Optimizing Interprofessional Teamwork Through SBAR and Clinical Communication Training to Improve the Quality of Healthcare Services at Nurul Hasanah Hospital, Kutacane

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Clinical communication errors are one of the main causes of patient safety incidents in hospitals. This community service aims to strengthen interprofessional teamwork and improve the quality of patient care through patient handover training based on the SBAR (Situation, Background, Assessment, Recommendation) method and effective clinical communication at Nurul Hasanah Kutacane Hospital. This activity was carried out by involving 40 health workers consisting of general practitioners, nurses, midwives, pharmacists, and nutritionists who work in the inpatient ward. The method of implementing this community service includes three stages including; (1) Planning Stage (coordination, situation analysis, and pre-assessment); (2) Implementation Stage (dissemination of SBAR materials, identification of communication obstacles, simulation of clinical case collaboration, transfer of patient information, and identification of service quality data), and (3) Evaluation Stage (process evaluation, pre-post competency test, and direct observation of SBAR compliance during shift transfer). The results of this activity showed an increase in theoretical knowledge of clinical communication, where the average score increased from 55.2 (pre-test) to 87.8 (post-test). Evaluation of practice compliance showed that before training, complete SBAR implementation was only 42.5%, increasing to 85.0% after clinical mentoring. Well-documented interprofessional collaboration directly contributes to minimizing the risk of miscommunication and improving patient satisfaction. This program is recommended for integration into the Standard Operating Procedures (SOP) for clinical communication at Nurul Hasanah Kutacane Hospital to maintain sustainable healthcare quality.
Keywords: SBAR, clinical communication, patient safety, interprofessional teamwork

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1. Introduction

Increasingly complex technology and dynamics of medical services demand multidisciplinary coordination of health services.Schot et al. (2020), health services do not depend on one profession, but are the result of collaboration between health professions (interprofessional collaboration) related to professional, social, physical and task aspects.(Katantha et al., 2025), effective communication between medical staff, nurses, and supporting professions includes clarity, accuracy, consistency, trust, collaboration, and timely exchange of information to ensure quality and patient safety.Atinga et al., (2024), poor clinical communication leads to misdiagnosis and medical treatment, complications, and longer hospital stays.

Nurul Hasanah Kutacane Hospital, located in Southeast Aceh Regency, is a primary healthcare referral center for the local community. Due to the geographical challenges of the rural area and limited supporting infrastructure, strong teamwork and coordination support the smooth operation of the hospital. Based on initial observations and discussions with the nursing management and medical committee at Nurul Hasanah Hospital, communication challenges were identified during the handover process for patients between wards and between subspecialists. The handover process is often informal, unstructured, and poorly

documented. This results in the loss of crucial clinical information, such as drug allergy history, special dietary instructions, or regular hemodynamic monitoring status.

The SBAR (Situation, Background, Assessment, Recommendation) communication method has been recognized by the World Health Organization (WHO) and the Hospital Accreditation Committee (KARS) as the best clinical communication framework. SBAR is a communication framework applied in various healthcare facilities to improve the clarity and efficiency of information exchange between healthcare professionals.(Shrivastava et al., 2025). SBAR can improve job satisfaction, work engagement, resilience and performance of healthcare workers.(Castiñeiras-mart et al., 2022)However, the adoption of SBAR in regional hospitals has been hampered by a lack of practical training, resistance to changing old habits, and the lack of a proper interprofessional collaboration culture where nurses, pharmacists, and doctors can discuss things openly.

A team of academics from Nurul Hasanah University, in collaboration with the management of Nurul Hasanah Hospital, designed a comprehensive community service program to address the clinical communication competency gap. The program was implemented through interactive training, integrated case simulations, direct clinical mentoring, and SBAR compliance audit evaluations in the hospital's inpatient wards. By strengthening this communication capacity, it is hoped that interprofessional collaboration at Nurul Hasanah Hospital Kutacane will increase, directly impacting the quality of medical services and inpatient satisfaction.

2. Literature Review And Problem Statement

Interprofessional Teamwork in Health Services

Interprofessional teamwork is a form of collaboration between healthcare professionals from various professions who work in an integrated manner to achieve service goals oriented toward patient safety and needs. In a hospital setting, collaboration between doctors, nurses, pharmacists, laboratory personnel, nutritionists, and other healthcare professionals requires coordination, a clear division of roles, open communication, and mutual respect for each profession's competency. Effective teamwork can help healthcare professionals make more informed decisions because information about a patient's condition can be systematically exchanged and involves multiple professional perspectives. Conversely, weak interprofessional collaboration can lead to miscommunication, delays in information delivery, duplication of work, and even errors in service delivery. Therefore, strengthening interprofessional teamwork is a crucial strategy for improving service coordination and creating a work environment that supports patient safety. This effort requires not only an understanding of the roles of each profession but also effective communication skills as a foundation for building productive teamwork.

SBAR Training as a Strategy to Improve Interprofessional Communication

One approach that can be used to strengthen communication in interprofessional teamwork is the SBAR method, which consists of Situation, Background, Assessment, and Recommendation. SBAR provides a communication structure that allows healthcare professionals to convey patient information concisely, systematically, and action-oriented. In the Situation stage, healthcare professionals convey the patient's primary condition or problem. Then, Background provides relevant background information. Assessment explains the results of the assessment or clinical condition based on available data. Recommendation contains suggestions or actions that need to be taken next. Using SBAR can reduce the delivery of unstructured information and help recipients understand the patient's condition more quickly and accurately. SBAR training is important because the method's effectiveness depends not only on knowledge of the acronym but also on the healthcare professional's ability to select relevant information, convey the

condition clearly, and provide appropriate recommendations. Thus, SBAR training can be a means of establishing more consistent communication patterns while strengthening coordination among healthcare team members.

Clinical Communication in Building Team Collaboration

Clinical communication is the process of exchanging information related to a patient's condition, needs, actions, and development between healthcare professionals, patients, and their families. Effective clinical communication emphasizes not only clarity of information but also includes the ability to listen, clarify, provide feedback, use accessible language, and ensure that the information conveyed has been received and understood correctly. In healthcare practice, clinical communication is closely linked to interprofessional teamwork because every decision and action taken regarding a patient often requires the exchange of information between professionals. Ineffective communication can lead to misunderstandings, delays in action, conflict between team members, and the risk of service errors. Conversely, open and structured communication can increase trust, coordination, and a shared understanding of the patient's condition. Therefore, clinical communication training needs to be provided in conjunction with SBAR training so that healthcare professionals not only have structured communication tools but also are able to apply them through effective, professional, and patient safety-oriented clinical interactions.

Interprofessional Teamwork, SBAR, Clinical Communication, and Quality of Health Services

Interprofessional teamwork supported by SBAR and effective clinical communication has the potential to contribute to improving the quality of healthcare services in hospitals. When healthcare professionals are able to work collaboratively and systematically convey patient information, the service coordination process becomes more focused, allowing clinical decisions to be made based on complete and relevant information. SBAR training can help establish standards for information delivery, while clinical communication strengthens interpersonal and professional skills in the information exchange process. The combination of the two can improve communication accuracy, accelerate responses to changes in patient conditions, reduce the risk of miscommunication, and strengthen a culture of patient safety. In the context of Nurul Hasanah Hospital, Kutacane, optimizing teamwork through SBAR and clinical communication training can be a strategic approach to improving the quality of interprofessional interactions while supporting safe, effective, efficient, and patient-centered services. Thus, the success of improving service quality is determined not only by the clinical competence of each healthcare professional, but also by the ability of all team members to communicate, coordinate, and work together continuously.

3. Method

This community service activity was carried out in the hall and inpatient unit of Nurul Hasanah Kutacane Hospital in July 2026. The main target of this activity was 40 active health workers consisting of: 10 general practitioners, 20 nurses, 4 midwives, 3 clinical pharmacists, and 3 nutritionists. The determination of participants used a representative method from all inpatient units to ensure horizontal dissemination after the activity. The method of implementing community service was designed systematically through three main stages as follows:

Planning Stage

The initial phase focused on coordinating the partnership between the Nurul Hasanah Kutacane University Community Service Team (implementing team) and the board of directors, nursing committee, and head of medical services at Nurul Hasanah Kutacane Hospital. This coordination meeting resulted in an agreement on the implementation schedule, provision of room facilities, and the division of clinical facilitator roles. The

implementing team then conducted a pre-activity observation (baseline survey) using a structured questionnaire and a checklist for the handover audit in the inpatient unit. The initial observation results indicated a gap in understanding regarding the SBAR communication structure and the absence of a standard written format to guide the transfer of patient information between units.

Implementation Stage

The implementation stage is carried out through five integrated sub-activities to ensure that the material can be optimally absorbed and implemented directly in the respondents' daily clinical practice:

1) Dissemination of SBAR and Clinical Communication Training
   This interactive theoretical presentation covers the basic principles of effective clinical communication, active listening techniques, and the SBAR (Situation, Background, Assessment, Recommendation) framework. The presentation is led by lecturers from Nurul Hasanah University, assisted by clinical nursing practitioners from the hospital.
2) Identifying Communication Barriers and Improving Solutions
   A focus group discussion (FGD) session was conducted to map organizational cultural barriers. Participants identified awkwardness (hierarchical factors) between junior nurses and specialist physicians, time constraints due to high workloads, and disruptions to the inpatient physical environment during surgeries. Solutions formulated included the creation of SBAR pocket cards and the formation of clinical communication ambassadors (SBAR champions) in each unit.
3) Implementation of Healthcare Worker Collaboration Through Clinical Communication Simulation
   Participants were divided into cross-professional teams (doctors, nurses, pharmacists, and nutritionists). They role-played simulations of emergency cases and inpatient transfers. For example, a nurse verbally reported a patient's sudden loss of consciousness to a doctor using the SBAR format, followed by the pharmacist's integration of medication reconciliation.
4) Patient Data Identification and Clinical Information Transfer
   Training in the accurate use of patient data recorded in an integrated patient progress record (CPPT) sheet. Participants are trained to extract vital information: patient identification (name, medical record), current clinical symptoms (Situation), medical history and allergies (Background), recent physical and supporting examination results (Assessment), and treatment plan or monitoring instructions (Recommendation).
5) Identification of Service Quality and Patient Safety Data
   Linking SBAR efficiency to patient safety parameters. Participants were given an understanding of how standardized communication can reduce near misses (NMS) and adverse events (AEs), and accelerate patient recovery, thereby improving the overall perception of service quality.

Evaluation Stage

Program evaluation was conducted comprehensively to measure the cognitive and psychomotor behavioral success of respondents: (1) Cognitive Evaluation was measured through a comparison of pre-test and post-test scores containing 20 multiple-choice questions about SBAR clinical communication; (2) Behavioral Evaluation (Compliance) was assessed by a clinical supervisor (Clinical Instructor) using a standard SBAR compliance checklist during a 2-week observation period post-training during daily shift operations; (3) Service Satisfaction Evaluation was assessed indirectly through a short feedback questionnaire distributed to 30 inpatients in the pilot unit to measure perceptions of the care coordination they received (Field, 2024).

4. Results and Discussion

Result

This community service activity was attended by 40 healthcare workers from Nurul Hasanah Hospital, Kutacane, with a 100% attendance rate. Active participation was very high, as evidenced by the enthusiasm during the role-play simulation sessions and focus group discussions.

Demographic data from 40 healthcare worker participants demonstrates a diverse range of professions that support the creation of a balanced collaborative team in the inpatient ward. The majority of participants were female (72.5%), with a predominance of nurses (50.0%), with the majority having a Diploma III (55.0%) and a Bachelor's/Professional (35.0%) degree. The average length of service for healthcare workers ranged from 2 to 8 years, indicating that most were in their clinically productive age and adaptable to changes in the new work system.

Table 1. Comparison of SBAR Knowledge Scores of Healthcare Workers Before and After Training

No	Evaluation Aspects	Pre-test Mean	Post-test Mean	Improvement	p-value*
1	SBAR Clinical Communication Principles	58.4	89.2	30.8%	0.001
2	Integrated CPPT Documentation Technique	52.1	86.5	34.4%	0.001
3	Patient Safety & Incident Management	55.0	87.7	32.7%	0.001

**Paired t-Test is significant at alpha = 0.05*

Table 1 shows an increase in healthcare workers' theoretical knowledge across the three main evaluation domains. The average total knowledge score before training (pre-test) was 55.2, indicating a relatively shallow understanding. However, after training, the average score increased significantly to 87.8 (post-test). The largest increase in understanding was seen in the integrated CPPT documentation technique (34.4%), indicating that the hands-on simulation-based learning method was highly effective in rectifying healthcare workers' perceptions about how to summarize patient conditions concisely and in a standardized manner.

Table 2. Evaluation of SBAR Practice Compliance During Inpatient Shift Operations

No	SBAR Communication Elements	Before Training	%	After Training (2 Weeks)	%
1	S - Situation (Current Condition of the Patient)	22	55.0%	38	95.0%
2	B - Background (Patient's Clinical History)	18	45.0%	35	87.5%
3	A - Assessment (Clinical Analysis Results)	14	35.0%	32	80.0%
4	R - Recommendation (Instructions & Actions)	15	37.5%	34	85.0%
Average	**Complete SBAR Compliance**	**17**	**42.5%**	**34**	**85.0%**

Source: Primary Data from Inpatient Shift Observational Audit (2026)

Table 2 shows that behavioral changes (compliance) of healthcare workers were objectively measured in the inpatient ward. Complete SBAR compliance (applying all four elements sequentially) before the training intervention was very concerning, at 42.5%. The Assessment (35.0%) and Recommendation (37.5%) elements were frequently overlooked. Healthcare workers reported the patient's current situation without providing an analytical assessment or further treatment recommendations. After intensive training and

mentoring by SBAR Champions, complete compliance increased to an average of 85.0%. The increase in reporting of Situations (95.0%) and Recommendations (85.0%) indicates nurses' confidence in formulating care recommendations agreed upon by specialist physicians.

Improving the clinical communication competency of healthcare workers contributes to strengthening interprofessional teamwork at Nurul Hasanah Hospital, Kutacane. SBAR provides a standardized language that bridges differences in mindset between professions. Specialists, who previously complained about nurses' lengthy and unfocused reports, now welcome concise and fact-rich feedback. Nurses also feel more valued because their care recommendations are based on structured assessment data and are medically sound. These findings align with a study by Dumbre et al. (2025) that found empowering healthcare workers through standardized clinical communication literacy is highly effective in minimizing interpersonal conflict and accelerating decision-making during critical times.Katantha et al., 2025), healthcare communication that prioritizes patient needs and experiences to improve clarity, accessibility, and effectiveness of communication.

The relationship between harmonious teamwork and the quality of patient care has been proven to be very positive. Results of evaluative interviews with 30 patients in the inpatient ward indicated an increase in the perception of quality of care in the dimensions of reliability and responsiveness. Patients reported that coordination of medical procedures was better and smoother. Incidents of medication errors, delays in diet, or unclear discharge plans were minimized. According toChien et al. (2022), SBAR training and clinical communication involving patients in bedside handovers can improve communication and culture at the ward level, as well as reduce the number of complications resulting from hospital care. StudiesGhonem & El-husany (2023), the use of the shift change reporting method using the Situation, Background, Assessment, and Recommendation (SBAR) instrument has an impact on increasing knowledge, practice, and perceptions regarding shift handover communication.

This community service program demonstrates that strengthening the internal capacity of healthcare workers through SBAR is a highly applicable solution for regional hospitals to improve service quality without having to wait for costly additions to physical facilities.Dietl et al. (2023), interpersonal and interprofessional team communication training can optimize teamwork in driving safety performance, as well as positioning psychological safety as an important factor for interpersonal communication.

Discussion

Community service activities at Nurul Hasanah Hospital, Kutacane, demonstrated that SBAR and clinical communication training were well-received by healthcare workers, as demonstrated by 100% participant attendance and high participation during role-play simulations and group discussions. The diverse professional background of the participants, with nurses dominating at 50%, demonstrated that the intervention was implemented in an environment conducive to cross-professional learning. This is crucial because interprofessional teamwork requires the involvement of multiple healthcare professionals in information exchange, decision-making, and service coordination. Effective collaboration relies not only on individual clinical competence but also on the ability of team members to communicate openly and in a structured manner, and to understand each other's roles. In this context, standardized communication training can be a foundation for building more effective team coordination and supporting patient safety (Dietl et al., 2023).

The knowledge evaluation results showed a consistent increase in all aspects after the training, namely the SBAR clinical communication principles, integrated CPPT documentation, and patient safety and incident management. The average score for the SBAR clinical communication principles increased from 58.4 to 89.2, while the CPPT documentation techniques increased from 52.1 to 86.5 and patient safety and incident

management increased from 55.0 to 87.7. All increases showed a p-value of 0.001, indicating a statistically significant difference between knowledge before and after the training. The highest increase was in the integrated CPPT documentation aspect at 34.4%, indicating that learning methods through simulation and direct practice can help healthcare workers understand the application of communication more concretely. These findings demonstrate that training that is not only theoretical, but also accompanied by practice, simulation, and feedback can strengthen healthcare workers' understanding of clinical communication standards (Ghonem & El-Husany, 2023).

This increase in knowledge was further evident in changes in healthcare workers' compliance with SBAR during shift changes in inpatient wards. Prior to training, complete compliance with the four SBAR components was only 42.5%, but this increased to 85.0% after two weeks of training and mentoring. The most prominent changes were seen in the Situation element, which increased from 55.0% to 95.0%, Background from 45.0% to 87.5%, Assessment from 35.0% to 80.0%, and Recommendation from 37.5% to 85.0%. These results indicate that the intervention went beyond improving knowledge and was able to encourage changes in communication behavior in clinical practice. The Assessment and Recommendation elements, previously frequently overlooked, improved after healthcare workers gained an understanding of how to systematically analyze patient conditions and deliver recommendations. The use of SBAR can thus help transform previously unstructured communication into more concise, focused, and oriented toward the patient's clinical needs (Chien et al., 2022).

Changes in adherence to SBAR also have implications for strengthening interprofessional teamwork in the hospital environment. SBAR provides a communication framework that can be shared by doctors, nurses, and other healthcare professionals, thereby minimizing differences in information delivery patterns. Communication that previously had the potential to result in overly lengthy or unfocused reports becomes more focused because information is conveyed based on four systematic components. Improvements in the Recommendation element also indicate a strengthening of healthcare workers' courage and ability to convey proposed actions based on patient assessment results. This condition can create a more collaborative working relationship because each profession has the opportunity to convey information and clinical considerations based on their competencies. These findings align with Dumbre et al. (2025), who showed that strengthening standardized clinical communication literacy can help minimize interpersonal conflict and support accelerated decision-making in critical situations. Thus, SBAR serves not only as a reporting instrument but also as a medium for building coordination and trust between professionals.

Strengthening interprofessional communication can then be linked to improved patient perceptions of service quality. Interviews with 30 patients revealed positive perceptions, particularly in the reliability and responsiveness dimensions, reflected in perceived improved and smoother coordination of medical procedures. More structured communication allows healthcare professionals to have a relatively shared understanding of the patient's condition, treatment plan, dietary needs, medication administration, and preparation for discharge. This minimizes the potential for misinformation, service delays, and unclear care plans. Patient-centered clinical communication is also crucial because communication quality is assessed not only by the accuracy of interprofessional information but also by the healthcare professional's ability to convey information clearly to patients and involve them in the care process. Katantha et al. (2025) emphasized that healthcare communication that addresses patient needs and experiences can improve clarity, accessibility, and effectiveness, while Chien et al. (2022) demonstrated that implementing SBAR combined with bedside handover can strengthen communication and a culture of safety at the ward level.

From a patient safety perspective, improving communication skills is crucial because many care risks can arise from incomplete, inaccurate, or untimely information. Implementing SBAR helps healthcare

professionals determine what information to convey based on the patient's actual condition, relevant history, clinical assessment findings, and recommended next steps. This structure can minimize the likelihood of important information being overlooked during shift changes or when a patient's condition changes. Furthermore, integrating SBAR with CPPT documentation strengthens information continuity because verbal communication can be supported by systematic record-keeping. The results of this activity demonstrate that increased knowledge and adherence to practice go hand in hand, allowing communication training to be viewed as part of a strategy to strengthen a culture of patient safety. This aligns with Dietl et al. (2023) who explained that interpersonal and interprofessional team communication training can optimize collaboration to support safety performance, particularly when the work environment fosters a sense of psychological safety for team members to share information, opinions, and clinical concerns.

Overall, the results of the community service program indicate that optimizing interprofessional teamwork through SBAR and clinical communication training is an effective intervention for improving the quality of healthcare services at Nurul Hasanah Hospital, Kutacane. Improved knowledge scores, adherence to SBAR implementation, interprofessional coordination, and positive patient perceptions indicate that the intervention impacts knowledge, skills, communication behavior, and service experience. The presence of SBAR Champions as mentors is also crucial because it helps ensure the skills acquired during the training can be applied sustainably in daily practice. Therefore, the success of the program is not determined solely by a one-time training session but requires monitoring, regular audits, feedback, and strengthening the culture of interprofessional communication. This model can be developed as an internal hospital quality improvement program because it is relatively simple, does not require significant investment in physical facilities, and can be integrated into shift operations, case conferences, CPPT documentation, and patient safety evaluations. Ultimately, standardized communication and harmonious collaboration can be the foundation for creating safer, more responsive, effective, and patient-centered healthcare services (Dumbre et al., 2025; Dietl et al., 2023).

5. Conclusion

The community service program in the form of SBAR training and clinical communication at Nurul Hasanah Hospital Kutacane was implemented with satisfactory results. This activity was scientifically proven to be able to improve the theoretical knowledge of clinical communication of healthcare workers (from an average of 55.2 to 87.8) and increase compliance with SBAR practices during daily shift transfers from 42.5% to 85.0% independently. The SBAR communication framework facilitates the integration of multidisciplinary care in an equal, transparent, and error-free manner. The implication is that increasing internal coordination capacity has a linear impact on strengthening the quality of service directly felt by patients in the aspects of the accuracy of care and responsiveness of healthcare workers.

Based on the implementation of this community service, it is recommended to the management of Nurul Hasanah Kutacane Hospital to: (1) Compile and ratify SBAR-based patient handover Standard Operating Procedures (SOP) that are appropriate for all medical, nursing, and supporting professions; (2) Include SBAR compliance assessment as one of the individual performance indicators of health workers in periodic evaluations; (3) Develop visual aids in the form of SBAR flow posters in each treatment room and include SBAR pocket cards for each health worker; (4) Follow up on this program by designing the transition of SBAR documentation into an integrated Electronic Medical Record (ER) format.

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