been developed by the United States Navy as a standardised communication tool to improve the exchange of information in critical, high-stakes situations [12]. Subsequently, the model was adapted for use in healthcare, where it was introduced and widely adopted in hospital settings. Consequently, SBAR is now a structured communication tool extensively used in the healthcare sector.

The acronym SBAR stands for Situation, Background, Assessment and Recommendation [13]. It is a structured communication tool that facilitates clear and concise information exchange. For example, when communicating information about a patient, it can be used as follows: in the 'Situation' stage, the current problem or reason for communication is described; in 'Background', relevant clinical information is presented; in 'Assessment', the professional provides an analysis of the patient's condition; and in 'Recommendation', necessary actions or interventions are suggested. This standardised approach facilitates communication between healthcare teams, particularly in critical contexts such as handover periods, patient transfers and emergencies, contributing to the reduction of errors and the improvement of patient safety [11]; [13].

It is understood that nursing managers play a key role in teaching and implementing tools such as SBAR amongst nurses. In addition to contributing to improved quality of care, the use of this tool can strengthen teamwork and foster more organised and healthy working environments for nursing professionals [11]; [14], given that one of the key roles of nursing managers is to ensure a working environment in which team members also feel satisfied and valued [15].

1.2. Objective of the Study

The persistent occurrence of adverse events in healthcare is widely associated with team communication failures. Nurses, in turn, play a crucial role as the last line of defence in intercepting errors before they cause harm to patients. To address this issue, the SBAR protocol has been widely adopted as a standardised communication tool. Although research has been conducted across diverse healthcare settings, the fragmentation of these data highlights the need for an integrated analysis of the current landscape of SBAR in nursing. Therefore, this article aimed to discuss the use of the SBAR tool among nurses, based on recent scientific literature.

1.3. Main Contributions of the Study

This study contributes to the literature by compiling the most recent evidence on the use of the SBAR tool in nursing. Consequently, it provides fundamental insights for hospital administrators and nursing managers to understand the current landscape. This enables the development of diverse implementation strategies, whether through integration with other management tools or through continuous investment in staff continuing education, reinforcing the central role of these protocols in patient safety.

1.4. Organization of the Article

The first section presents the introduction, while the second one reviews the relevant literature. The third section explains the methodology, and the fourth section presents and discusses the findings. Finally, the fifth section concludes the study by summarising the main conclusions and suggesting possible directions for future research.

2. Related Work

It is necessary to training healthcare professionals to ensure good-quality standardised communication [16]. The importance of using standardised communication tools to ensure more accurate and reliable information exchange in the healthcare sector is emphasised [17].

SBAR, in addition to improving communication among healthcare workers, is also capable of enhancing resilience among these professionals [18]. A study from Brazil emphasised the relevance of the SBAR technique, especially for handover between nursing teams [9]. The SBAR tool is particularly effective in high-complexity departments [19]. The SBAR tool is fundamental for patient safety through improved communication in healthcare services [20]; [21].

SBAR reduces sentinel events associated with communication failures and improves the nursing handover process; however, it also identified barriers to its implementation across various healthcare services [14]. Similarly, according to a study from Canada, despite reporting an improvement in communication among healthcare professionals using the SBAR tool, emphasised that this improvement is more easily identified in theoretical settings such as classrooms, and that its use should be further analysed in clinical environments [22]. Other reference corroborates this idea, reporting that SBAR's implementation varies across countries and healthcare contexts, and diverse factors may hinder effective communication in clinical practice, such as insufficient training, external interference, and incomplete information transfer [23].

3. Methodology

3.1. Design

This is an integrative literature review. An integrative review is a methodology that enables the synthesis of knowledge and supports the application of findings from significant studies into practice [24]. It provides evidence to answer research questions and to guide practice and policy decisions, while also allowing researchers to identify gaps in knowledge as a basis for further studies [25]. This methodology was considered appropriate for investigating the use of the SBAR tool among nurses based on the current literature.

3.2. Search Strategy

The search for original primary research articles on the use of the SBAR tool among nurses was carried out during the second week of February 2026. The search strategy retrieved articles that included the descriptors *nurs** and *SBAR* in their titles. This combination was applied to retrieve relevant articles from the PubMed, Scopus and Web of Science (WoS) Core Collection databases. An eligibility criterion was applied to limit the search to articles published within the preceding five years, ensuring a focus on recent developments in the field.

3.3. Eligibility Criteria

Original primary research articles reporting the use of the SBAR tool among nurses were included in this study. Only studies available in full text, published in English, and accessible through open access online were considered eligible. To maintain a strict focus on the nursing workforce, investigations involving other healthcare disciplines were not included.

3.4. Search Results

A total of 37 records were identified during the initial literature search. After removing 19 duplicate records, the remaining 18 studies underwent title and abstract screening for relevance. This preliminary screening resulted in the exclusion of eleven studies that utilised incompatible study designs or examined distinct populations. Ultimately, seven studies satisfied all eligibility requirements and were selected for final analysis. The complete study selection and screening workflow is illustrated in Figure 1.

3.5. Data Retrieval and Synthesis Strategy

A meticulous review of the selected articles was performed, during which relevant data were extracted and systematically catalogued utilising a customised, evidence-based data extraction form designed by the investigators. To evaluate its functionality and practical usability, the investigator-developed instrument was initially pilot-tested on two selected studies.

The extracted data were organised into structured parameters: citation details, geographical origin, research design, sample characteristics, and primary outcomes. A synthesised overview of the extraction matrix is detailed in Table 1.

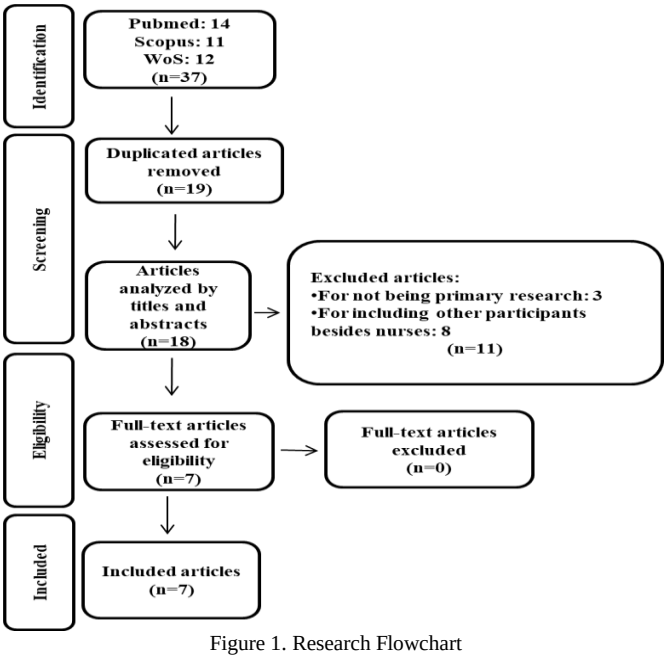


Figure 1. Research Flowchart

A narrative synthesis approach was utilised to facilitate a coherent and structured presentation of the findings. By integrating data across the included studies, a comprehensive synthesis of the collective evidence and core outcomes was achieved. The study results were organised into four categories: (1) improving verbal and written communication, (2) reducing the occurrence of errors and enhancing the quality of care, (3) integration with other quality management methodologies and (4) roles of management in the implementation of communication tools (Table 1).

Table 1. Categories

Categories
1.Improving verbal and written communication
2.Reducing the occurrence of errors and enhancing the quality of care
3.Integration with other quality management methodologies
4.Roles of management in the implementation of communication tools

4. Results and Discussion

Seven articles involving nurses were included in the study. The studies were conducted in six different countries: China (n = 1), Egypt (n = 1), Indonesia (n = 1), Iran (n = 2), Türkiye (n = 1) and the United States (n = 1), with sample sizes ranging from 21 to 527 nurses. The years of publication of the articles were as follows: 2021 (n = 1), 2022 (n = 1), 2023 (n = 2), 2024 (n = 1) and 2025 (n = 2).

Notably, all included studies employed quantitative research designs, and five of the seven were quasi-experimental studies. In four studies, the use of the SBAR tool was associated with shift handover processes. In three of the seven studies, all nurse participants were working in critical care settings, such as emergency and intensive care units (ICUs). Details in Table 2.

Table 2. Included Studies' Characteristics (N = 7)

References	Country	Design/ Samples	Related topics
Alizadeh-risani et al. (2024) [26]	Iran	Quasi-experimental study/31 emergency nurses	Use of the SBAR Tool During Shift Handover
Chaharsoughi et al. (2025) [27]	Iran	Quasi-experimental study/61 emergency nurses	Use of the SBAR Tool During Shift Handover
Ding et al. (2022) [28]	China	Retrospective study/21 ICU nurses	Use of the SBAR Tool During Shift Handover
Ghonem and El-Husany (2023) [29]	Egypt	Quasi-experimental study / 83 non-critical care nurses	Use of the SBAR Tool During Shift Handover
Kay et al. (2023) [30]	USA	Quasi-experimental study/527 nurses from nursing homes	Use of the SBAR tool for optimising documentation quality
Nurti et al. (2025) [31]	Indonesia	Cross-sectional study/ 257 nurses from Wards, ICU and PICU	SBAR communication assessment checklist
Vatan and Yildiz (2021) [32]	Türkiye	Quasi-experimental study/138 surgical unit nurses	Evaluation of the impact of SBAR training

4.1. Improving Verbal and Written Communication

The included studies identified improvements in both verbal and written communication among nurses following the implementation of the SBAR tool. These advances were reflected in clearer, more structured, and more consistent information exchange. Specifically, during critical clinical transitions, such as shift handovers and patient transfers, the standardised framework effectively minimised information fragmentation.

In the study conducted in China, improvements were identified in the handover briefings in the intensive care unit (ICU) where the research was conducted [28]. Similarly, in non-critical departments, training on SBAR enhanced nurses' knowledge of the tool and had a positive influence on communication during handover between nurses [29].

In two scoping reviews, the benefits of the SBAR tool in promoting effective handover between nurses were identified [9]; [14] . Patient handover in nursing is a crucial process for the continuity of care and patient safety [33]; [34]. However, this process can be negatively impacted by a number of factors [34]; [35]. One of the problems identified during nursing handover is a communication breakdown. The omission of important information, rushing through the handover, inexperience, lack of knowledge and the failure to use standardised tools all have a negative impact on shift handovers [35]. The scientific literature recommends the use of written documentation during handover, as well as other tools that facilitate the systematisation of this process [33]; [34].

It is understood that using the SBAR tool in critical care units, such as ICUs and emergency departments, as well as in non-critical care departments, can facilitate communication during handover rounds, thereby ensuring patient safety and the confidence and satisfaction of nursing staff [27]; [28]; [29]. Given that the tool is recommended in various studies conducted in different contexts, its application should be more widely disseminated through training, implementation and monitoring by the management of healthcare institutions at different levels to ensure it is applied appropriately [16]; [22].

Improvements were identified in the quality of nursing documentation in intensive care units (ICUs) and nursing homes, following the nurses' use of the SBAR tool [28]; [30]. Furthermore, interprofessional communication between nurses and other healthcare professionals was also positively impacted [28.]; [30].

Another challenge faced by nursing staff is maintaining adequate documentation; shortcomings in the drafting of nursing documents and notes are reported in the scientific literature [36]; [37]. In a study involving nursing professionals in Brazil, participants indicated that they understood the importance of recording all procedures in detail to support continuity of care and ensure legal protection. Nevertheless, they also reported difficulties in maintaining this practice, especially due to time constraints [36]. Such failures can lead to serious problems affecting both patients and professionals. The SBAR tool can be used to improve written documentation in nursing.

Another advantage of using the SBAR tool is the improvement of the working environment in healthcare institutions, as better communication among healthcare professionals will help to foster a healthier working environment [14];[18]; [38]. By working in an environment where communication is clear and objective, professionals feel more satisfied and confident in carrying out their work.

4.2. Reducing the Occurrence of Errors and Enhancing the Quality of Care

Studies have reported a significant reduction in adverse events following the use of the SBAR tool [27]; [28]. According to one of the studies from Iran, the use of the SBAR tool reduced laboratory errors, errors in the care process and, in particular, errors during nursing staff handover shifts, thereby improving the quality of care provided in the emergency department [27]. The use of the tool has also proven effective in ICUs, improving the quality of care provided to patients under physical restraint [28].

The study from Indonesia emphasised that the greater the adherence of nurses to the use of the SBAR tool in varied departments, the better the communication among them and the greater the improvement in patient safety outcomes [31]. The study conducted in Türkiye found that, following SBAR training, nurses in surgical units demonstrated a greater awareness of the importance of the tool for the quality of care and patient safety [32].

The studies included demonstrate that the use of the SBAR tool reduces errors and improves the quality of care, whilst also helping to increase nursing staff adherence to its use. A positive cycle is thus observed, in which the perception of favourable outcomes reinforces understanding of the tool's importance and encourages its continued use. This highlights the relevance of evidence-based practice.

Evidence-based practice is widely discussed in the field of nursing, as it integrates the best available evidence into clinical decision-making. It is therefore a fundamental approach in nursing, as it promotes patient safety through the delivery of high-quality care tailored to patients' individual needs [39]; [40]. However, the successful implementation of evidence-based practice still faces several challenges and barriers, such as a lack of knowledge and skills, resistance among nursing professionals, limited resources, and insufficient leadership support [40].

Adverse events in healthcare are often linked to a lack of, or failure in, communication between professionals. As SBAR is a tool that facilitates systematic communication, it helps to prevent errors in the care process [14]; [21]. According to a previous study, a reduction in medical complaints and malpractice was observed in an Ophthalmology Department following the use of SBAR [20]. However, for the tool to be implemented, healthcare professionals must be aware of its advantages and know how to apply it appropriately. In a scoping review, it was reported that a lack of training and incomplete information can hinder the implementation of SBAR [23]. The effectiveness of the SBAR tool is strongly associated with adequate training and its consistent application in clinical practice [14].

4.3. Integration with Other Quality Management Methodologies

In this category, although the SBAR tool is presented as an important means of improving communication in nursing, the advantages of using it in conjunction with other methods are also emphasised. In one of the studies from Iran, the use of the modified handover model yielded better results than SBAR [26]. Meanwhile, the study from the USA demonstrated that other quality management methodologies, such as Plan-Do-Study-Act (PDSA) cycles, can be used to develop and refine the successive implementation of the SBAR protocol [30].

A systematic review of strategies for effective communication among healthcare professionals highlighted the use of the SBAR tool, as well as the P.U.R.E. model [17]. The term P.U.R.E. refers to communication that is purposeful, unambiguous, respectful and effective, aiming to promote greater clarity, safety and efficiency in communication among healthcare professionals. Meanwhile, in another systematic review on the effectiveness of nursing documentation frameworks, it was reported that SBAR is particularly useful in highly complex clinical settings. On the other hand, SOAP (Subjective, Objective, Assessment and Plan) and PIE (Problem, Intervention and Evaluation) proved to be more suitable for routine care settings and for the continuous monitoring of patients [19].

However, it is important to note that the implementation of new communication techniques may be met with resistance from the nursing team [26]. On the other hand, the fact that SBAR is better known and widely used may make nurses feel more comfortable using it for communication during handover and less comfortable with other tools. Furthermore, the modified handover model is more detailed and integrates elements of SBAR with the use of checklists which may lead nurses to perceive its use as an increase in workload [26].

Resistance to change is a characteristic frequently observed among healthcare professionals, including nurses, and is widely discussed in the scientific literature. Given that changes in the healthcare sector are occurring at an increasingly rapid and constant pace, many nurses may perceive them negatively, demonstrating resistance and, in some cases, experiencing emotional impacts such as change-related fatigue [41]; [42]. Furthermore, organisational and care-related changes are often interpreted as an increase in workload.

In this context, the process of implementing change must be managed appropriately [43]; [44]. One of the most effective strategies for reducing resistance among professionals is to promote an understanding of the benefits associated with new practices [43]; [45]. In the case of the SBAR tool, as well as other tools that can be used in conjunction with it, highlighting its advantages, such as the promotion of effective communication, the improvement of patients' clinical outcomes, and increased healthcare team satisfaction resulting from more efficient and organised interpersonal interaction, presents itself as an important strategy for managing these changes.

4.4. Roles of Management in the Implementation of Communication Tools

In this category, the role of healthcare managers in the implementation, training and monitoring of communication tools such as SBAR is highlighted. Particular emphasis is placed on the role of nursing managers in establishing effective communication among nursing staff, especially during handover periods. According to the studies included in this review, particularly with a view to achieving good levels of communication during shift handover periods, nursing managers should implement standardised tools across diverse departments within healthcare institutions. Given that, in both critical care settings such as emergency departments and intensive care units, as well as in non-critical departments, use of communication tools is essential for patient safety [26]; [27]; [28]; [29]. Furthermore, nursing managers may choose to combine different tools, including SBAR, to improve communication within healthcare institutions [26]. Studies have also highlighted the importance of healthcare institution managers focusing on the teaching of communication tools such as SBAR in continuing education programmes in hospitals and also in nursing homes [30]; [31]; [32].

Nursing managers play a key role in ensuring patient safety, whilst coordinating the nursing team, which constitutes the largest group of professionals in healthcare institutions and spends the most time in direct contact with patients [46]. In this context, nursing leaders are expected to act in a balanced manner, taking into account both the needs of patients and the demands of the staff under their management.

Furthermore, it is the responsibility of nurse managers to provide adequate resources, organisational strategies, communication tools and ongoing training programmes, so as to enable the delivery of safe, high-quality care [47]; [48]. Another essential aspect of managerial practice is the promotion of a healthy working environment, based on good interpersonal relationships and cooperation among team members [15]; [38].

Effective communication is therefore a central element in all these processes, being essential for the coordination of care and for patient safety [5]; [10]; [49]. Consequently, nursing managers must analyse the dynamics of healthcare services and, together with their teams, select the communication tools best suited to the institution's needs [9]. Among the available tools, SBAR stands out. It can be considered alongside other communication strategies, as several studies highlight its advantages for standardising information and reducing communication errors [17]; [19]. Once the most appropriate technique has been chosen, it is essential to provide staff training and encourage its use, highlighting its benefits for clinical practice ; in this context, the role of nursing managers is also highly significant [14]; [22].

It should also be noted that, in order to fulfil this role effectively, nursing managers must have a thorough grasp not only of the theoretical foundations of communication tools but also of their practical application, so as to ensure the team receives appropriate guidance and to promote their consistent implementation in the workplace. Nurse managers serve as role models for other team members; therefore, they should communicate effectively and support the implementation of a systematic communication process.

The associations between effective communication in healthcare and key dimensions, such as the reduction of adverse events, the improvement of nursing care, quality management processes, and the roles of healthcare administrators, particularly nurse managers, are illustrated in Figure 2.

Figure 2. Dimensions of effective communication in healthcare

4.5. Strengths and Limitations

The study addresses a relevant topic for the fields of nursing and healthcare management. Through the analysis of up-to-date scientific articles indexed in reliable databases and specific to the subject, it was possible to identify and analyse evidence from the literature on the use of the SBAR tool to improve the communication process among nurses in different care settings.

However, some limitations should be considered. The main limitation refers to the restrictive search strategy, since only articles whose descriptors were present in the titles, published in English within the last five years, and freely available online were included. In addition, studies involving healthcare professionals other than nurses were not selected. Another limitation was the use of only three databases for the article search.

These restrictions may have limited the identification of relevant studies, including earlier publications, studies published in other languages, studies with restricted access, studies conducted in multidisciplinary contexts, or studies whose titles did not contain the descriptors "nurs*" and "SBAR", despite addressing the investigated topic. Therefore, further and more comprehensive studies should be conducted in the future.

5. Conclusion and Future Scope

The purpose of this study was to discuss the use of the SBAR tool among nurses according to the current scientific literature. It has been found that the implementation of the SBAR tool improves the quality of nursing documentation and staff communication during handover [28]; [29]; [30]. Studies have shown that the use of SBAR is capable of significantly reducing adverse events in healthcare and improving the quality of nursing care [27]; [28]; [31]; [32]. Furthermore, it has been observed that the tool can be used in conjunction with other quality management methodologies to improve communication in nursing [26]; [30].

The potential resistance of nurses to tools designed to improve communication was also addressed [26]. Thus, the role of healthcare managers in implementing standardised instruments as well as training nursing staff in the use of such tools through continuing education programmes was emphasised [26]; [30]; [31]; [32].

Healthcare organisation administrators and nurse managers play a key role in the implementation and maintenance of strategies that promote improved communication within the healthcare sector. Continuity of care, patient safety, staff satisfaction and the promotion of healthy working environments are directly linked to the quality of interpersonal communication amongst the various professionals within the healthcare sector [50]; [51]. In this context, communication amongst nursing staff stands out as an essential element for the quality of care. The SBAR tool is an effective strategy for improving both verbal and written communication amongst nurses and should be regarded as a key ally in enhancing communication in healthcare settings.

Furthermore, the SBAR can be used in conjunction with other communication tools or even serve as a foundation for the development of new instruments aimed at standardising and improving the effectiveness of communication in healthcare delivery. Nursing managers should therefore be attentive not only to existing communication tools, but also to the possibility of adapting and expanding them to better meet the diverse contexts in which nursing practice takes place.

In future studies, qualitative research designs should be conducted to explore in depth nurses' experiences and perceptions regarding the use of SBAR in clinical practice, as the current literature is predominantly quantitative.

Data Availability- None.

Conflict of Interest- The authors do not have any conflicts of interest.

Funding source- None.

Authors' contribution

A.L.F.A. was responsible for the study conception, design, methodology development, data collection, data analysis, interpretation of findings, and the drafting and critical revision of the manuscript.

M.F.T. contributed to the methodology, data analysis, interpretation of data, and the critical review of the comments. All authors have read and approved the final version of the manuscript.

References

[1] B. A. Asaad, R. M. Hassan, L. Muhammad, and A. Minla, "Entrepreneurship impact in improving competitive advantage in the health services sector," *WAJM*, vol. 10, no. 3, pp. 41–48, 2022.

[2] J. Hofmeister, D. K. Kanbach, and J. Hogreve, "Service productivity: A systematic review of a dispersed research area," *Manag. Rev. Q.*, vol. 74, no. 3, pp. 1249–1281, 2024.

[3] R. C. Rocha, M. A. R. Bezerra, B. de M. B. Martins, and B. M. V. T. Nunes, "Teaching patient safety in nursing: Integrative review," *Enferm. Glob.*, vol. 20, no. 4, pp. 700–743, 2021.

[4] R. Schwendimann, C. Blatter, S. Dhaini, M. Simon, and D. Ausserhofer, "The occurrence, types, consequences and preventability of in-hospital adverse events - a scoping review," *BMC Health Serv. Res.*, vol. 18, no. 1, p. 521, 2018.

[5] E. C. N. Forte, D. E. P. Pires, M. I. Padilha, and M. M. F. P. S. Martins, "Nursing errors: A study of the current literature," *Texto Contexto Enferm.*, vol. 26, no. 2, pp. 1–10, 2017.

[6] O. O. Afolalu, O. A. Akpor, and S. A. Afolalu, "A systematic review of interventions for reducing and reporting adverse events in emergency departments: Multidisciplinary approaches and technological innovations," *Collegian*, vol. 32, no. 1, pp. 34–45, 2025.

[7] A. L. F. Aydoğdu, "Nurses' perceptions of patient safety and errors in nursing practice: A qualitative study," *Gümüşhane Univ. J. Health Sci.*, vol. 13, no. 1, pp. 90–104, 2024.

[8] A. A. Habahbeh and M. A. Alkhalaileh, "Effect of an educational programme on the attitudes towards patient safety of operation room nurses," *British J. Nurs.*, vol. 29, no. 4, pp. 222–228, 2020.

[9] L. Cardoso et al., "Uso da ferramenta SBAR na transição de cuidado [Use of the SBAR tool in the care transition between the health team]," *Res. Soc. Dev.*, vol. 12, no. 4, p. e22412441193, 2023.

[10] G. Schroers, J. G. Ross, and H. Moriarty, "Nurses' perceived causes of medication administration errors: A qualitative systematic review," *J. Comm. J. Qual. Patient Saf.*, vol. 47, no. 1, pp. 38–53, 2021.

[11] M. Müller, J. Jürgens, M. Redaèlli, K. Klingberg, W. E. Hautz, and S. Stock, "Impact of the communication and patient hand-off tool SBAR on patient safety: A systematic review," *BMJ Open*, vol. 8, no. 8, p. e022202, 2018.

[12] B. B. Pope, L. Rodzen, and G. Spross, "Raising the SBAR: How better communication improves patient outcomes," *Nursing*, vol. 38, no. 3, pp. 41–43, 2008.
[13] P. Putri and A. Afandi, "The SBAR communication method (situation-background-assessment-recommendation) in nursing: A literature review," *JKKI*, vol. 3, no. 2, pp. 194–200, 2023.
[14] N. Soed, S. M. Ludin, S. N. S. Abdullah, and R. Al-Zahrawi, "Exploring the impact of the SBAR on nursing handover: A scoping review," *Malaysian Journal of Nursing*, vol. 17, no. 1, pp. 233–245, 2025.
[15] S. E. Wall, "A manager has a duty of care to create a culture of care," *WAJM*, vol. 9, no. 1, pp. 10–15, 2021.
[16] D. Toumi et al., "The SBAR tool for communication and patient safety in gynaecology and obstetrics: A Tunisian pilot study," *BMC Med. Educ.*, vol. 24, no. 1, p. 239, 2024.
[17] M. de A. Brito, C. T. Carneiro, M. A. R. Bezerra, R. C. Rocha, and S. S. da Rocha, "Effective communication strategies among health professionals in neonatology: An integrative review," *Enferm. Glob.*, vol. 21, no. 3, pp. 578–591, 2022.
[18] M. C. Martínez-Fernández, S. Castiñeiras-Martín, C. Liébana-Presa, E. Fernández-Martínez, L. Gomes, and P. Marques-Sanchez, "SBAR method for improving well-being in the internal medicine unit: Quasi-experimental research," *Int. J. Environ. Res. Public Health*, vol. 19, no. 24, Art. no. 16548, Dec. 2022.
[19] E. C. Hidalgo Tapia, J. León Yosa, M. H. Olalla García, N. J. Clavijo Morocho, and Y. A. Sanmartín Calle, "Effectiveness of nursing documentation frameworks (SBAR, SOAP, and PIE) in enhancing clinical handoffs and patient safety," *Cureus*, vol. 17, no. 8, p. e89957, 2025.
[20] Y. Chen, H. Y. Chen, and G. P. Jong, "Situation-Background-Assessment-Recommendation technique improves nurse-physician communication and patient satisfaction in cataract surgeries," *Saudi J. Med. Med. Sci.*, vol. 10, no. 2, pp. 146–150, May 2022.
[21] N. K. Saimi, "Enhancing patient safety outcomes through SBAR communication: A systematic review," *Malahayati Int. J. Nurs. Health Sci.*, vol. 8, no. 7, pp. 843–857, 2025.
[22] L. Lo, L. Rotteau, and K. Shojania, "Can SBAR be implemented with high fidelity and does it improve communication between healthcare workers? A systematic review," *BMJ Open*, vol. 11, no. 12, p. e055247, 2021.
[23] N. Azmi, A. Prawesti Priambodo, and A. Nuraeni, "Analysis of handoff communication using SBAR in emergency department and intensive care unit: A scoping review," *J. Health Nutr. Res.*, vol. 4, no. 2, pp. 464–473, 2025.
[24] M. Tavares De Souza, M. Dias Da Silva, and R. de Carvalho, "Integrative review: What is it? How to do it?" *Einstein*, vol. 8, no. 1, pp. 102–106, 2010.
[25] M. H. Oermann and K. A. Knafl, "Strategies for completing a successful integrative review," *Nurse Author Ed.*, vol. 31, no. 3–4, pp. 65–68, 2021.
[26] A. Alizadeh-Risani, F. Mohammadkhah, A. Pourhabib, Z. Fotokian, and M. Khatooni, "Comparison of the SBAR method and modified handover model on handover quality and nurse perception in the emergency department: A quasi-experimental study," *BMC Nurs.*, vol. 23, no. 1, p. 585, 2024.
[27] N. T. Chaharsoughi et al., "Investigating the impact of implementing structured patient handover through the SBAR model on clinical errors of nurses in the emergency department," *J. Educ. Health Promot.*, vol. 14, no. 1, Art. no. 42, 2025.
[28] Y. Ding, G. Wang, H. Chen, J. Kang, and Z. Wu, "Application effects of SBAR communication mode in ICU nursing physical restraint shift," *Altern. Ther. Health Med.*, vol. 28, no. 6, pp. 112–117, 2022.
[29] N. M. E. S. Ghonem and W. A. El-Husany, "SBAR shift report training program and its effect on nurses' knowledge and practice and their perception of shift handoff communication," *SAGE Open Nurs.*, vol. 9, pp. 1–10, 2023.
[30] S. Kay et al., "Improving communication in nursing homes using SBAR training program," *J. Appl. Gerontol.*, vol. 42, no. 2, pp. 194–204, 2023.
[31] Y. K. G. Nurti, R. S. Simamora, L. Indrawati, A. Pranata, L. Nuryanti, and K. Deniati, "Strengthening nursing SBAR communication compliance to improve patient safety," *Malaysian Journal of Nursing*, vol. 17, no. 1, pp. 84–93, Jul. 2025.
[32] M. Vatan and T. Yildiz, "Surgery nurses' awareness on SBAR communication model and SBAR training," *Clin. Exp. Health Sci.*, vol. 11, no. 4, pp. 708–713, 2021.
[33] I. C. Echer et al., "Nursing handoffs: Development and validation of instruments to qualify care continuity," *Cogitare Enfermagem*, vol. 26, p. e74062, 2021.
[34] C. M. H. Pinheiro et al., "A padronização da passagem de plantão do enfermeiro [The standardization of nurses' shift change and its implications for patient safety: An integrative review]," *Rev. Eletrônica Acervo Saúde*, vol. 15, no. 8, p. e10805, 2022.
[35] A. Raeisi, M. A. Rarani, and F. Soltani, "Challenges of patient handover process in healthcare services: A systematic review," *J. Educ. Health Promot.*, vol. 8, p. 173, 2019.
[36] L. D. A. Macedo, V. D. L. Lovadini, and S. R. Sakamoto, "A importância das anotações de enfermagem em prontuários hospitalares: Percepção da equipe de enfermagem [The importance of nursing annotations in hospital records: Perception of the nursing team]," *Rev. Enferm. Atual In Derme*, vol. 92, no. 30, pp. 250–257, 2020.
[37] S. S. Tavares, "A importância das anotações de enfermagem para a auditoria em saúde [The importance of nursing notes for health auditing]," *Rev. Multidiscip. Psicol.*, vol. 14, no. 49, pp. 677–685, 2020.
[38] R. Emiralioğlu and B. Sönmez, "Positive work environment in nursing: Components and strategies," *J. Educ. Res. Nurs.*, vol. 22, no. 2, pp. 156–161, 2025.
[39] L. Connor et al., "Evidence-based practice improves patient outcomes and healthcare system return on investment: Findings from a scoping review," *Worldviews Evid. Based Nurs.*, vol. 20, no. 1, pp. 6–15, 2023.
[40] H. Naz and N. A. Ganaie, "Evidence-based practice in nursing: A comprehensive review," *Clin. Med. Health Res. J.*, vol. 3, no. 6, pp. 713–715, 2023.
[41] S. Cao, J. Lin, Y. Liang, and Y. Qin, "A concept analysis of change fatigue among nurses based on Walker and Avant's method," *J. Nurs. Manag.*, vol. 2024, Art. no. 8413242, 2024.
[42] J. Camilleri, V. Cope, and M. Murray, "Change fatigue: The frontline nursing experience of large-scale organisational change and the influence of teamwork," *J. Nurs. Manag.*, vol. 27, no. 3, pp. 655–660, 2019.
[43] O. Çelebi Çakıroğlu, G. Ulutaş Höbek, and A. K. Harmancı Seren, "Nurses' views on change management in health care settings: A qualitative study," *J. Nurs. Manag.*, vol. 30, no. 2, pp. 439–446, 2022.
[44] M. Cleary, S. West, D. Arthur, and R. Kornhaber, "Change management in health care and mental health nursing," *Issues Ment. Health Nurs.*, vol. 40, no. 11, pp. 966–972, 2019.
[45] M. Lv et al., "Change fatigue among clinical nurses and related factors: A cross-sectional study in public hospitals," *Health Serv. Insights*, vol. 18, pp. 1–10, 2025.
[46] J. J. Mourão Netto, "Invisibility and devaluation of nursing work: Related factors and coping strategies," *Invest. Educ. Enferm.*, vol. 42, no. 1, p. e01, 2024.
[47] A. Nurmeksela, S. Mikkonen, J. Kinnunen, and T. Kvist, "Relationships between nurse managers' work activities, nurses' job satisfaction, patient satisfaction, and medication errors at the unit level: A correlational study," *BMC Health Serv. Res.*, vol. 21, no. 1, p. 296, 2021.
[48] N. M. Tironi et al., "Atribuições e competências de gerentes de enfermagem: Pesquisa descritiva exploratória [Assignments and competencies of nursing managers: A descriptive exploratory research]," *Online Braz. J. Nurs.*, vol. 16, no. 1, pp. 130–139, 2017.
[49] A. L. Alkhaqani, "Importance of teamwork communication in nursing practice," *Nurs. Commun.*, vol. 6, p. e2022015, 2022.
[50] A. R. Campbell, D. Layne, E. Scott, and H. Wei, "Interventions to promote teamwork, delegation and communication among

registered nurses and nursing assistants: An integrative review," *J. Nurs. Manag.*, vol. 28, no. 7, pp. 1465–1472, 2020.
[51] S. Pantha, M. Jones, and R. Gray, "Stakeholders' perceptions of how nurse–doctor communication impacts patient care: A concept mapping study," *Nurs. Rep.*, vol. 13, no. 4, pp. 1607–1623, 2023.

AUTHORS PROFILE

Dr A L F Aydogdu is a registered nurse with a diverse academic background. She graduated from Fluminense Federal University (UFF, 2002) in Rio de Janeiro, Brazil, and holds a postgraduate degree in Public Health Nursing from the Federal University of the State of Rio de Janeiro (UNIRIO, 2004). Her academic journey continued with a Master's in Hospitals and Health Institutions Administration from Istanbul University in 2016, followed by a Doctorate in Nursing Administration from Istanbul University-Cerrahpasa. Dr Aydogdu worked for 7 years as a Preceptor Nurse in the Neonatal Intensive Care Unit (NICU) at a private hospital in Istanbul, Türkiye. Presently, she works as an Associate Professor at Istanbul Health and Technology University in Istanbul, Türkiye.

Ms M F Türkmen completed her nursing education at a vocational health high school and subsequently earned an associate degree in Paramedicine from Istanbul Aydın University, Istanbul, Türkiye, in 2015. She has ten years of professional experience as a nurse in the Neonatal Intensive Care Unit (NICU) of a private hospital in Istanbul. Currently, she serves as a Clinical Quality Supervisor at a private hospital in Istanbul, Türkiye, where she is involved in quality management, accreditation processes, patient safety, and continuous quality improvement initiatives.

