Application of SBAR Communication in the Implementation of Nurse Weigh-in in the Inpatient Room of Dr. M.M Dunda Limboto Hospital

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ABSTRACT
The use of good communication techniques during weigh-ins is important in improving patient safety. SBAR communication is a communication technique recommended by JCI to be used in the implementation of weigh-ins to improve patient safety in hospitals. The purpose of this study was to determine the relationship between SBAR communication and the implementation of nurse weighing in the Inpatient Room of Dr. M.M Dunda Hospital. This research method is quantitative research with a descriptive research design using a cross-sectional design. Data collection was carried out using questionnaire sheets with a population of 35 respondents. The number of respondents was taken using purposive sampling techniques. The data obtained were processed statistically using the Fisher's Exact Test. The results showed that there was a relationship between SBAR communication and the implementation of weigh-in in the Inpatient Room of Dr. M.M Dunda Limboto Hospital with a p-value result of 0.000. In conclusion, there is a relationship between SBAR communication and the implementation of nurse weighing in the Inpatient Room of Dr. M.M Dunda Limboto Hospital (p-value < 0.05). Advice for nurses is expected that nurses always use complete SBAR communication in the implementation of weigh-ins at every shift change.

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INTRODUCTION
Effective communication and teamwork are essential in providing safer healthcare. Communication is important for nurses both directly and indirectly, data was obtained that 30% of nurses failed to communicate at the time of shift pass. Lack of information and ineffectiveness in handovers can threaten patient safety. (Dewi et al., 2021). Effective handover contributes to continuity of care and treatment. However, ineffective weighing can contribute to errors and violations in patient care safety including medication errors, incorrect operations, and patient deaths. Handovers that are not done properly, will lead to several problems, namely late establishment of medical diagnosis, risk of side effects, higher treatment costs, and patient dissatisfaction (Sulistyawati &; Haryuni, 2019). This illustrates that the implementation of weigh-ins that are carried out properly and according to procedures will have a good impact on patient safety while the implementation of weigh-receipts that are not by procedures will cause several problems in patient safety.
The Joint Commission International (JCI) standard states that the International Patient Safety Goal (IPSG) or the second patient safety target (SKP) is that hospitals develop and implement a process for handover communication, as an effort to reduce the impact of improper delivery and receipt of information, namely by introducing effective communication that can be used in handover. SBAR is a communication tool recommended by the World Health Organization to communicate important information that requires immediate attention and action. SBAR communication not only improves the quality of service but also can improve the quality of handovers will reduce the number of medical errors (Stepped et al., 2019). This illustrates that SBAR communication is a communication tool that can reduce the impact of miscommunication in the implementation of weigh-in.

Based on preliminary data obtained through observations and interviews conducted in the Internal Room of Dr. M.M Dunda Limboto Hospital, Gorontalo Regency, a total of 42 nurses were found divided into two rooms, namely Irina H's room was 21 nurses and Irina E's room was 21 nurses. The results of interviews with 1 nurse on duty in Irina H's room and 1 nurse in Irina E's room obtained information that the implementation of weigh-in was carried out every shift change when the implementation of nurse weigh-in using SBAR communication. However, in its implementation, it has not been fully maximized.

The situation aspect of SBAR communication during the nurse weigh-in was obtained that during the morning to evening shift in this aspect of the situation, the nurse only did part of the aspect, where the nurse only mentioned the patient's name, date of birth, date of admission, day of treatment, patient diagnosis and doctor in charge. The nurse did not mention the age of the patient. On the night to morning shift, the nurse did not mention the date of birth of the patient. Researchers can see based on the results of these initial observations that SBAR communication in the aspect of the situation when weighing and receiving has not been carried out optimally.

The background aspect at the time of weighing the nurse shows that the nurse only reports on certain aspects. The nurse only mentioned previous complaints, interventions that had been done, and changes in vital signs but the nurse did not mention the intravenous fluids the patient used. The results of these initial observations show that the background aspect of SBAR communication has not been carried out effectively by nurses because only part of the aspect has been carried out.

The assessment aspect when carrying out the weigh-in to the nurse based on the nurse's initial observation only reports on certain aspects, the nurse does not mention the patient's pain scale improving or worsening. This illustrates that SBAR communication in the assessment aspect is only partially carried out.

The recommendation aspect when carrying out the weigh-in to the nurse obtained by the nurse is only the delivery of certain aspects. In the morning to evening shift the nurse delivers patient or family education, in the night to morning shift the nurse does not deliver patient or family education. This illustrates that SBAR communication in the recommendation aspect has not been carried out optimally.

METHOD

This research method is quantitative research with a descriptive research design using a cross-sectional design. Cross-sectional is a study that takes one data of the dependent variable and the independent variable. Both are done at once (simultaneously). This study is used to find the relationship between the independent variable and the dependent variable. The purpose of this study was to determine the relationship between SBAR communication and the implementation of nurse weigh-ins in the inpatient room of Dr. M.M Dunda Limboto Hospital. This sampling technique uses purposive sampling. Purposive sampling is a sampling technique that is carried out selectively by setting inclusion criteria beforehand. This sampling technique uses purposive sampling, which is taking some nurses who are in the Irina H and Irina E rooms totaling 35 nurses.

The data used in this study are primary data and secondary data. Primary data are obtained directly from respondents, namely through observation, interviews, and questionnaires. Data collection was conducted using questionnaire sheets consisting of 23 SBAR communication questionnaires and 12 questionnaires. Secondary data is data obtained or collected by researchers from various existing sources (researchers as secondhand). Secondary data can be obtained from various sources, namely nurse data at Dr. M.M Dunda Limboto Hospital, as well as references that help in the implementation of research such as books, thesis articles, journals, and previous researchers.

Analysis to measure the research hypothesis using the Fisher's Exact Test test with SPSS whether there is a relationship between the independent variable and the dependent variable is used. Fisher's Exact Test statistical test formula with meaning level = (0.05) data analysis is processed using a computer with SPSS Program version 25.00.
RESULT
Univariate Analysis
Tabel 1. Komunikasi Situation, Background, Assessment, Recommendation, SBAR, Dan Pelaksanaan Weigh Nurses

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<td>77.1</td>
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Communication Assessment

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Komunikasi Recommendation

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SBAR Communication

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Nurse Weighing Implementation

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Based on table 1. It is known that SBAR communication in the aspect of the situation most respondents are categorized as effective as many as 27 respondents (77.1%) and at least categorized as less effective as many as 8 respondents (22.9%). SBAR communication in the background aspect of most respondents was categorized as effective in as many as 27 respondents (77.1%) and at least categorized as less effective in as many as 8 respondents (22.9%). SBAR communication in the assessment aspect of most respondents was categorized as effective, namely as many as 27 respondents (77.1%), and at least categorized as less effective, as many as 8 respondents (22.9%). SBAR communication in the recommendation aspect is categorized as effective in as many as 27 respondents (77.1%) and at least categorized as less effective in as many as 8 respondents (22.9%). SBAR communication was mostly categorized as effective by 27 respondents (77.1%) and at least categorized as less effective by 8 respondents (22.9%). The implementation of the weigh-in by most respondents was categorized as effective by 27 respondents (77.1%) and at least categorized as less effective by 8 respondents (22.9%).

Bivariate Analysis

Table 2. Communication Relationship Situation, Background, Assessment, Recommendation, SBAR with Implementation

<table>
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<tr>
<td>Effective</td>
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<td>27</td>
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<tr>
<td>Less Effective</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>8</td>
<td>35</td>
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</table>

Background

<table>
<thead>
<tr>
<th>Situation</th>
<th>Weigh Nurses</th>
<th>Total</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good</td>
<td>Not Good</td>
<td>N</td>
</tr>
<tr>
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</table>
Based on table 2. It is known that from the results of cross-tabulation between Communication Situation, Background, Assessment, Recommendation, and SBAR with the implementation of Nurse Weighing and Accepting, it was found that the effective category was 27 respondents (77.1%), most of the good categories were 27 respondents (77.1%) and there were no poor category respondents (0.0%). While the use of communication Situation, Background, Assessment, Recommendation, SBAR with the implementation of the Nurse Weighing and Acceptance category was less effective as many as 8 respondents (22.9%) there were no good category respondents (0.0%) and there were poor categories as many as 8 respondents (22.9%). Based on the results of statistical tests using the Fisher's Exact Test test with a value of $\rho$ value = 0.000 when compared to $\alpha = 0.05$ then $\rho$ value <0.05. These results show that there is a relationship between SBAR communication and the implementation of nurse weigh-ins.

**DISCUSSION**

**Univariate Analysis**

1. **SBAR Communication in Situation aspect**

Based on the results of research from 35 respondents, it is known that SBAR communication in the aspect of Situation most respondents are categorized as effective, namely as many as 27 respondents (77.1%) and at least categorized as less effective, as many as 8 respondents (22.9%). This is based on the results of the study showing that 27 nurses have been effective because the nurses explain the patient's condition situation in full where the nurse stated the patient's complete identity, the patient's date of admission, the patient's medical diagnosis, nursing problems and the doctor in charge of the patient.

As for the 8 nurses, this is not yet effective, this is because not all nurses explain the patient's situation completely, such as the nurse does not mention the date of birth or age of the patient and mentions the patient's admission date only to newly admitted patients. This is based on observations where nurses do not convey the patient's condition during the afternoon to night shift which only conveys important things.

This research is supported by (Maku et al., 2023) with the results of the study found that SBAR communication in the aspect of situations during handover, most respondents were categorized as effective as many as 38 respondents (93%) and a few respondents were categorized as less effective as many as 3 respondents (7%). Research conducted by (Hardini et al., 2019) The results showed that the application of SBAR communication when weighing by explaining the situation was good, as expressed by 4 respondents, namely nurses explaining the patient's condition, explaining the patient's identity, explaining the patient's diagnosis and explaining nursing problems.
2. SBAR communication in the Background aspect

Based on the results of research from 35 respondents, it is known that SBAR communication in the background aspect of most respondents is categorized as effective, namely as many as 27 respondents (77.1%) and at least categorized as less effective, as many as 8 respondents (22.9%). This is based on the results of the study showing that 27 nurses have been effective because the nurses have explained the complete background of the patient’s condition where the nurse mentions related to the patient's previous complaints, interventions that the nurse has carried out, mentions the patient's vital signs, and the patient's allergy history.

As for 8 nurses, this is not yet effective, this is because a small number of nurses do not always mention the patient's vital signs only in certain patients, not all patients. This is based on observations where nurses do not convey the patient's condition during the afternoon to night shift which only conveys important things.

This research is in line with (Chrismilasari et al., 2021) With the results of the study, it was found that nurses were all obedient categories in carrying out effective communication, background/background, amounting to 43 respondents (100%). Research conducted (Hardini et al., 2019) The results showed that the application of SBAR communication when weighing by explaining B / background had been carried out quite well, which was expressed by three participants, namely nurses explaining the complete history of the patient's disease, let alone referral patients from the hospital so that when weighing the receipt explained completely related to the patient's condition.

3. SBAR Communication in Assessment aspect

Based on the results of research from 35 respondents, it is known that SBAR communication in the Assessment aspect of most respondents is categorized as effective, namely as many as 27 respondents (77.1%) and at least categorized as less effective, as many as 8 respondents (22.9%). This is based on the results of the study showing that 27 nurses have been effective because the nurses have explained the complete assessment of the patient's condition where the nurse mentions the results of the latest assessment, the scale of pain improving or worsening, the results of abnormal patient assessment and other supporting information.

As for the 8 nurses, this is not yet effective, this is because the nurses do not always mention other supporting information and the patient's pain scale improves or worsens. This is based on observations where nurses do not completely convey complete patient support information during the afternoon to night shift which only conveys important things and does not always convey assessments to the patient such as the patient's pain scale.

This research is in line with (Safitri et al., 2022). The results showed that the most assessment communication was in the good category of 21 respondents (61.8%), the sufficient category of 8 respondents (23.5%), and the less category of 5 respondents (14.7%). The results of the study were obtained by the nurse explaining the assessment of the patient's condition, namely the results of the patient's latest assessment, abnormal assessment of the patient, and information supporting the patient's condition. Research conducted by (Chrismilasari et al., 2021) with the results of the study found that all nurses were obedient in carrying out effective communication Assessment amounted to 43 people (100%). The results of the observation of effective communication measures of SBAR-Tulbakon according to the assessment almost all nurses always mention changes in the condition of the patient and mention changes in vital signs in the patient.

4. SBAR Communication in the Recommendation Aspect

Based on the results of research from 35 respondents, it is known that SBAR communication in the Recommendation aspect of most respondents is categorized as effective, namely as many as 27 respondents (77.1%) and at least categorized as less effective, as many as 8 respondents (22.9%). This is based on the results of research showing that 27 nurses have been effective because the nurses have explained the recommendations that must be done to patients where the nurses mention recommendations for nursing interventions that need to be continued or stopped, doctor's recommendations related to actions that need to be done, the results of supporting examinations, and medical therapy and nursing therapy that must be done.

As for 8 nurses, this is not yet effective, this is because nurses do not always convey patient or family education and nursing interventions that need to be continued. This is based on observations where nurses do not fully convey complete patient recommendations during the afternoon to night shift which only conveys important things.

This research is supported by (Maku et al., 2023) with the results of the study found that SBAR communication in the aspect of recommendation during handover, most of them were categorized as effective as many as 25 respondents (85%) and the least categorized as less effective were as many as 6 respondents (15%). Research conducted by (Safitri et al., 2022) With the results of the study, it was found that the most recommended communication was the good category of 20 respondents (58.8%), the sufficient category of 13 respondents (38.2%), and the less category of 1 respondent (2.9%). The results of the study were obtained by
the nurse explaining the recommendations for interventions that should be continued or stopped, and other recommendations that should be given on the recommendation of a doctor.

5. SBAR Communication

Based on the results of research from 35 respondents, it is known that the use of SBAR communication is mostly considered effective, namely as many as 27 respondents (77.1%) and at least categorized as less effective, as many as 8 respondents (22.9%). This is based on the results of research showing that 27 nurses have been effective because they have explained the patient's condition completely and each shift change, which is explained in 4 components, namely, Situation contains the patient's identity, Background contains the background of the patient's condition. The assessment contains the results of an assessment related to the patient's condition. Recommendations contain recommendations that should be given and stopped to patients.

As for the 8 respondents, this is not yet effective, this is because some nurses do not always convey the complete condition of the patient, and the patient's vital signs are only in certain patients, not all patients. This is based on observations where nurses do not completely convey the patient's condition during the afternoon to night shift where they only convey important things and do not always convey completely when weighing.

This research is in line with (Maku et al., 2023) the results of the study showed that SBAR communication in the aspect of situations during handover, most respondents were categorized as effective as many as 38 respondents (93%) and a few respondents were categorized as less effective as many as 3 respondents (7%). The background aspect during handover was mostly categorized as less effective by 38 respondents (93%) and the least categorized as effective by 3 respondents (7%). Aspects of assessment during handover, most of them were categorized as less effective by 27 respondents (66%) and slightly categorized as less effective by 14 respondents (34%). Regarding the recommendation aspect during handover, most of them are categorized as effective as many as 25 respondents (85%), and the least categorized as less effective are as many as 6 respondents (15%).

This research is supported by (Hidayati et al., 2022) Based on the results of the study, it was found (67.8%) that nurses had carried out Situation, Background, Assessment, and Recommendation (SBAR) communication techniques optimally in the VIP Inpatient Room of the dr. Zainoel Abidin Regional General Hospital Banda Aceh. A total of 9 nurses (81.8%) have carried out SBAR communication techniques at the situation stage optimally. A total of 6 nurses (54.5%) have carried out SBAR communication techniques at the background stage optimally, and as many as 6 nurses (54.6%) have carried out SBAR communication techniques at the assessment stage optimally. A total of 11 nurses (100%) have carried out SBAR communication techniques at the recommendation stage optimally.

6. Nurse Weighing Implementation

Based on the results of research from 35 respondents, it is known that the implementation of nurse weigh-ins is mostly categorized as good, namely as many as 27 respondents (77.1%) and at least categorized as poor, as many as 8 respondents (22.9%). This is based on the results of research showing that 27 nurses have carried out the weigh-in well by preparing and explaining in full related to the patient's condition. Weighing and receiving has been carried out every shift change and weighing is carried out in the nurse's room and also in the patient's room to reconfirm the patient's condition by the delivery in the nurse's room.

The 8 nurses who implemented the weigh-in did not always prepare and convey in detail related to the patient's condition that must be done at the time of the weigh-in, this was evidenced when the observation of the implementation of the weigh-in in the afternoon the night shift where the nurse did not convey completely related to the patient's condition. Recommendations contain recommendations that should be given and stopped to patients.

As for the 8 respondents, this is not yet effective, this is because some nurses do not always convey the complete condition of the patient, and the patient's vital signs are only in certain patients, not all patients. This is based on observations where nurses do not completely convey the patient's condition during the afternoon to night shift where they only convey important things and do not always convey completely when weighing.
Bivariate Analysis

1. SBAR Communication Relationship in the Situation Aspect with the Implementation of Nurse Weigh-in

Based on the results of the study, it shows the use of SBAR communication in the aspect of the Situation category is effective with the implementation of the Nurse Response Weighing in the good category of as many as 27 respondents (77.1%) where this shows that nurses’ understanding SBAR communication in the aspect of Situation, in carrying out the overall weighing of the patient's condition completely, this is evidenced when the implementation of the Nurse shift change weigh-in conveys related to the complete identity of the patient so that in the implementation of the weigh-in there is no miscommunication related to the patient's condition completely.

While the category is not good as many as 8 respondents (22.9%) which in this case shows the nurse is less effective, this is evidenced by when changing shifts the nurse does not convey the complete identity of the patient such as the date of birth or age of the patient so that in the implementation of the weigh-in the nurse does not do optimally. This could happen because there are too many patients being treated so nurses are not optimal in submitting reports and are considered to be wasting time.

This research is supported by (Christmas and Christmas, 2023) Based on the results of the study, handover was carried out between nurses in the inpatient room with a good category (66.15%). SBAR communication consists of 4 elements, one of which is Situation. At the Situation stage, the nurse conveyed the identity of the complainant and patient (95.38%). The description of nurses’ knowledge of SBAR communication in handover is relatively good. This research is in line with the theory (Rahmatulloh et al., 2022) that SBAR method handover is performed to improve patient safety.

2. SBAR Communication Relationship in Background Aspects with Nurse Weighing Implementation

Based on the results of the study, show the use of SBAR communication in the Background aspect of the effective category with the implementation of the Good Nurse Category Weighing as many as 27 respondents (77.1%) this shows that nurses understand SBAR communication in the Background aspect, then in weighing the nurse conveys the overall condition of the patient completely, this is evidenced when the implementation of the nurse shift change weigh-in conveys related to previous complaints, interventions that have been carried out, patient vital signs and allergic history so that in the implementation of the weigh-in there is no miscommunication related to the patient's condition completely, where SBAR communication is closely related to weigh-in because SBAR communication in the background aspect is used in conveying the patient’s condition completely when weighing in at shift changes so that the nurse on duty can then know about the patient's condition.

While the category is not good as many as 8 respondents (22.9%) which in this case shows that nurses are less effective in using SBAR communication in the Background aspect so when the implementation of the shift change is not done well, this is evidenced by when changing shifts the nurse does not always mention the patient’s vital signs in all patients only in certain patients or who need to be observed. This is supported by nurses only using report books written so that from some findings nurses only convey things that are considered important.

Research conducted by (Jannah & Son, 2022) It can be concluded that the overall handover implementation of 36 implementing nurses is categorized as good as many as 32 people (88.9%). This shows that the implementation of handover to the Implementing Nurse at Syiah Kuala University Hospital has been carried out.

Research conducted by (Hardini et al., 2019) based on the results of the research showed that the implementation of weighing with the SBAR method when weighing in had been carried out quite well in the Surgical and internal wards of Dr. M. Djamil Padang Hospital revealed from 5 participant statements. The application of SBAR communication when weighing by explaining the background has been implemented well, using SBAR communication needs to be applied and implemented at the time of weighing can help nurses in communicating between nurses which can increase trust in the team, which in turn can have an impact on patient safety which can reduce patient safety incidents.

3. SBAR Communication Relationship in the Assessment Aspect with the Implementation of Nurse Weigh-in

Based on the results of the study, show the use of SBAR communication in the aspect of effective category assessment with the implementation of good category nurse weigh-ins as many as 27 respondents (77.1%) this shows that nurses understand SBAR communication in the assessment aspect, then in carrying out the overall weighing of nurses conveying the complete condition of patients, this is evidenced when the implementation of the nurse shift change weigh-in Convey related to the complete assessment of the patient’s condition where the nurse mentions the results of the latest assessment, the scale of pain improving or worsening, and the results of the patient's abnormal assessment. SBAR communication is closely related to
weigh-in because SBAR communication in the Assessment aspect is used in delivering an assessment of the patient's condition. With good knowledge related to SBAR communication in the Assessment aspect, it can provide the implementation of weighing and receiving according to procedures.

While the category is not good as many as 8 respondents (22.9%) which in this case shows that nurses are less effective in using SBAR communication in the aspect of Assessment so when the implementation of the shift change weigh-in is not done well, this is evidenced by the time of weigh-in where the nurse does not always convey other supporting information that supports all patients but is only done in certain patients and the patient's pain scale improves or worsens. This could happen because there are too many patients being treated so the nurse has not conveyed completely regarding the assessment of the patient's condition.

Research conducted by (Hardini et al., 2019) based on the results of the research showed that the implementation of weighing with the SBAR method when weighing in had been carried out quite well in the Surgical and internal wards of Dr. M. Djamil Padang Hospital revealed from 4 statements of participants the results showed that the application of SBAR communication during weighing by explaining A/assessment had been carried out quite optimally. This research is supported by (Suardana et al., 2018) Based on the results of the study and observation of the SBAR communication method used by nurses when carrying out handovers at shift changes, most nurses have been able to apply SBAR communication, which is as many as 31 nurses (77.5%) with very appropriate categories. Assessment or assessment contains the patient's overall condition in the form of problems found at this time, actions that have been implemented, and the results of actions.

4. SBAR Communication Relationship in the Recommendation Aspect with the Implementation of Nurse Weigh-in

Based on the results of the study, show the use of SBAR communication in the aspect of effective category assessment with the implementation of good category nurse weigh-ins as many as 27 respondents (77.1%) this shows that nurses understand SBAR communication in the assessment aspect, then in carrying out the overall weighing of nurses conveying the complete condition of patients, this is evidenced when the implementation of the nurse shift change weigh-in convey related recommendations that must be done to patients where the nurse mentions recommendations for nursing interventions that need to be continued or stopped, doctor's recommendations related to actions that need to be done, and the results of supporting examinations, where SBAR communication is closely related to weigh-in because SBAR communication in the Recommendation aspect is used in conveying the patient's condition when weighing shift changes so that the nurse on duty can then know about the patient's condition.

While the category is not good as many as 8 respondents (22.9%) which in this case shows that nurses are less effective in using SBAR communication in the aspect of Recommendation so when the implementation of the shift change is not done well, this is evidenced by when changing shifts the nurse does not convey the results of patient laboratory examinations or the results of other supporting examinations only in certain patients. The implementation of this component is expected to reach 100% because in this section the nurse should give recommendations or suggestions on the next shift.

This research is supported by (Safrina & Rahmah, 2019) Based on the results of the study, it can be seen that nurses carry out the handover stage with patients at the bedside by carrying out the bedside handover principle such as involving patients in handover by 88.8%. Then during the handover stage between nurses at the nurse station, the nurses' skills in the handover were conducting SBAR communication as much as 44.5% in the aspect of Recommendation results achieved by nurses based on skills of (77.8%).

Research conducted by (Hardini et al., 2019) based on the results of the research showed that the implementation of weighing and receiving with the SBAR method when weighing in had been carried out quite well in the Surgical and internal wards of Dr. M. Djamil Padang Hospital revealed from 5 participant statements where the results showed that the implementation of SBAR communication during weighing by explaining the R / recommendation had been carried out well.

5. SBAR Communication Relationship with Nurse Weighing Implementation

Based on the results of the study, show the use of SBAR communication in the effective category with the implementation of the Good Nurse Category Weighing Receipt as many as 27 respondents (77.1%) show that with nurses understanding SBAR communication, in carrying out the overall weighing of nurses, conveying the complete condition of the patient, and Every shift change, which is explained in 4 components, namely, Situation contains complete patient identity, Background contains previous complaints to patients, Assessment contains the results of the latest patient assessment, Recommendation contains intervention recommendations that need to be continued or stopped. Weighing and receiving have been carried out every shift change with the implementation already explaining the patient's condition completely using SBAR communication.
While the category is not good as many as 8 respondents (22.9%) which in this case shows that nurses are less effective in using SBAR communication so when the implementation of the shift change is not done well, this is evidenced by when changing shifts the nurse does not convey the complete patient’s condition where the patient’s identity does not mention the patient’s date of birth or age, mention vital signs only in certain patients, other supporting information only in certain patients and recommendations for interventions that need to be continued or stopped. This is based on observations where nurses do not fully convey the patient’s condition completely during the afternoon to night shift. This could happen because there are too many patients being treated so nurses cannot optimally submit reports according to procedures and are considered time-draining. The importance of mentioning the patient’s condition in full so that it can be used as a reference in maximizing services and improving the quality of the Hospital.

This research is supported by (Sulistiyani et al., 2023) Based on the results of the study, a correlation coefficient of 0.783 was obtained. That is, the level of strength of the relationship (correlation) between the SBAR communication variable and the implementation of the weigh-in is 0.783 or very strong. The number of correlation coefficients in the results above, is positive which is 0.783, so the relationship between the two variables is unidirectional (type of unidirectional relationship), thus it can be interpreted that the better the SBAR communication, the better the implementation of weigh-in. Based on the output above, it is known that the significance value or Sig. (2-tailed) is 0.000, because the value of Sig. (2-tailed) 0.000 < smaller than 0.05, means that there is a significant (meaningful) relationship between the SBAR communication variable and the implementation of weigh-in.

Research conducted by (Sulistyawati et al., 2020) based on the results of research in hospital inpatient rooms in East Java in 2020, out of 103 respondents, most respondents (66%) as many as 68 people have good SBAR communication in their handover. The results of data analysis using the Spearman rank test obtained the results of ρ value = 0.000 < α = 0.05, then Ho was rejected and H1 was accepted. This means that there is a relationship between SBAR communication in handover and nurse performance in carrying out nursing care in the inpatient room. With a correlation coefficient value of r = 0.636, it can be concluded that the strength of the relationship is strong. The direction of the linear relationship (+) means that the better the SBAR communication in handover, the better the nurse’s performance in carrying out nursing care.

CONCLUSION

This study concludes that there is a relationship between SBAR communication in the aspect of Situation / Situation with the implementation of nurse weighing in the Inpatient Room of Dr. M.M Dunda Limboto Hospital with statistical test results using the Fisher's Exact Test obtained p value = 0.000 < 0.05. There is a relationship between SBAR communication in the Background aspect and the implementation of nurse weigh-ins in the Inpatient Room of Dr. M.M Dunda Limboto Hospital with statistical test results using the Fisher's Exact Test obtained p value = 0.000 < 0.05. There is a communication relationship between SBAR in the aspect of Assessment / Back Assessment with the implementation of nurse weighing in the Inpatient Room of Dr. M.M Dunda Limboto Hospital with statistical test results using the Fisher's Exact Test obtained p value = 0.000 < 0.05. There is a relationship between SBAR communication in the aspect of Recommendation / Back Recommendation with the implementation of nurse weighing in the Inpatient Room of Dr. M.M Dunda Limboto Hospital with statistical test results using the Fisher's Exact Test obtained p value = 0.000 < 0.05. There is a relationship between SBAR communication and the implementation of nurse weigh-ins in the Inpatient Room of Dr. M.M Dunda Limboto Hospital with statistical test results using the Fisher's Exact Test obtained p value = 0.000 < 0.05.
REFERENCES