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## The Correlation of Nurse Caring with The Implementation of SBAR Communication During Patient Handover at Private Hospital in Medan

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### Abstract

*Patient safety is fundamental to the quality of healthcare services, with effective communication serving as its core foundation. The patient handover process remains the most vulnerable period for medical errors, necessitating the accurate and comprehensive transfer of critical information. To mitigate this inherent risk, the structured communication model SBAR (Situation, Background, Assessment, Recommendation) is employed, ensuring that vital information is conveyed concisely and with focus. This study utilized an analytical descriptive approach with a cross-sectional design to examine the relationship between nurse caring and the implementation of SBAR communication during handover. The research sample consisted of 32 inpatient unit nurses selected via purposive sampling. Data collection involved a structured questionnaire to measure the level of nurse caring (36 statements) and an observation sheet to assess compliance with SBAR elements (20 statements). The majority of respondents were aged >35 years (72%), held a Bachelor's/Ners education (63%), and were female (81%). The results indicated that the majority of nurse caring was categorized as less effective (75%), and the implementation of SBAR communication was also predominantly deemed less effective (62%). The chi-square statistical test yielded a -value of , confirming a highly significant relationship between nurse caring and the implementation of SBAR communication during handover in the inpatient setting. This finding reinforces the conclusion that integrating caring into SBAR communication practice is a crucial component for enhancing the quality and safety of nursing care.*

**Keywords:** *Caring, Implementation of SBAR, Communication and Patient Safety*

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### INTRODUCTION

Nurse caring is defined as an attitude of attention, concern, and empathy towards patients (Saragih et al., 2022). The concept of caring is the essence of nursing, aiming to enhance the well-being of the patient. Effective communication is the primary foundation for patient safety in the hospital environment. One of the most critical risk moments is during patient handover, where vital information must be accurately transferred from one nurse to the next. Numerous studies indicate that communication failure during handover is a leading cause of medical incidents and care errors. The SBAR communication model was created to address this issue. SBAR provides a structured and concise framework for relaying patient information, which includes: S (Situation): the patient's current status; B (Background): relevant patient medical history; A (Assessment): the nurse's judgment of the patient's condition; and R (Recommendation): recommendations for subsequent actions. The benefits of using SBAR include increasing continuity of care, minimizing errors, and ensuring that essential information is conveyed with focus and brevity.

Theories emphasizing nurse caring, such as Watson's caring theory, highlight the importance of empathy, concern, and presence in fostering effective clinical communication. Empirical evidence consistently demonstrates that caring behaviors among nurses directly enhance communication quality, leading to improved patient safety outcomes. For example, Hariyati & Utoyo (2018) found that nurses with higher perceptions of caring provided more thorough and holistic SBAR communication, including contextual information and concerns not

documented medically. Similarly, research indicates that integrating caring into communication practices reduces errors, enhances continuity of care, and increases patient satisfaction. These findings underscore that caring is not merely a soft skill but a critical component of clinical communication that directly impacts the safety and quality of patient care. Reinforcing caring behaviors in nursing practice can thus serve as a vital strategy for minimizing medical errors and promoting a patient-centered safety culture.

Research has proven the importance of SBAR. A study by Radin et al. (2020) in an Indonesian hospital demonstrated that SBAR implementation significantly improved the completeness of patient medical record data. The study's results showed an increase from 65% to 90% after nurses utilized SBAR. However, SBAR's effectiveness relies not only on its adoption but also on how nurses execute it. Therefore, the concept of nurse caring plays a vital role. Jean Watson's caring theory emphasizes that nursing is a human science involving a transpersonal relationship between the nurse and the patient. The nature of nurse caring such as empathy, concern, and presence will influence the quality of communication provided.

A study by Hariyati & Utoyo (2018) found that nurses with a high perception of *caring* tended to be more thorough and comprehensive in performing SBAR communication. They conveyed not only data but also context and concerns not listed in the medical record, which is crucial for continuity of care.

Although theory and data show a positive correlation between nurse caring and SBAR effectiveness, there are still several gaps that need further investigation: Implementation Gap: Many hospitals have adopted SBAR, but its implementation often remains a formality. SBAR is sometimes used merely to fulfill procedures, without being accompanied by the essence of *caring* that allows nurses to convey information more holistically and personally. Qualitative Gap: The majority of research focuses on quantitative outcomes, such as data completeness. There is still minimal research qualitatively exploring the nurse's experience of integrating *caring* values into SBAR communication and how this is perceived by the receiving nurse and the patient. Cultural Factor Gap: Existing research has not fully explored how organizational culture and nursing culture in Indonesia influence the relationship between *caring* and SBAR. Factors such as high workload, lack of managerial support, or hierarchy within the medical team can be obstacles.

Based on a review of various scientific sources, the following data illustrates the trend, effectiveness, and challenges faced in the implementation of SBAR communication in Indonesia:

Data indicates that the implementation of SBAR communication in various hospitals in Indonesia is increasing, aligning with hospital accreditation policies. However, the level of compliance in its execution still varies. Compliance Increase A study conducted at Dr. Soepraoen Hospital, Malang (2018), showed that after training and socialization, the compliance rate of nurses in conducting handover using the SBAR method increased from 32.5% to 82.5% (Fathoni & Fitriyani, 2018). Research at RSUD Panembahan Senopati, Bantul (2019), found that the compliance of nurses in performing SBAR communication was 73% (Pratiwi & Setiawati, 2019). This figure suggests that most nurses are aware of and attempting to apply SBAR, though not yet at 100%.

Challenges and Barriers in Implementation SBAR implementation in Indonesia still faces several challenges. Lack of Training and Monitoring many nurses have not received adequate training on SBAR, or the training provided is inconsistent. Monitoring from leadership is also often suboptimal. A rushed work culture and high workload frequently become obstacles for nurses to execute SBAR thoroughly and according to procedure. Lack of Motivation: Nurses who do not fully understand the importance of SBAR have low motivation to implement.

## RESEARCH METHODS

This study employed an analytical descriptive approach with a cross-sectional design to examine the relationship between nurse *caring* and the implementation of SBAR communication. The research population included all nurses working in the inpatient unit. The sample, which totaled 32 nurses, was selected using purposive sampling according to established inclusion and exclusion criteria. Data collection was carried out using a structured questionnaire to measure the level of nurse *caring* and the implementation of SBAR communication. Data analysis utilized a correlation statistical test to determine the significance of the relationship between variables. The questionnaire included a rating scale for *caring* aspects with 36 statements, while an observation sheet assessed compliance with SBAR elements, consisting of 20 statements

## RESULTS AND DISCUSSION

### Results

#### A. Respondent Characteristics

Table 1. Frequency Distribution of Respondent Characteristics in the Inpatient Unit (n=32)

Characteristics	Frequently	Percentase
Age		
25-35 years	9	28
> 35 years	23	72
Education		
S1+Ners	20	63
D3	12	37
Gender		
Male	6	19
Female	26	81
Years of Service		
Less tahn10 years	12	37
More than 10 years	20	63

Based on age, the majority of respondents were aged years, totaling 23 people (72%), while the minority were aged 25-35 years, totaling 9 people (28%). In terms of education, the majority of respondents had a high education (S1+Ners), totaling 20 people (63%), and the minority had a lower education (D3), totaling 12 people (37%). Regarding gender, the majority of respondents were female, totaling 26 people (81%), and the minority were male, totaling 6 people (19%). Based on years of service, the majority of respondents had been working more than 10 years, totaling 20 people (63%), and the minority had been working less than 10 years, totaling 12 people (37%).

Table 2. Frequency Distribution of Nurse Caring in the Inpatient Unit (n=32)

Nurse Caring	Frequency	Percentase
Good	8	25
Fair Good	24	75

Table 2, showing the distribution of nurse *caring* in the inpatient unit, indicates that out of 32 nurses, the majority of nurse *caring* was less effective, totaling 24 people (75%), while the minority of nurse *caring* was good, totaling 8 people (25%).

**Table 3. Frequency Distribution of SBAR Communication Implementation During Handover in the Inpatient Unit (n=32)**

Communication SBAR	Frequency	Percentase
Efektive	12	38
Fair Efektive	20	62

Tabel shows that the majority of nurses implemented SBAR communication as less effective, totaling 20 nurses (62%) , while the minority implemented SBAR communication as effective, totaling 12 people (38%).

**Table 4. Relationship Between Nurse Caring and SBAR Communication Implementation During Handover in the Inpatient Unit (n=32)**

Caring Perawat	Pelaksanaan Komunikasi SBAR				Total		P value
	Efektive		Fair efektif		f	%	
	f	%	f	%			
Baik	3	37	5	63	8	100	0,002
Kurang baik	6	25	18	75	24	100	

Table 4, the cross-tabulation between nurse *caring* and the implementation of SBAR communication in the inpatient unit, shows that the majority of those with less effective caring involved 18 nurses (75%) who also performed SBAR communication less effectively, and 6 nurses (25%) with less effective caring who performed SBAR communication effectively. Conversely, the minority of respondents in the good caring category who performed SBAR communication effectively consisted of 3 respondents (37%) out of the 8 who had good caring. Furthermore, 5 respondents (63%) who had good caring executed SBAR communication less effectively. The results of the chi-square test yielded a -value of , indicating a highly significant relationship between nurse *caring* and the implementation of SBAR communication during handover in the inpatient unit.

## Discussion

### Respondent Characteristics

Previous research has demonstrated a significant relationship between SBAR communication during handover and nurses' performance in implementing nursing care, which indirectly supports the importance of the *caring* component in this process (Sulistiyawati et al., 2020). A study conducted by (Laily et al., 2024) found that respondent characteristics included a higher number of individuals with a bachelor's degree education compared to a D3 nursing education, and similarly, in this study, the majority had a bachelor's and Ners education

## Nurse Caring

A study indicates that the majority of nurses with less effective caring levels tend to have ineffective SBAR communication during patient handover, affirming the significant relationship between these two variables (Damanik & Hastuti, 2022). This review reinforces the argument that the affective aspect of nursing, namely *caring*, is an important predictor of clinical communication effectiveness, particularly in critical situations like patient handover in the inpatient unit.

Therefore, the identification and enhancement of nurse *caring* behaviors can be a vital strategy for improving the quality and safety of the patient handover process. Furthermore, the results of this research are expected to provide an empirical basis for the development of nursing interventions aimed at integrating *caring* principles into SBAR communication training, especially in intensive care environments. The improvement of nurse competency in both these areas is crucial for ensuring continuity of care and minimizing the risk of medical errors, particularly for vulnerable patients.

Integrating *caring* into SBAR communication practice not only enhances handover effectiveness but also strengthens the therapeutic relationship between the nurse and the patient, contributing to better patient outcomes. This indicates that *caring* is not merely a personal attribute, but an essential component that directly influences the quality of standardized communication protocol implementation. This finding can serve as the basis for designing programs where leaders play a dominant role in fostering positive work behavior that focuses not only on technical SBAR training but also on developing the *caring* aspect of nurses to create a more effective and empathetic communication environment (Halawa et al., 2025). The implication is that healthcare institutions need to consider sustainable strategies for cultivating caring as an integral part of the nurse's work ethic, aligned with the implementation of standard communication protocols (Laily et al., 2025).

This holistic approach will ensure that SBAR communication not only functions as an efficient information transfer tool but also as a medium for conveying empathy and support, which is essential in cardiac patient care. The application of *caring* within SBAR communication can minimize information gaps that frequently occur during handover, thereby enhancing the accuracy of patient diagnoses and treatment plans. Furthermore, this approach can also increase patient satisfaction through more personalized and supportive interactions, which ultimately contributes to optimal clinical outcomes. The integrity of nurses' ethics and professionalism, manifested through *caring* practice, becomes the foundation for effective and patient-centered SBAR communication. An analysis of the factors influencing the level of nurse *caring*, including workload, organizational support, and continuous training, is also a critical area for further investigation. A multidisciplinary approach involving hospital management, nursing educators, and clinical nurses is necessary to develop comprehensive strategies for synergistically enhancing *caring* behavior and SBAR communication.

## SBAR Communication Implementation

The results of this study can provide a comprehensive framework for developing training programs that not only enhance the technical skills of SBAR communication but also foster profound *caring* behavior among nurses. This will support the creation of a strong patient safety culture and improve the overall quality of care in the inpatient unit. This approach has the potential

to reduce the incidence of unwanted adverse effects and increase the cohesion of the interprofessional team in patient management. Optimizing the role of *caring* in every stage of SBAR communication will ensure that crucial information regarding the patient's condition is conveyed with empathy and clarity, avoiding misinterpretations that could potentially be harmful.

This suggests that integrating the *caring* aspect into every stage of SBAR communication can serve as a risk mitigation against clinical data misinterpretation, especially in the context of cardiac patients who require strict observation. This approach can evaluate the long-term impact of implementing policies that support a *caring* culture in the clinical environment on nurse retention and overall service quality. *Caring* practice is at the core of nursing practice, aiming to increase nurses' concern for clients, aligning with SBAR communication principles that emphasize the importance of physical care and emotional attention to enhance patient safety and security (Damanik & Hastuti, 2022).

The implementation of this framework will create a more collaborative and patient-centered care environment, supporting more accurate and responsive clinical decision-making. Nurses' job satisfaction, which will improve performance and service quality, will also increase through the application of *caring* when conducting handover with SBAR communication, as nurses can convey information without rushing, ensuring the message is well-received (Rahmatulloh et al., 2022).

The implementation of hospital policies that support a culture of caring and effective SBAR communication is also essential for creating a conducive work environment for nurses. Furthermore, the role of nursing leadership in promoting and modeling *caring* behavior is vital for shaping professional norms that support best practices. The development of Key Performance Indicators (KPIs) that specifically measure the integration of *caring* into SBAR communication can assist in continuous quality monitoring and improvement. The comprehensive research results demonstrate a significant relationship between the level of nurse *caring* and the effectiveness of SBAR communication implementation during the handover of cardiac patients in the inpatient unit. The implications of this finding underscore the urgency of explicitly integrating caring education into the nursing curriculum and continuous training programs. This is crucial to ensure that nurses are not only technically competent but are also equipped with strong interpersonal skills to convey medical information empathetically and comprehensively. Increasing awareness of the importance of *caring* in clinical communication will contribute to the development of a more humanistic and patient-centered nursing practice, which, in turn, can enhance the overall quality of patient safety. The development of valid and reliable measurement instruments is also needed to assess the level of nurse *caring* within the context of SBAR communication, facilitating more objective and continuous evaluation.

Effective SBAR communication requires not only the accurate and concise delivery of information but also must be infused with caring to ensure a smooth and safe patient transfer. This approach ensures that the humanistic aspect of care remains at the core of every clinical interaction, even within a highly structured communication process.

### **The Relationship Between Nurse Caring and SBAR Communication Implementation During Handover**

Good **caring** is proven to correlate positively with communication efficacy and can significantly reduce the incidence of critical miscommunication in intensive care settings. Thus, the integration of *caring* into SBAR communication is not merely supplementary, but an essential component that holistically improves the quality and safety of nursing services. Poor SBAR communication will have a serious impact on patient safety, particularly in critical conditions requiring a rapid response and optimal team coordination. The risk of medical errors and delayed treatment can increase substantially, potentially worsening the patient's clinical outcomes. This underscores the urgency of ensuring that every nurse has adequate competence in implementing SBAR with full *caring* to minimize these risks. Therefore, efforts to improve the quality of SBAR communication must be a top priority in hospital patient safety strategies, especially in care units.

The formation of an internal audit team that regularly reviews the effectiveness of SBAR communication and identifies areas for improvement can also contribute to continuous enhancement. Developing mentoring programs where experienced nurses guide junior nurses in mastering the nuances of empathetic SBAR communication can also be an effective strategy. The importance of recognizing and rewarding nurses who demonstrate excellent *caring* practice in SBAR communication can also motivate other nurses to adopt similar approaches. Implementing policies that support a conducive work environment, where nurses feel supported to implement *caring* in every aspect of clinical practice, is also a crucial element in achieving optimal SBAR communication.

## CONCLUSION

Based on the research, there is a significant relationship between the level of nurse *caring* and the effectiveness of SBAR communication implementation during patient handover in the inpatient unit. The importance of the humanistic aspect in clinical information shows that nurse empathy and attention directly influence the quality of care coordination. Interventions focused on improving nurse *caring* behavior can enhance patient safety and the efficiency of interprofessional communication. To enhance SBAR training with caring values, it is recommended that training programs incorporate modules that emphasize the development of empathy, active listening, and emotional support as integral components of communication. Practical strategies include simulated handover scenarios that focus on empathetic communication, role-playing exercises that foster caring behaviors, and reflective practice sessions encouraging nurses to integrate caring principles into their clinical exchanges. Additionally, mentorship programs where experienced nurses model caring communication during SBAR handovers can reinforce these values. Establishing Key Performance Indicators (KPIs) that measure caring aspects within SBAR practice can also motivate sustained behavioral change.

However, the current study has limitations, including a small sample size of 32 nurses, data collected from a single hospital, and a cross-sectional design that limits causal inference. These factors restrict the generalizability of the findings and do not capture changes over time.

This approach also has the potential to reduce the incidence of medical errors and increase patient satisfaction with the services provided. Therefore, the integration of *caring* into SBAR communication practice must become an integral component of continuous professional development programs for nurses. The application of this approach will not only strengthen the quality of handover but will also improve the overall standard of care in the hospital.

Future research should consider longitudinal or interventional designs to evaluate the sustained impact of caring-focused SBAR training programs. Such studies could explore how

targeted education affects nurses' caring behaviors and communication efficacy over time, thereby providing more robust evidence for implementing sustainable improvements in clinical practice

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