

## PERCEPTION ABOUT THE USE OF SBAR TOOL AMONG NURSES IN TERTIARY CARE HOSPITAL: A QUALITATIVE APPROACH

Zunira Amir<sup>\*1</sup>, Syeda Tasneem Kausar<sup>2</sup>, Rubina Jabeen<sup>3</sup>, Kousar Perveen<sup>4</sup>

<sup>\*1</sup>Master of Science in Nursing (MSN) Scholar, Superior University, Department of Nursing, Lahore.

<sup>2</sup>Nursing Director, Superior University, Department of Nursing, Lahore.

<sup>3</sup>Principal, Superior University, Department of Nursing, Lahore.

<sup>4</sup>Associate Professor, Superior University, Department of Nursing, Lahore.

<sup>1</sup>[zuniraamir@gmail.com](mailto:zuniraamir@gmail.com), <sup>2</sup>[sindy070766@gmail.com](mailto:sindy070766@gmail.com), <sup>3</sup>[rubinajabeen302@yahoo.com](mailto:rubinajabeen302@yahoo.com), <sup>4</sup>[kous84@gmail.com](mailto:kous84@gmail.com)

Corresponding Author: \*  
Zunira Amir

DOI: <https://doi.org/10.5281/zenodo.16784109>

Received  
08 May, 2025

Accepted  
14 July, 2025

Published  
09 August, 2025

### ABSTRACT

#### Background:

Effective communication in healthcare is essential for ensuring patient safety and quality care. The SBAR (Situation, Background, Assessment, Recommendation) communication tool offers a standardized framework to enhance clarity, reduce errors, and support collaborative decision-making in clinical settings. Despite its recognized benefits, its application faces multiple challenges in tertiary care environments.

#### Aim:

This study aimed to explore the perceptions of registered nurses regarding the use of the SBAR communication tool in tertiary care hospitals and to identify its impact, utilization, and challenges in daily practice.

#### Methods:

A qualitative phenomenological research design was employed. Semi-structured interviews were conducted with 13 registered nurses from various ICU departments at Jinnah Hospital, Lahore. Non-probability purposive sampling was used. Data were collected through face-to-face interviews, audio recorded, transcribed, and analyzed using thematic analysis via NVivo software.

#### Results:

Six major themes emerged: challenges of using SBAR, understanding about SBAR in daily practice, use of SBAR in clinical routines, patient safety, suggestions to improve SBAR implementation, and training to use SBAR. Nurses highlighted SBAR's benefits in improving communication, teamwork, and patient documentation, especially in emergencies. However, challenges included time constraints, high nurse-patient ratios, lack of training, and resistance to change.

#### Conclusion:

SBAR is recognized as a beneficial tool that enhances communication and patient safety. However, successful implementation requires structured training, leadership support, and reduced workload to address current barriers and improve its integration into routine nursing practices.

#### Keywords:

SBAR, nursing communication, patient safety, qualitative study, tertiary care, healthcare documentation.

### INTRODUCTION

Nursing, SBAR, handover communication, patient safety, and interprofessional collaboration are central concepts in modern healthcare delivery. Nursing is

defined as the protection, promotion, and optimization of health, prevention of illness, and alleviation of suffering (ANA, 2020). In this evolving

field, structured communication tools like SBAR—an acronym for Situation, Background, Assessment, and Recommendation—help nurses convey vital patient information effectively. Effective communication remains a cornerstone of quality nursing care, especially during shift changes and interdisciplinary interactions (Stewart, 2016; Shahid & Thomas, 2018). Globally, communication failures are a leading cause of adverse events in hospitals, accounting for up to 70% of sentinel events, according to the Joint Commission (Panesar et al., 2016). A study by Dalky et al. (2020) found that in Jordanian tertiary hospitals, over 60% of reported incidents involved miscommunication during patient handoffs. In Pakistan, handover documentation and verbal communication inconsistencies continue to contribute to medication errors and delays in care (Geok et al., 2021). The problem is more pronounced in high-pressure environments such as emergency and critical care units, where nurses often experience challenges maintaining clarity and consistency in communication (Tobin & Cows, 2023; Ho, 2020). The historical background of the SBAR tool is a structured communication technique with military origins. SBAR (Situation, Background, Assessment, and Recommendation) was created especially for the U.S. Navy. In high-stress situations like nuclear submarines, where efficient communication is essential for both safety and operational performance, the tool was created to help team members communicate clearly and succinctly. The adoption of SBAR in healthcare settings started when experts realized that a standardized communication technique was necessary to improve patient safety and care quality. Communication breakdowns were a problem for the healthcare sector since they could result in medical mistakes and poor patient outcomes. In order to address these problems, SBAR was developed, offering a framework that enables doctors to communicate crucial information clearly and concisely. (Mertz, 2023)

In medical care, SBAR nurses and doctors are among the many healthcare professionals who have embraced SBAR as a way to enhance communication during crucial discussions and handoffs. By guaranteeing that everyone on the team is in agreement with regard to patient care and clinical judgments, it acts as a tool to promote a culture of safety. Fast and effective information sharing is made possible by SBAR's organized designs, which are especially crucial health care settings. All things considered, SBAR's transformation from a military communication tool to

an essential part of healthcare communication demonstrates how well it works to increase speed and clarity in dire circumstances, which eventually improves patient safety and the standard of care (Mertz, 2023).

SBAR is the structured framework used by healthcare professionals to share critical information about a patient's condition, facilitating clear and effective handovers, decision-making, and care coordination (Davis et al., 2023). The communication tool started with situation which emphasizes on the main reason of hospitalization followed by Background that states the history of patient such as past medical or surgical history, any allergies, and previous medications and so on. As for the assessment, it is the part whereby the patient current condition will be mentioned in details while the recommendation will be developed based on the summary of assessment findings in accordance with patient care planning (Murphy et al., 2022)

The SBAR (situation, Background, Assessment, Recommendation) communication tool is a structured framework created to help healthcare professionals communicate clearly and succinctly. the briefly describe the first section, Situation, focuses on the primary cause of the patient's hospitalization, including the nature of the issue and when it began. It might say, 78-year-old patient with chest pain. the next section is called background, which includes pertinent clinical history, past medical or surgical conditions, allergies, and previous medications, as well as other contextual information like co-morbidities and prior specialist appointments. e.g. medications, specialists, procedures in place ,relevant context, history and underlying factors for example history of coronary artery disease, hypertension (Coolen et al., 2020).

This study aims to explore the perceptions of nurses regarding the use of the SBAR tool within tertiary care settings. By examining their experiences and insights, we can gain a deeper understanding of how this communication tool impacts nursing practices, patient safety, and inter professional collaboration.

### Methodology

This study employed a qualitative phenomenological research design to explore the lived experiences and perceptions of nurses regarding the use of the SBAR (Situation, Background, Assessment, Recommendation) communication tool in a hospital setting. The phenomenological approach was chosen to understand the subjective meanings and real-life application of SBAR from the nurses' perspectives. The study was conducted in Jinnah Hospital, Lahore,

within four ICU departments: Main ICU, Neuro ICU, Medical ICU, and Umar ICU. The study targeted Registered Nurses involved in direct patient care. The estimated sample size was 10–15 participants, and non-probability purposive sampling was used to select those with at least basic knowledge of SBAR. However, data saturation occurred by the 10th participant, after which no new themes emerged. Inclusion criteria were Registered Nurses aged 22–60 years with direct patient care experience and familiarity with SBAR. Exclusion criteria included nursing students, nursing managers, Licensed Practical Nurses (LPNs), and those formally trained or certified in SBAR use. Ethical approval was obtained from the Superior University's Research Ethics Committee, and informed written consent was secured from each participant. Confidentiality and anonymity were strictly maintained throughout the study.

### Data Analysis Procedure

Interviews were transcribed into English and analyzed using content analysis with the aid of NVivo software. The analysis involved reading transcripts multiple times, followed by line-by-line coding to identify significant statements, which were then grouped into themes and subthemes. Field notes were integrated during this process to enhance the richness of the data. Trustworthiness was ensured through credibility, dependability, confirmability, and transferability. Credibility was enhanced by pilot testing, and confirmability was achieved by minimizing bias through reflective journaling. Member checking and expert feedback were used to validate interpretations. An audit trail was maintained to document all research steps for transparency and replicability.

### Data Collection Procedure

Data were collected through semi-structured face-to-face interviews using open-ended questions. Interviews were conducted in both English and Urdu to accommodate participants' language preferences. An interview guide, adapted from previous studies and pilot-tested with two clinical instructors, was used. Interviews lasted 20–30 minutes and were audio-recorded with participants' permission. Field notes were also maintained to capture non-verbal expressions and contextual information. Participants were provided with flexibility in terms of scheduling and were allowed to pause or take breaks during the interviews. The researcher facilitated a comfortable and non-judgmental environment to encourage honest and reflective responses.

### Results

The thematic analysis revealed six major themes related to nurses' perceptions of SBAR use: challenges, understanding, practical use, impact on patient safety, improvement suggestions, and training needs. Subthemes included communication barriers, interdisciplinary teamwork, and emergency handling. Nurses emphasized SBAR's role in improving documentation, communication, and patient safety. The findings also highlighted the need for institutional support and regular training to enhance effective SBAR implementation [Table 1].

**Table 1: Themes and Subthemes: Nurses' Perceptions Regarding the Use of the SBAR Tool**

S. No	Themes	Sub-Themes
1	Challenges of using SBAR	<ul style="list-style-type: none"> <li>• Communication barriers</li> <li>• Cultural and workplace incompatibility</li> <li>• Inadequate training</li> <li>• Information overload</li> <li>• Lack of organizational support and resources</li> <li>• Nurse patient-ratio</li> <li>• Resistance to change</li> <li>• Shortage of nurses</li> <li>• Time Management</li> </ul>

2	Understanding about SBAR in daily practice	<ul style="list-style-type: none"> <li>• Communication with colleagues</li> <li>• Effective patient records</li> <li>• Improved communication between shifts</li> <li>• Reduce time of re-assessment</li> <li>• Overall communication</li> <li>• Patient data collection</li> <li>• Teamwork</li> </ul>
3	Use of SBAR in daily practices	<ul style="list-style-type: none"> <li>• Interdisciplinary communications</li> <li>• Patient history</li> <li>• Reduce communication gaps</li> <li>• Easier understanding about patient</li> <li>• Facilitate dealing of critical patient</li> <li>• Emergency situation               <ul style="list-style-type: none"> <li>✓ Emergency</li> <li>✓ Trauma cases</li> <li>✓ Critical care</li> <li>✓ Code blues</li> <li>✓ Cardiac emergency</li> </ul> </li> </ul>
4	Patient Safety	<ul style="list-style-type: none"> <li>• Reduced communication errors</li> <li>• Reduced documentation errors</li> <li>• Reduced medication errors</li> <li>• Situation awareness and timely intervention</li> </ul>
5	Suggestion to improve SBAR implementation	<ul style="list-style-type: none"> <li>• Increased number of nurses</li> <li>• Leadership support</li> <li>• Patient load management</li> <li>• Recognition of SBAR use</li> <li>• Training and recognition of use SBAR</li> </ul>
6	Training to use SBAR	<ul style="list-style-type: none"> <li>• Discussion session</li> <li>• Lectures</li> <li>• Seminar</li> <li>• Role-play activities</li> <li>• Simulation</li> <li>• Training or Workshops</li> <li>• Tutorials</li> </ul>

The thematic analysis revealed six main themes and several subthemes reflecting nurses' perceptions about SBAR use. Key challenges included time constraints, lack of training, and high nurse-patient ratios. Positive insights highlighted SBAR's role in improving

communication, patient safety, and emergency management. Participants emphasized the need for training, leadership support, and practical workshops for effective implementation [Table 2].

**Table 2: Thematic Summary of Nurses' Perceptions on SBAR Use in Tertiary Care Hospitals**

Main Theme	Subtheme	Description	Participant Quote
Challenges of using SBAR	Communication Barriers	Difficulty in clear exchange due to noise, distractions, or language barriers.	"SBAR tool is lengthy and time-consuming." – Participant 2

		Time Management	Limited time in busy wards hinders SBAR use.	"It's hard to maintain protocols like this in our daily routine." - Participant 1
		Inadequate Training	Lack of formal instruction and support.	"Inadequate training or support can hinder effective use of SBAR." - Participant 4
		High Nurse-Patient Ratio	Overload affects implementation fidelity.	"We are dealing with huge strength of patients in hospitals." - Participant 1
		Cultural/Workplace Incompatibility	SBAR not aligning with existing workplace culture.	"We don't have the time or habit to write this much in our routine." - Participant 6
<b>Understanding about SBAR</b>		Improved Communication	Enhances clarity and team interactions.	"Systematic process of effective communication." - Participant 1
		Record Keeping	Helps maintain accurate and complete records.	"It impacts on communicating with other members to give proper information." - P4
		Patient Data Collection	Ensures holistic documentation of patient details.	"It helps in collecting complete information in one go." - Participant 7
<b>Use of SBAR in Daily Practices</b>		Emergency Situations	Supports efficient care during cardiac, trauma, and critical events.	"Helpful in cardiac emergency, past history has more part in it." - Participant 5
		Interdisciplinary Communication	Enables clarity across departments.	"It helps explain patient condition clearly to other teams." - Participant 3
		Reduce Communication Gaps	Decreases misunderstandings among healthcare teams.	"It reduces confusion during shift changes." - Participant 9
<b>Patient Safety</b>		Reduced Errors	Limits documentation, communication, and medication errors.	"There are fewer chances of mistakes when SBAR is used." - Participant 11
		Situation Awareness	Supports timely and informed decisions.	"We can take action quickly as we understand the full situation." - Participant 10
<b>Suggestions to Improve SBAR</b>		Training	Workshops, seminars, and lectures needed for SBAR use.	"There should be more workshops to educate nurses." - Participant 8
		Leadership Support	Encouragement from leadership boosts SBAR application.	"Supervisors should motivate us to use SBAR." - Participant 6
		Staff and Workload Management	More nurses needed to reduce pressure and enable SBAR usage.	"We should manage patients properly, and workload." - Participant 2
<b>Training to use SBAR</b>		Seminars, Simulations, Role Play	Practical sessions enhance communication skills.	"Proper classes and seminars should be arranged." - Participant 7



The analysis revealed that nurses perceive SBAR as a valuable tool for enhancing communication with colleagues and maintaining effective patient records. It streamlines shift handovers, reduces reassessment

time, and supports teamwork. Participants emphasized its role in improving overall communication and data collection [Figure 1].

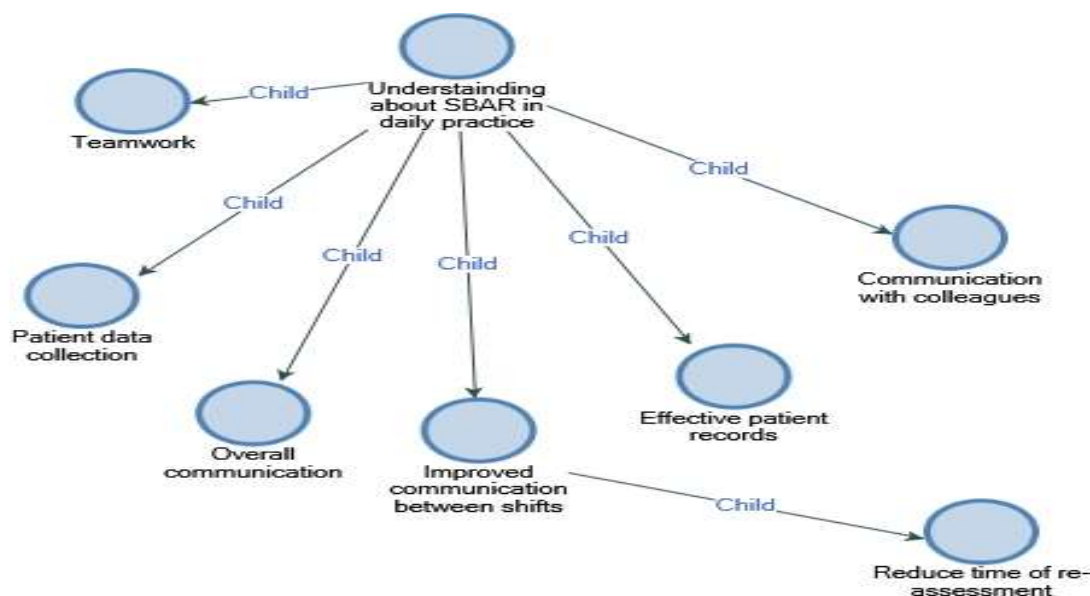
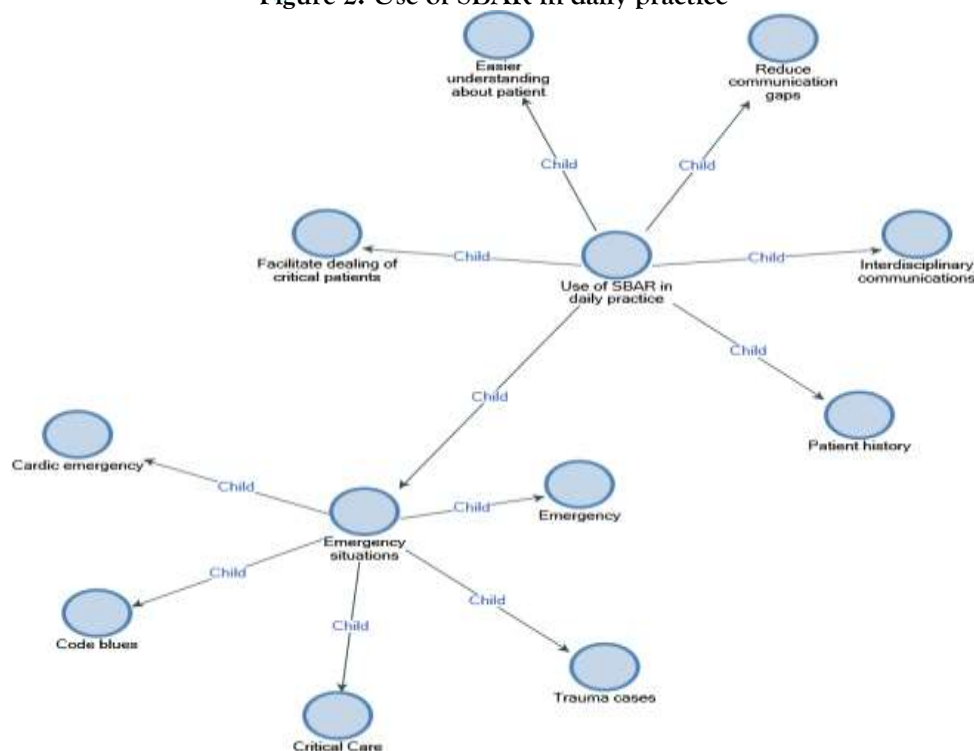


Figure 1: Understanding about SBAR tool

The thematic analysis highlighted that SBAR is highly effective in managing emergency situations such as cardiac emergencies, code blues, and trauma cases. It supports rapid communication, reduces information

gaps, and improves documentation of critical patient data. This leads to better coordination and more timely clinical interventions [Figure 2].

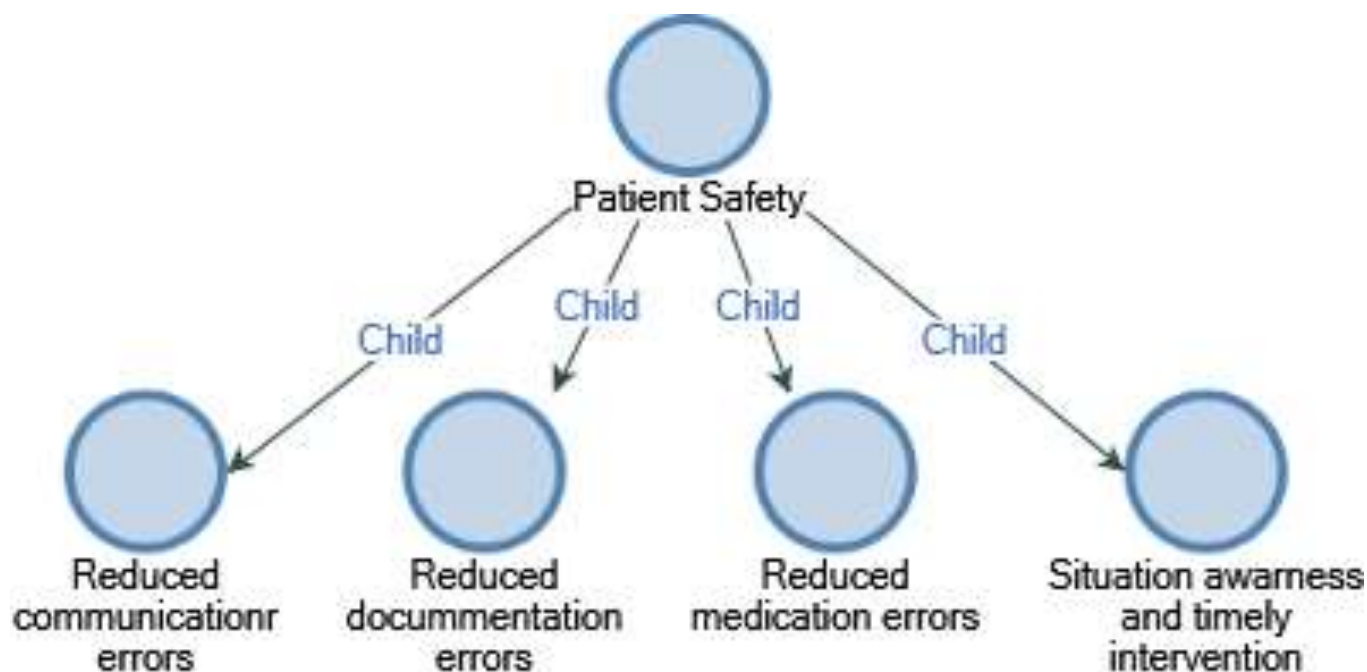
Figure 2: Use of SBAR in daily practice



The NVivo analysis confirms that SBAR significantly enhances patient safety by reducing communication, documentation, and medication errors. It ensures vital information is accurately shared and supports timely

decision-making in critical situations. This structured communication fosters better outcomes and safer clinical practices [Figure 3].

Figure 3: SBAR and patient safety



## Discussion

This qualitative research examined the perceptions, experiences, and challenges related to the implementation of the SBAR communication tool among healthcare professionals in Pakistan. The results indicate that although the SBAR tool is acknowledged as a structured and effective communication framework, its adoption and consistent application in clinical practice are still limited due to various systemic and contextual obstacles. Participants recognized that SBAR offers a clear and organized format that enhances communication during handovers, critical care scenarios, and interprofessional interactions. Numerous respondents valued how SBAR aids in minimizing miscommunication, particularly in high-risk areas such as emergency departments and intensive care units. This aligns with international literature indicating that SBAR enhances patient safety and improves the clarity of clinical communication (Haig et al., 2006; Randmaa et al., 2014). However, within the Pakistani context, the absence of formal training and institutional implementation often results in healthcare providers

being unfamiliar with the appropriate use of the tool. A significant theme that emerged from the data was the lack of awareness and structured training regarding SBAR, especially among nurses and junior staff. In contrast to some high-income nations where SBAR is incorporated into medical and nursing education, most participants in this study were introduced to the tool informally or through brief workshops. This deficiency in foundational training restricts consistent application, particularly in high-pressure environments. Hierarchical barriers within the healthcare system in Pakistan also considerably affected the efficacy of SBAR. Several nurses expressed reluctance in making clinical “Recommendations” to senior physicians, fearing adverse reactions or professional repercussions. This power disparity obstructs the open and assertive communication that SBAR aims to facilitate. As emphasized by the participants, the tool can only be effective when it is supported by a culture of mutual respect and interprofessional collaboration.

Numerous studies have explored the effects of SBAR Tool in health care to enhance communication (Shahid, 2018)

### Conclusion:

There are substantial obstacles as well as worthwhile advantages to using the SBAR (Situation, Background, Assessment, Recommendation) communication tool in clinical contexts. The study finds that a number of obstacles, such as poor communication, organizational and cultural incompatibilities, insufficient training, high nurse-patient ratios, and reluctance to change, make it difficult to apply SBAR effectively. Time restrictions, a lack of organizational support, and staffing shortages frequently make these challenges. Despite these challenges, nurses recognize the importance and value of SBAR in daily clinical practice. Furthermore, the use of SBAR contributes significantly to patient safety by reducing errors in communication, documentation, and medication, and by promoting timely interventions through improved situation awareness.

In conclusion, while the successful implementation of SBAR faces notable challenges, its positive impact on communication efficiency, teamwork, and patient safety is clear. Optimizing the use of SBAR in healthcare settings requires bolstering training programs, hiring more nurses, and cultivating a supportive and acknowledging atmosphere..

### Recommendations:

- ✓ Nursing knowledge and awareness should be improved regarding strategies to overcome communication barriers through structured communication protocols.
- ✓ Align SBAR with local cultural and workplace contexts to improve compatibility and acceptance.
- ✓ Ensure regular and standardized training sessions to minimize knowledge gaps.
- ✓ Improve nurse-patient ratios and reduce workload to allow time for proper SBAR use.
- ✓ Encourage integration of SBAR in daily documentation to support accurate and effective patient records.
- ✓ Emphasize SBAR as a tool for improving inter-shift communication and reducing re-assessment time
- ✓ Offer diverse training formats such as lectures, seminars, and tutorials to suit various learning needs.

### References

Coolen, E., Engbers, R., Draaisma, J., Heinen, M., & Fluit, C. (2020). The use of SBAR as a structured communication tool in the

pediatric non-acute care setting: bridge or barrier for interprofessional collaboration? *Journal of interprofessional care*, 1-10.

Dalky, H. F., Al-Jaradeen, R. S., & AbuAlRub, R. F. (2020). Evaluation of the situation, background, assessment, and recommendation handover tool in improving communication and satisfaction among Jordanian nurses working in intensive care units. *Dimensions of Critical Care Nursing*, 39(6), 339-347.

Davis, B. P., Mitchell, S. A., Weston, J., Dragon, C., Luthra, M., Kim, J., Stoddard, H., & Ander, D. (2023). Situation, background, assessment, recommendation (SBAR) education for health care students: Assessment of a training program. *MedEdPORTAL*, 19, 11293.

Geok, L. S., Jou, C. Z., & Imm, C. L. L. (2021). NURSES'SATISFACTION TOWARDS THE USAGE OF SBAR AS A COMMUNICATION TOOL FOR HANDOFF IN A PRIVATE HOSPITAL PENANG. *The Malaysian Journal of Nursing (MJN)*, 12(4), 3-11.

Ho, M. T. (2020). *Implementing SBAR to improve communication to reduce incidence of medication errors* [Grand Canyon University].

Mertz, R. (2023). *Does Using the Situation, Background, Assessment and Recommendation (SBAR) Standardized Communication Tool Increase Self-Confidence and Decrease Anxiety Levels in Prelicensure Nursing Students?* [Regis College].

Murphy, M., Engel, J. R., McGugan, L., McKenzie, R., Thompson, J. A., & Turner, K. M. (2022). Implementing a Standardized Communication Tool in an Intensive Care Unit. *Critical Care Nurse*, 42(3), 56-64.

Panesar, R. S., Albert, B., Messina, C., & Parker, M. (2016). The effect of an electronic SBAR communication tool on documentation of acute events in the pediatric intensive care unit. *American Journal of Medical Quality*, 31(1), 64-68.

Rahma, R. S. U., & Andriyanto, A. (2024). Literature Review: Improving The Quality of Hospital Services through The Utilization of Electronic Nursing Documentation. *Jurnal Ners dan Kebidanan (Journal of Ners and Midwifery)*, 11(1), 139-145.



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), 1-9.

Stewart, K. R. (2016). SBAR, communication, and patient safety: An integrated literature review.

Thomas, M. (2023). SBAR for Nursing Students to Communicate Confidently [Regis College].

Tobin, S., & Cowls, H. (2023). Leadership and the role of the nursing associate. *Understanding Leadership for Nursing Associates*, 1

