Original Article

Application of "SISBAR" for effective communication between nurses and doctors at private hospital in Indonesia.

Asep Badrujamaludin[1*] │ Dedi Supriadi[2] │ Oktovina Yesayas[3] │ Fauziah Rudhiati[4] │ Hemi Fitriani[5] │ Tria Firza Kumala[6] │ Sri Wahyuna[7]

[1,2,6]Department of Medical Bedah, Faculty of Nursing , STIKES Jenderal A Yani Cimahi, Cimahi, Indonesia
[4, 5]Department of child and maternity, Faculty of Nursing, STIKES Jenderal A Yani Cimahi, Cimahi, Indonesia
[3,7] Department of Nursing, Santosa Hospital Bandung Central (SHBC), Bandung, Indonesia

*contact
dru.stikesr@gmail.com

Abstract

Aims : Effective communication is the main elements of patient safety goals because communication is the first cause of patient safety problems. Effective communication must be built on aspects of clarity, accuracy, in accordance with the context of language and information, systematic flow, and culture. This study looks at whether there is an effect of SISBAR communication than SBAR on effective communication between nurses and doctors during consultations or handovers

Design : Observational study to 20 nurses as Nurse incharge at Ruby Barat and Timur in SHBC (Santosa Hospital Bandung Central), with Observational Chart of SISBAR in 1 month observation.

Methods : This research method uses a quasi-experimental pre and post by using an observational study. The statistical analysis test using the Wilcoxon non-parametric test.

Results : The results of the statistical analysis test using the Wilcoxon non-parametric test obtained p-Value: 0.002 (< 0.05), meaning that there was an significant effect of SISBAR communication on effective communication than SBAR between nurses and doctors in SHBC Bandung.

Conclusions : The results of this study indicate that SISBAR communication is more effective to be applied than SBAR. In SBAR even though there is an element of the introduction, but because it is not mentioned in the abbreviation, nurses often forget about the introduction (aspects of introducing themselves and who is speaking). Therefore, SISBAR can be an alternative in handover communication between nurses and doctors in hospitals. SISBAR communication with the development of SBAR, ISBAR to SISBAR can be developed in others hospitals and in Indonesia generally

KEYWORDS : Communication, SISBAR, Effectif, Nurses, Doctors

INTRODUCTION

Patient safety has become a global issue that needs attention for the health care system. In Indonesia, data on unexpected events especially near-injury events are still rarely reported , but on the other hand there is an increase in accusations of "malpractice", which are not necessarily in accordance with the final evidence. , increasing effective communication, increasing drug safety that needs to be watched out for, ensuring the right location, right procedure, right patient operation, reducing the risk of infection

related to health services, and reducing the risk of falling patients. Of the six patient safety goals, the main element of patient care services is effective communication.

Communication of various information regarding patient development between health professions in hospitals is a fundamental component in patient care (1). revealed that inaccurate information can have a serious impact on patients, almost 70% of sentinel incidents are events that result in death or serious injury in hospitals due to poor communication. The statement above is in line with Angood's (2007) statement which revealed that based on the results of a data review on the existence of adverse events, near misses and sentinel events in hospitals, the problem that became the main cause was communication. Effective communication is the main element of patient safety goals because communication is the first cause of patient safety problems. Effective communication that is timely, accurate, complete, clear, and understood by the recipient reduces errors and improves patient safety. So, in effective communication, aspects of clarity, accuracy, in accordance with the context of both language and information, systematic flow, and culture must be built. Ineffective communication will pose a risk of errors in providing nursing care. For example, errors in administering drugs to patients, errors in carrying out treatment procedures. To prevent the risk of errors in providing nursing care, nurses must carry out patient safety goals, namely effective communication .

The results of a survey of 330 surveys and interviews conducted by Aldrich (2009) (2) on medical and non-medical health care providers, patients, staff and people transferring patients said that the ISBAR element was the best, namely simple, easy to remember and easy to carry. In addition, staff are more confident in giving and receiving *hand overs* and medical record audits indicate an increase in the quality of the information available. And this Isbar already implemented diarea *the Hunter New England Are a s* Health in Regional Health Office NSW, Australia. Then it was strengthened by the results of other researchers conducted by Ramasubbu in 2017. The results of Ramasubbu et.al (3) said that the introduction of standardized hand over ISBAR templates *(Introduction, Situation, Background, Assessment, Recommendations)* has improved the quality and patient safety. of *handover* between do k ter in ICU da n IGD .

Then research was carried out in Indonesia, where there was a gap related to the use of standard communication between nurses and doctors. The use of communication is still not evenly distributed in types of hospitals in Indonesia. The results of Badrujamaludin and Kumala's research (4) at Cimahi City concluded that ISBAR communication is more effective to be applied than SBAR communication in terms of the component of Mentioning names in the *Introduction* aspect . This study concludes that ISBAR communication is more effective to implement than SBAR communication in terms of the name-naming component in the *Introduction* aspect . So that ISBAR communication can be used as a communication standard for Cibabat Hospital in particular and other hospitals in general (4)

This research aimed on examine the applying "SISBAR" communication techniques by adding "Salam" in private hospital in Bandung .

METHODS

The research method is quasi-experimental pre and post. Respondents were 20 nurses in charge of shifts from 2 wards in West Ruby and 10 East Ruby. These nurses who are in charge of shifts are observed before the SISBAR training and after that, blended learning (Online and Offline) SISBAR training is carried out, online is carried out zoom virtually in concept and role play related to the use of SISBAR. After that, each participant did a role play and also saw the role play directly. Post observations were carried out after 3 weeks of SISBAR training. In the week 2 and 3 are only reminded about SISBAR communication. In the week 4, direct observations were made in the wards regarding the implementation of SISBAR communication. The Observation Sheet that is used uses the standard SBAR format, and adds aspects of Greetings and Documentation. The instrument used is the SISBAR observation sheet in it related to the components of Greeting, Introduction, Situation, Background, Assessments, Recommendations and also the Documentation component. This research has been carried out with ethical clearance and approval from Santosa Hospital Bandung.
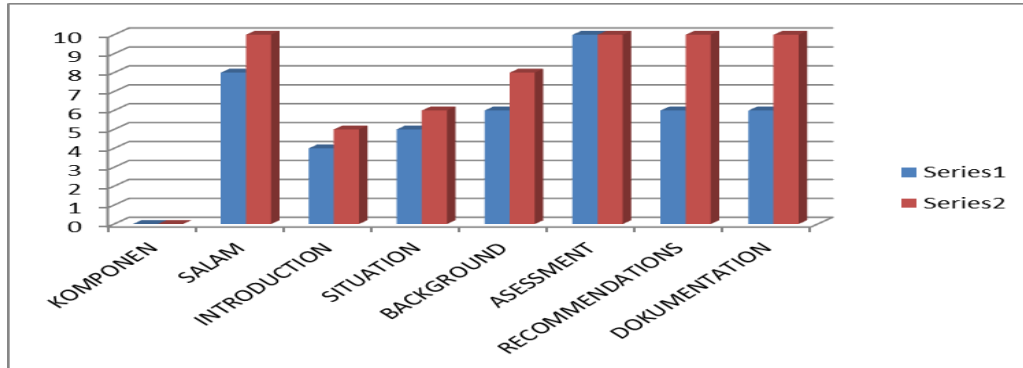
RESULTS

Table 1. Results of Pre and Post SISBAR Component Observations in the East Ruby Ward
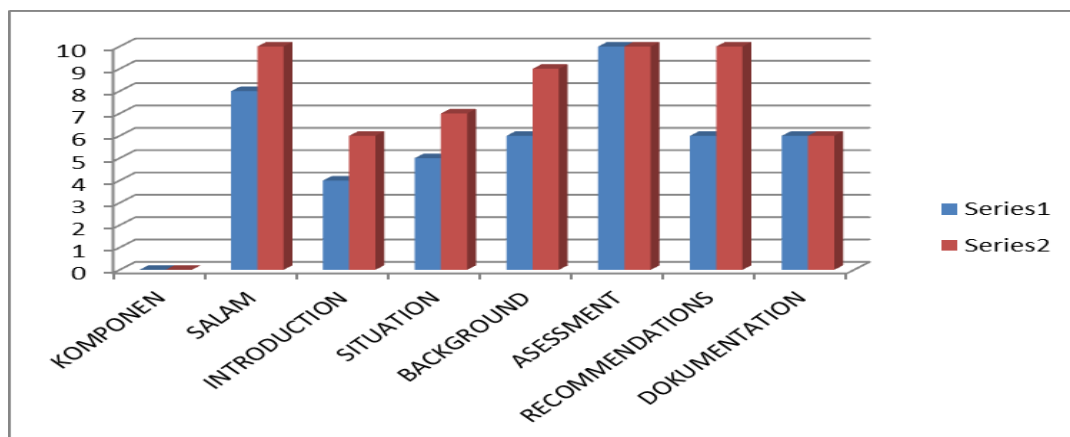

The results of pre (Series 1) and post (Series 2) in the SISBAR component in the East Ruby Ward with 10 respondents, the observation results show that there is an increase in each component. There is also a significant increase in the recommendation aspect from the initial 6 to 10 with the use of SISBAR communication.

Table 2. The Results of Pre and Post SISBAR Component Observations in the West Ruby Ward.


The results of pre (series 1) and post (series 2) in the SISBAR component in the Wast Ruby Ward with 10 respondents, the observation results show that there is an increase in each component. There is also a significant increase in the recommendation aspect from the initial 6 to 10 from the Recommendation component.

Table 3.Results of Pre and Post Observations for each respondent in the SISBAR training in the East Ruby Ward
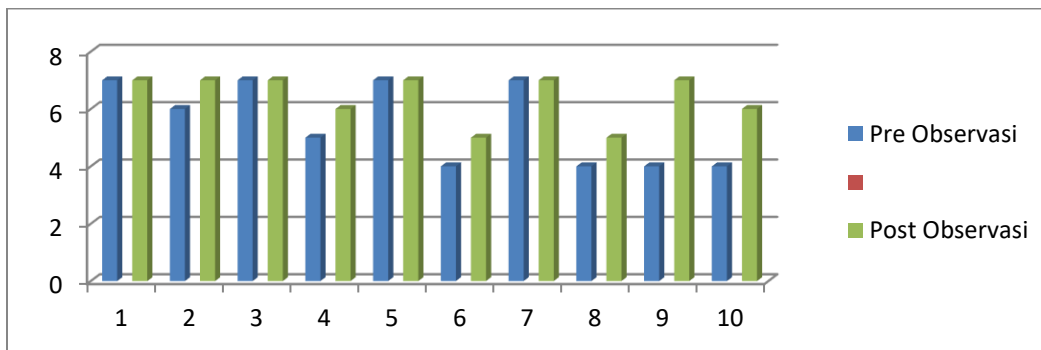
The results of the bar diagram above show that there is an increase in SISBAR communication which is clear from each respondent which is observed on average increasing from 4 to 6 and 7. This proves that SISBAR communication is better used than SBAR which was previously used.

Table 4. The result Pre and Post Observation Results of each Respondent of SISBAR Training in West Ruby
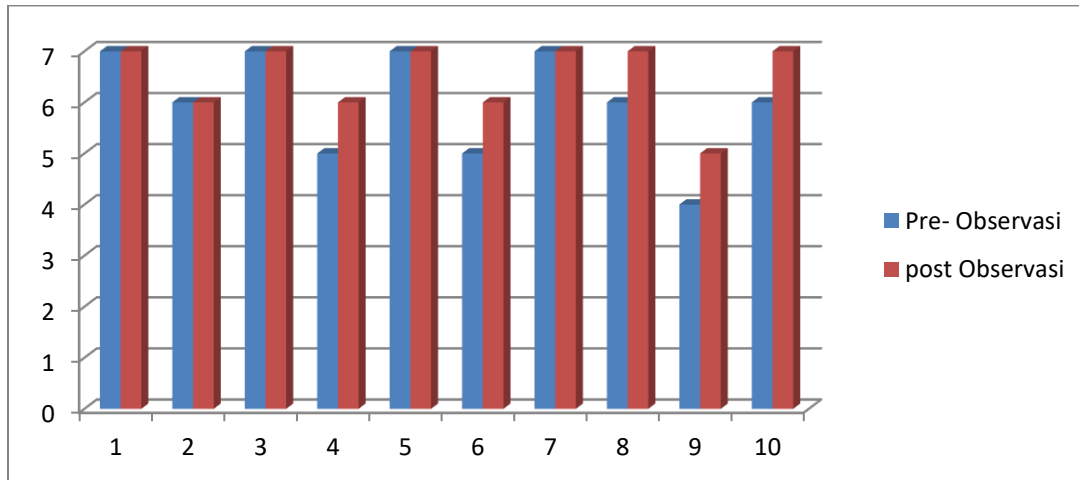
The table above to find space in the existing Western Ruby responden increased from 4 to 6 and 7 basis points in of observation. It's also not much different from the East Ruby Ward.

Table 7. The SISBAR Observation statistical test results

Variabel	Median	Min-Max	P Value
Observasi SISBAR (Pre)	6	4-7	0.002
Observasi SISBAR (Post)	7	5-7	

After analyzing the Non-Parametric-Wilcoxon statistical test related to the influence of Pre and Post SISBAR training.

DISCUSSION

The results of the pre and post in the SISBAR component in show that there is an increase in each component. Salam increased from 8 to 10, this increase was due to the Salam aspect being reminded in SISBAR Communication. Then Introduction and Situation there is also an increase from 4 to 5 and 5 to 6, not maximally as expected but there is an increase after being given SISBAR training. Nurses are easier to express the introduction, aspects of introducing themselves. SISBAR is Introduction, but there is an increase from 4 to 6. There is also a significant increase in the recommendation aspect from the initial 6 to 10 with the

use of SISBAR communication. For Background Aspects from 6 to 8, there was also an increase in which nurses were more focused in reporting on the background of these patients. Aspects of the assessment are good by showing consistency before and after, this shows that nurses have routinely assessed patients before reporting them to doctors.

The recommendation aspect also saw a significant increase from 6 to 10, almost all of the nurses who were observed made recommendations, this aspect of the recommendation shows an increase in critical thinking which is an important aspect that is needed by nurses. Another aspect that was observed was the documentation aspect where before and after the training showed a significant 6 out of 10 , this indicates that there is an increase in documentation. In addition, it turned out that the results of observations found that there were ha related to other professions, namely doctors where they had to sign after giving a verbal order, and this was not done for a maximum of 24 hours. Even though the nurse has warned about the importance of the doctor to sign the verbal order. This can be seen that a very small component in pre/before SISBAR training is the same Introduction as the previous room, but there is an increase from 4 to 5. There is also a significant increase in the recommendation aspect from the initial 6 to 10 with the use of SISBAR communication. This shows that from every aspect of the SBAR that has been carried out so far at SHBC, it has increased after adding the SISBAR aspect in communication techniques between nurses and doctors in consultation and handover. In addition, the role of the head of the room is also important in the use of effective communication with the existence of standard operating procedures to change a person's behavior in a strong direction (5)

The results of observations from 2 ruby rooms west and east, showed an increase after the SISBAR training was carried out, therefore the use of SISBAR was better than all component aspects in the use of effective communication. Aspects of greetings, introductions are easier for nurses to remember in relation to SISBAR. Aspects that still need to be improved are related to documentation, which relates to other professions, namely doctors for signing verbal orders for medication. Documentation is indeed not included in the SISBAR component, but becomes important regarding the legality aspect in documenting it as a general understanding.

The results of the bar chart above show that there is an increase in SISBAR communication which is clear from the average respondent increasing from 4 to 6 and 7. This is assessed to focus on respondents, namely 10 respondents who are rated Pre and Post where there are 7 components that are assessed, Greetings - Introduction - Situation - Background - Assessment - Recommendations and Documentation Aspects in addition to documentation related to nursing and doctor handovers. This proves that SISBAR communication is better in use than SBAR which was previously used. The details seen are related to information related to the introduction; introduce yourself before doing a handover or consulting with a doctor. Also still found related to recommendations from nurses regarding things that need to be done to the reported patient. This will also be related to the critical thinking of nurses, how they recommend what needs to be done to patients who report to doctors. In addition, it was also found that it was related to the documentation, the nurse recorded the

documentation, but for the validation process the doctor's instructions were signed by the doctor for more than 24 hours. And also there are still found that have not signed the instructions for more than 72 hours.

It seems to have been an improvement before with SBAR communication with SISBAR communication. Therefore, in this study, introduced communication with SISBAR, wherein the component Greetings and Introduction added to the communication of the results obtained frequency distribution that an increase in the significant good observation will be undertaken in the inpatient unit. Spooner et.al (2016) concluded in their research that handovers that use consistent ISBAR techniques will improve patient safety. The research was conducted at the hospital. Princess Alexandra, Brisbane, Australia involving 40 heads of care. Communication is very important in handovers and using easy-to-understand and practical techniques will improve patient safety (6).

This influence may be due to the points added to the increase in greetings, introductions given during handovers or consultation reports with doctors. Situation words even though the components are self-introduction and the origin of the call. But maybe from the word Situation the nurses sometimes forget to introduce themselves first. (7) in his research conducted in the Health Area in Hunter New England, Australia found that with ISBAR communication carried out in handover communication between health facilities or between hospitals, nurses were easier to remember, and simpler and also improved the quality of information provided. either the recipient or the one providing the information. SISBAR Communication in the treatment room can be an alternative in improving effective communication that needs to be conveyed , this SISBAR is an additional component of ISBAR which considers cultural aspects at Santosa Hospital Bandung (SHBC), this is also used as part of Indonesian cultural aspects where all previous components use greetings (Assalamu Alaikum, Good Morning, Afternoon, Evening or evening).

The results of several studies that have been conducted emphasize the importance of concepts in handovers and standards in nursing handovers that improve practice in nursing services in acute care rooms, ordinary and also in emergency rooms (8,9). With S ISBAR communication that is applied in hospitals, in addition to increasing nurses' confidence in communicating with other teams or doctors, the results will also improve patient safety. This study was conducted at The Prince Charles Hospital, Queensland, Australia, found that communication using ISBAR (Identify, Situation, Background, Assessment, Response/Recommendation) reduced hospital mortality (10). This is also an important part of the effective communication of SI SBAR rather than SBAR. And it also turns out that with the addition of the Salam aspect as well, being a part and effective communication between nurses and doctors at SHBC, SISBAR is more effective than the SBAR that is applied.

CONCLUSION

The results of this study related that SISBAR communication is more effective to be applied than SBAR. In SBAR, although there are points regarding introduction, because it is not mentioned in the abbreviation, nurses often forget about introduction (aspects of introducing themselves and who is speaking). SISBAR can be an alternative in handover communication between nurses and doctors in hospitals. Communes i cation SISBAR with the development of SBAR, Isbar be SISBAR can be komunkasi that in kembangkna in Indonesia. S which means greeting is a hallmark of communication in Indonesia by always saying Salam (good morning and part of it). Therefore, this SISBAR Communication can be developed in other hospitals to see more significant results. Although the results of this observation cannot be representative in general, because there are not many respondents and only see one hospital. The research schedule can be developed in areas or several hospitals so that the results are better and more numerous and can be generalized. So that it can become a standard communication in Indonesia in consultations and handovers between nurses and doctors.

REFERENCES

1. Riesenberg H, Lübbe AS. In-patient rehabilitation of lung cancer patients�a prospective study. Support Care Cancer. 2010;18(7):877–82.
2. Aldrich R, Duggan A, Lane K, Nair K, Hill K. ISBAR revisited : Identifying and Solving BARriers to effective clinical handover in inter-hospital transfer : Final Project Report on Pilot Study. Newcastle Hunt New Engl Heal. 2009;
3. Ramasubbu B, Stewart E, Spiritoso R. Introduction of the identification, situation, background, assessment, recommendations tool to improve the quality of information transfer during medical handover in intensive care. J Intensive Care Soc [Internet]. 2017/02/01. 2017 Feb;18(1):17–23. Available from: https://pubmed.ncbi.nlm.nih.gov/28979532
4. Badrujamaludin A, Kumala TF. Penerapan Introduction, Situation, Background, Assessment and Recommendation (ISBAR) untuk komunikasi efektif antara perawat dan dokter di Rumah Sakit Umum Daerah Cibabat Kota Cimahi. Holistik J Kesehat. 2020;13(4):306–17.
5. Warashati D, Novieastari E, Afriani T, others. Optimalisasi Peran dan Fungsi Kepala Ruangan dalam Pelaksanaan Sosialisasi Regulasi dan Standar Prosedur Operasional Keselamatan Pasien. J Keperawatan Komprehensif (Comprehensive Nurs Journal). 2020;6(2):85–94.
6. Abdel-Latif A, Bolli R, Tleyjeh IM, Montori VM, Perin EC, Hornung CA, et al. Adult bone marrow--derived cells for cardiac repair: a systematic review and meta-analysis. Arch Intern Med. 2007;167(10):989–97.
7. Aldrich R, Duggan A, Lane K, Nair K, Hill K. ISBAR revisited: identifying and solving barriers to effective clinical handover in inter-hospital transfer--public report on

pilot study. Newcastle Hunt New Engl Heal. 2009;

8.   Bost N, Crilly J, Patterson E, Chaboyer W. Clinical handover of patients arriving by ambulance to a hospital emergency department: a qualitative study. Int Emerg Nurs. 2012;20(3):133–41.

9.   Wainwright C, Wright KM. Nursing clinical handover improvement practices among acute inpatients in a tertiary hospital in Sydney: a best practice implementation project. JBI Evid Synth. 2016;14(10):263–75.

10.   Mullany D V, Ziegenfuss M, Goleby MA, Ward HE. Improved hospital mortality with a low MET dose: the importance of a modified early warning score and communication tool. Anaesth Intensive Care. 2016;44(6):734–41.