



Supervision by Head Nurses in The Application of SBAR Communication in Nurse Handover Practices

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Article Info

Article history:

Received: July 30, 2025

Revised: September 27, 2025

Accepted: September 29, 2025

Keywords:

Handover
Head Nurse Experience
SBAR Communication
Supervision

Abstract

Background of study: Supervision by head nurses in hospitals is often questioned regarding its optimal function. One key focus is the nurse handover using SBAR communication, which requires proper supervision to ensure its effectiveness.

Aims and scope of paper: This study explores the experiences of head nurses in supervising SBAR communication during nurse handover activities.

Methods: A qualitative design with a phenomenological approach was used. Data were collected through unstructured in-depth interviews with 14 head nurses, selected via purposive sampling based on inclusion and exclusion criteria. Data analysis was conducted using Colaizzi's method and thematic analysis.

Result: Seven main themes emerged: (1) Head Nurse Bank as a Supervision Solution during the Pandemic; (2) Conventional and Digital Supervision Cultures Across Eras; (3) Patient Safety as the Primary Reason for Supervision; (4) Collaboration in Supervision; (5) 4M Issues (Man, Method, Material, Machine); (6) Solutions to Challenges in SBAR Implementation; (7) Three Key Supporting Factors for Supervision.

Conclusion: Head nurse supervision of SBAR communication during handovers is shaped by pandemic-related changes and requires a structured, collaborative, and technology-driven approach to enhance patient safety.

To cite this article: Habibi, A., Novieastari, E., & Gayatri, D. (2025). Supervision by Head Nurses in the Application of SBAR Communication in Nurse Handover Practices. *Journal of Health Empowerment and Interprofessional Practice*, 1(1), 29–38. <https://doi.org/10.58723/jheip.v1i1.22>

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INTRODUCTION

Background of the study: Supervision is a directive activity within the management function that must be carried out by managers, including nurses. According to [Hutapea et al. \(2022\)](#), management must consider the manager's knowledge and skills, such as monitoring service quality. Ward heads, who are nursing managers, possess knowledge and skills in management functions ranging from planning, organizing, staffing, directing, and controlling ([Marquis & Huston, 2017](#)). These management functions must be implemented continuously, either gradually or collaboratively, so that every task performed by nurses can run according to expectations.

Managers have a supervisory function that includes oversight of all activities, including handovers. [Nopan et al. \(2022\)](#) state that suboptimal supervisory functions are characterized by supervision activities that are not carried out routinely or regularly. Supervisory activities that are carried out continuously, consistently, and with follow-up will result in quality and efficient service. [McEachen & Keogh \(2018\)](#) emphasized that supervisory guidance by the ward head can influence the delivery of high-quality, effective, and efficient nursing services. Furthermore, there are many other positive impacts resulting from tiered supervision, including creating a sense of security and comfort in the nursing process received by patients.

[Dahlia et al. \(2020\)](#) stated that supervision carried out by nurse managers can provide safe patient service management and nursing care management for patients. [Sulistiawati & Haryuni's \(2019\)](#) research results emphasized that the implementation of handovers is expected to be implemented effectively, namely by applying effective communication such as SBAR. Handover activities require planned and unplanned direction and supervision from superiors to subordinates. [Mairestika et al. \(2021\)](#) revealed that one of the factors influencing the implementation of handovers is supervision. Compliance in implementing handovers is also supported by the implementation of planned and well-implemented supervision. The results of studies from various literatures found that the average handover implementation was known to be less or not based on SOPs of 62.35% ([Sulistiawati & Haryuni, 2019](#); Erianti et al., 2019). This indicates a factor of non-compliance with SOPs carried out by nurses who carry out handovers.

Research by [Widiastuti et al. \(2021\)](#) revealed various factors known to influence nurses' compliance with handover SOPs, including age and education level. Meanwhile, research by [Atik et al. \(2022\)](#) conducted at Panti Nirmala Hospital stated that one of the problems with handover implementation was the lack of programmed supervision by ward heads in the unit. In line with this factor, interventions such as supervision by superiors, namely ward heads, are needed. This is in line with research conducted by [Franisha \(2021\)](#) at Banjarmasin Islamic Hospital, which found that handover supervision by ward heads is related to nurses' handover compliance.

Literature review: A pilot study conducted by researchers previously at the research location revealed a nursing management problem, characterized by suboptimal, structured, and systematic multilevel supervision ([Habibi et al., 2022](#)). Interviews revealed that ward heads had not yet implemented a programmed supervisory function for subordinates, particularly supervision of nurse handovers. A survey of nursing staff perceptions of ward heads' directive functions (such as supervision) during inter-shift handovers revealed that 60% of nurses rated ward heads' directive functions as low (Riyani et al., 2022).

Gap analysis: The results of a trial of tiered supervision of handover activities carried out by Primary Nurses (PN) and Associate Nurses (PA) obtained results of 79.4 percent, this result is lower than the supervision carried out on the other two nursing actions ([Habibi et al., 2022](#)).

Rationale of the study: This certainly raises questions for researchers as to whether the supervision that has been carried out has been carried out according to guidelines and has had an impact on optimizing the implementation of handovers carried out by nurses or not.

Purpose or Hypotheses of the study: Therefore, the researcher wants to conduct research with the aim of exploring the experiences of ward heads in implementing supervision of the application of SBAR communication in nurse handover activities.

METHOD

Research Design: This research method is qualitative with a phenomenological design. [Alase \(2017\)](#) describes a phenomenological design as a design that gives researchers permission to apply and apply their subjective skills and the relationships between them in research activities explored based on qualitative methodology.

Participant: The research participants were 14 head nurses who met the criteria of working as ward heads for more than 1 year and had participated in supervision training.

Population and the methods of sampling, Instrumentation (sample of questions, scoring method, and psychometric properties (validity and reliability)): The population in this study was head nurses. The sampling method used was purposive sampling, where head nurses were selected according to the established inclusion criteria. This research has undergone data validity tests such as credibility, transferability, dependability, and confirmability tests.

Instrument: The data collection instrument was carried out through in-depth interviews, using an unstructured method based on pre-developed interview guidelines and assisted by a recording device in the form of a smartphone.

Procedures and, if relevant, the time frame: The research location was at RSAB Harapan Kita Jakarta, and the research period was from November 2022 to July 2023. This research has gone through data collection procedures and applicable research ethics in accordance with research norms. This research has passed the research ethics test with letter number IRB/15/03/ETIK/2023 dated March 31, 2023.

Analysis plan (describe statistical tests and the comparisons made; ordinary statistical methods should be used without comment; advanced or unusual methods may require a literature citation):

Scope and/or limitations of the methodology you used: Data analysis in this study used the Collaizi method and thematic analysis.

RESULTS AND DISCUSSION

Results: The results of the research conducted on 14 participants were all the same, namely female, had participated in supervision training, had a professional education level, and had a married marital status, where variations in participant characteristics can be seen in Table 1.

Table 1. Participant Characteristics

Participant Code	Age (Years)	Travel Time to Workplace (minutes)	Years of Work	Years as Head	Religion	Career Level	Enthnicity
01	48	30-60	23	1	Islam	PK III	Sundanese
02	50	<30	25	5	Islam	PK III	Sundanese
03	37	>90-120	14	3	Catholic	PK III	Javanese
04	45	30-60	22	3	Islam	PK III	Javanese
05	47	>60-90	25	1	Islam	PK IV	Betawi
06	55	30-60	37	5	Islam	PK III	Sundanese
07	43	30-60	22	2	Islam	PK III	Betawi
08	49	<30	27	4	Hindu	PK III	Balinese
09	58	30-60	37	14	Islam	PK III	Javanese
10	55	30-60	36	4	Islam	PK III	Javanese
11	56	<30	28	13	Islam	PK III	Palembangese
12	54	>60-90	36	5	Islam	PK III	Lampungnese
13	43	30-60	22	3	Islam	PK III	Betawi
14	46	>60-90	23	10	Islam	PK III	Javanese

Participant characteristics such as age range are 37 to 58 years, with an average value of 49 years. Meanwhile, for the duration of travel from home to the workplace, it is known that most choose within the range of 30-60 minutes, amounting to 50%. Then, for the length of work of the head of the room who became participants, it is in the range of 11 to 37 years, with an average value of 26.9 years. Meanwhile, the length of time as a karu for participants is in the range of 1 to 14 years, with an average value of 5.2 years. Meanwhile, characteristics such as religion are known to be the majority of Muslims at 85.7%. Ethnic characteristics show that the majority of participants are Javanese at 35.7%.

The results of the thematic data analysis using the Colaizzi method yielded seven themes, including:

1. The Ward Head Bank as a Solution for Supervisory Implementation in the Pandemic Era. The first theme is reflected in the following respondent's opinion:

"...The process of being appointed as a ward head, uh... the process involved a pit and proper test before becoming one. So, the nursing management team, between the CI and the ward head, had to have a ward head bank. I took the test. Then, I was a CI in the Orchid Room before becoming a

- ward head. Then, at that time, uh... the COVID ward opened, and in the end, I was appointed as the ward head in the COVID ward..." (P3)
2. Conventional and Digital Supervision Culture in Various Eras. The second theme is reflected in the following respondents' opinions:

"...Well, before the pandemic, we used to do it face-to-face, but offline. After the pandemic, if we couldn't do it offline, we could do it online using Zoom, and we often did it using Zoom. More often using Zoom..." (P9)

"...The challenges before I didn't supervise, but during the pandemic, that's a challenge because meetings are limited, and they're all online..." (P3)
 3. Patient Safety: The Main Reason for Optimizing Supervision Implementation. The third theme is reflected in the following respondents' opinions:

"...there were experiences from other rooms, for example, where handovers weren't as complete as those with patients, so I motivated them from that, sir, so that complaints don't happen in my room..." (P2)

"...that's what motivated me, meaning that when the handover went well and SBAR communication was good, nursing care was guaranteed to be good. So there was no confusion, like when someone suddenly said, 'Why wasn't this transferred even though it was already there?' I mean, there was no confusion like that..." (P3)
 4. Collaboration in Supervision Implementation. The fourth theme is reflected in the following respondent's opinion:

"...for this, we collaborate with CI, so everyone who wants to be supervised, not just the handover, but everything, like IV insertion, vital signs. We usually let them know first who will be supervised, and then everyone has to learn that." SOP, after that we will see, eh, I mean we will implement it on the patient, how to carry out the handover using the SBAR method..." (P2)
 5. The fifth theme, "Man, Method, Material, Machine" (4M), is reflected in the following respondent's opinion:

"...As for implementing supervision, what's the biggest obstacle? It's just time, sir, maybe it's also because I haven't organized it properly..." (P1)

"...So they divide, uh...for example, this DPJP, during WFH, is handled by another doctor. We have a bit of difficulty when it comes to reporting. Because he has more responsibility..." (P8)
 6. Solutions to Address the Implementation of SBAR Communication for Handover Activities. The sixth theme, reflected in the following respondent's opinion:

"...maybe our time, the handover time is a bit longer. So we're not in a rush, so we, uh...arrive earlier. So we hand over because we don't want to rush, we want to hurry, the bus is late, so that's probably one solution. And always reminding the SOP for handovers is like... "This, the socialization of the SOP remains ongoing. We, as the head of the room, are also more active in conducting monitoring and evaluation. Perhaps we will do this with the PICs..." (P4)
 7. Three Supporting Factors for Supervision Implementation, the seventh theme is reflected in one of the following respondents' opinions:

"...the supporting factors are, the number of undergraduate degrees here is quite good, the number of preceptors is also quite good, how many preceptors are there, 5 if I'm not mistaken. So we can share, uh... then it's hierarchical, huh... uh... what was that... so the staff have quite a few undergraduate degrees, there are a lot of them. Also, many have been here for a long time, many have competencies in maternity, and there are many colleagues with whom we can collaborate. Everyone here can collaborate. That's it..." (P6)

Discussion: Seven themes identified in the thematic analysis will be discussed using the managerial role approach according to [Weiss et al. \(2019\)](#) and the management function approach according to [Marquis and Huston \(2017\)](#). The first theme, "a ward head bank as a supervisory solution during the pandemic," is based on the difficulties hospital management faces in preparing ward heads for retirement and the COVID-19 pandemic simultaneously. Given this situation, nursing managers, specifically the Nursing Service Substance (SubYanKep), need to implement appropriate management functions. Planning for ward head regeneration is crucial. Ward heads must possess various skills and experience. Pratiwi et al. (2016) explain the determining factor of an organization,

namely education, where education influences individual or organizational performance through variables such as knowledge, skills, or abilities.

In addition to formal education, ward heads also need to develop skills through non-formal education, such as training. Pusung (2019), in his study, emphasized that supervision training attended by ward heads influences their level of supervisory ability. Wahyuningtyas (2021) explained that ward heads need prior training before assuming their positions, need role models, need mentorship guidance, and need to be informed and oriented to new tasks when assuming new positions. Furthermore, they need support from leaders, colleagues, and family. Therefore, the concept of a ward head bank in the first theme is an effort to prepare nurse managers for placement in pandemic situations, including conducting supervision.

The second theme is the culture of conventional and digital supervision in various eras. Supervision has become a mandatory activity for nursing managers, including ward heads. [Yullyzar \(2020\)](#) in his study stated that the purpose of supervision by ward heads is to improve the performance of nurses in providing nursing care, thereby reducing errors by nurses and increasing their ability to carry out their duties. This must become a culture that needs to be embedded in the activities of ward heads every time they conduct supervision, thereby improving the performance of both nursing managers and nurses being supervised. Habits that become a culture will impact the performance of nurses being supervised. This is supported by a study conducted by Iqbal et al. (2017) that found a relationship between organizational culture and nurse performance. It was explained that the thing that supports nurses' instruments in carrying out superior and competitive supervision is due to the existence of organizational culture.

The implementation of supervision culturally can be divided into two types: conventional and digital. Many positive things are gained from implementing a digital supervision culture during the pandemic era. One of the benefits is simplifying communication access between supervisors, in this case the head of the ward, and the nurses being supervised. In addition to its advantages, the digital supervision culture also has disadvantages. [Ma'ayis \(2022\)](#) outlined various weaknesses in implementing a supervision culture during the pandemic era, including: 1) supervisors' lack of mastery of the technology used in e-supervision; 2) inadequate facilities and infrastructure such as electricity, internet networks, and computers, especially in areas that are difficult to access, such as remote, outermost, and innermost (3T) areas.

The third theme, patient safety, is the primary reason for optimizing supervision. Patient safety is the focus of the ward head in this study in optimizing supervision implementation. Fatonah (2020) stated that there is a significant relationship between the implementation of ward head supervision and patient safety culture. The more optimal the implementation of supervision by the ward head, the stronger the patient safety culture will be. In research conducted by Pabundi (2018), implementing patient safety standards and patient safety targets requires several factors that influence the implementation of accreditation, one of which is supervision. Supervision based on the perception or self-assessment of the ward head stated that supervision had been carried out well, although almost all participants acknowledged that documentation of the supervision implementation was still suboptimal. Pabundi (2018) emphasized that suboptimal implementation of supervision, both in preparation, process, and documentation, by ward heads requires guidance from superiors to be able to continue implementing their duties properly.

The fourth theme is collaboration in the implementation of supervision. Supervision is part of the directive function within the fourth management function. Its implementation requires support from various parties, one of which is cooperation or collaboration. The ward head, as a nursing manager, has the opportunity to receive support from both superiors and subordinates to carry out supervision by established objectives. [Pidada \(2018\)](#) stated that nursing team collaboration can improve patient safety.

Febrianto (2021), in his research, defines team effectiveness as a condition in which a group can achieve agreed-upon goals and is able to influence the team, its members, and team integrity. Several indicators include: 1) quality of teamwork; 2) team sustainability; 3) interdependence; 4) reliability; and 5) team togetherness. Therefore, the success of supervision implementation can depend on the

relationships the ward head builds with other parties, both horizontally and vertically, with superiors and subordinates.

In the realm of nursing competency, collaboration or teamwork falls under the realm of soft skills. Similarly, [Sabirin \(2021\)](#) emphasized that collaboration is a soft skill for individuals, including nurses who serve as ward heads. This ability is essential for ward heads to successfully fulfill their roles and functions, such as supervising nursing care management. Several indicators of collaboration skills include supportive interactions, positive interdependence, teamwork and social skills, accountability, and group processing ([Barkley et al., 2012](#)). Based on these indicators, ward heads can accelerate their ability to collaborate with others to optimize supervision, which can ultimately improve patient safety.

Efforts to improve soft skills can be achieved in several ways, one of which is through training. [Kusmiran \(2017\)](#) suggested in his research that nurses can improve their soft skills through training. To determine when the soft skill improvement occurred following the training, nurses were followed up two weeks after the training. Based on this description, future follow-up can be directed to the ward head to prepare training to improve teamwork so that supervision can be implemented optimally, and the positive impact can be felt two weeks after the training is completed.

The fifth theme, the implementation of supervision by ward heads regarding the application of SBAR communication in nurse handover activities, certainly encounters various obstacles in practice. This is in line with the findings of the theme, namely the problem of Man, Method, Machine, and Material (4M) in supervision implementation. [Sari's \(2020\)](#) study suggests that method-based supervision problem solving can be achieved by creating a regular nursing supervision schedule for one year, establishing a policy regarding supervision implementation, creating a task schedule for supervisors, which is created by the Head of Nursing, and assigning at least two staff members with job descriptions as supervisors for supervision implementation in each ward unit.

[Panjaitan \(2022\)](#) stated that problems in supervision implementation can be solved by optimizing the ward head's planning function, such as creating guidelines, standard operating procedures (SOPs), and evaluating the supervision program. Problems that arise during supervision implementation can be resolved individually or collaboratively. [Aedi \(2008\)](#) stated that problem solving in supervision must be implemented using a scientific approach and be carried out creatively. This means that in solving problems, scientific principles must be used, such as logical thinking, being objective based on verifiable data, and being open to criticism.

The sixth theme concerns solutions to address the implementation of collaborative communication in handover activities. Handover implementation often fails to achieve optimal results when those conducting it lack the necessary knowledge, motivation, and skills. [Maeristika \(2021\)](#) emphasized the findings of her research, identifying several factors influencing handover implementation, including knowledge, motivation, facilities, and supervision. [Oktaviani \(2021\)](#) stated that supervision can improve nurses' knowledge and skills in handovers. Supervision during handovers is intended to ensure nurses are able to optimally carry out handovers, based on their skills and available resources, to ensure continuity of nursing care for patients and between nurses at each shift change.

The issue of nurse motivation also requires attention during handovers. This is because nurses receive supervision during handovers but lack adequate motivation. [Wahyudi \(2022\)](#) stated that adequate knowledge and motivation in handover implementation can also improve service delivery. [Aeni et al \(2016\)](#) stated that there is a relationship between nurses' intrinsic motivation and the implementation of handover activities in inpatient wards. This suggests that the higher the nurses' motivation, the better the handover implementation will be.

The seventh theme concerns three supporting factors for supervision. Supervision implementation is known to be influenced by supporting factors, including supervisor and supervisee factors, nursing manager factors, and hospital or organizational factors. Similar to [Maharwati's \(2021\)](#) study on the implementation of academic supervision, support for supervision includes high levels of concern from superiors, high levels of motivation from nurses, and adequate facilities and infrastructure.

These three supporting factors are crucial for successful supervision. Similarly, research conducted by [Suryanti \(2021\)](#) identified supporting factors for supervision as the role of seniors, delegation of

supervision, availability of time for supervision, a private environment, and the knowledge and skills of the supervising manager. These supporting factors are categorized into three categories.

Strong support from superiors will increase the quantity and quality of supervision of SBAR communication implementation. Both the SubYanKep (Nursing Management Unit) and the nursing committee serve as nursing managers, providing mentoring, guidance, and supervision, thereby enhancing the commitment of ward heads to supervision. This aligns with research conducted by [Dewi \(2021\)](#) that demonstrated the influence of superior support on nurse commitment. Good nurse commitment leads to nurse job satisfaction in providing nursing care and services, including implementing handovers. According to [Quraeshi et al. \(2018\)](#), a nurse's job satisfaction is influenced by support from their superiors.

Implications: Hospitals, as institutions that provide systems and tools for managing healthcare workers, including nurses, are considered to provide support for the successful implementation of supervision by ward heads regarding handover activities for the implementation of SBAR communication. A study by [Habibi \(2022\)](#) also emphasized that hospital support is crucial for optimizing the implementation of multi-level nursing supervision, including the development of policies governing the implementation of supervision and handovers using contemporary SBAR techniques. Therefore, the support expected by the head of the room in preparing for the implementation of current and future supervision can always be realized in efforts to improve nursing services and patient safety.

Research contribution: This study contributes to the understanding of supervisory practices by head nurses in the context of SBAR communication during nurse handovers, especially across different phases of the COVID-19 pandemic. It highlights practical challenges and supporting factors in implementing effective supervision and offers evidence-based insights for hospital management to improve supervisory systems. The findings may inform the development of structured, collaborative, and technology-supported supervision models to enhance patient safety and nursing care quality.

Limitations: This study is limited by its qualitative design and relatively small sample size, which may affect the generalizability of the findings. The use of unstructured interviews may also introduce subjectivity in data interpretation. Additionally, participants were selected from a single healthcare setting, which may not fully represent the experiences of head nurses in different hospital environments or regions.

Suggestions: It is suggested that hospital management develop clear and structured guidelines for supervision practices, particularly in the application of SBAR communication during nurse handovers. Training programs should be regularly provided to head nurses to enhance their supervisory skills and understanding of communication protocols. Furthermore, the integration of digital tools can support more effective and consistent supervision processes. Future studies could explore the impact of such interventions on patient safety outcomes and nurse performance.

CONCLUSION

This study concludes that supervision is carried out without planning and scheduling, and supervision is of direct and indirect types. The understanding of the ward heads regarding guidelines and SOPs is generally lacking. The implementation of supervision is notified in advance or not. The ward heads' views on the implementation of supervision say that it is very important to reduce complaints, minimize nursing errors, and most importantly to improve patient safety. Barriers to the implementation of supervision come from the 4Ms such as time constraints for ward heads, the number of staff that is felt to be insufficient, the perception of supervisees who feel they are right, and the presence of schedules of visits from other health teams (doctors) that cause conflicts with the implementation of supervision. Expectations from the implementation of supervision are the provision of direct or indirect guidance on how to supervise, the existence of appreciation or recognition for individuals or wards that have carried out supervision well, and the existence of equality or equality in the provision of facilities in the ward, such as laptops or tablets.

ACKNOWLEDGMENT

Thank you to Universitas Muhammadiyah Tangerang, as the author's workplace, which provided full support so that the author could complete this research well. Thanks also to Mrs. Aat Yatnikasari, who has assisted the author in collecting data during the research process.

AUTHOR CONTRIBUTION STATEMENT

AH contribution to the research is as the principal investigator, responsible for creating proposals, collecting data, processing data, presenting data, and interpreting data from the beginning to the end of the research. EN contribution to the research is as a research member, who guides the principal investigator from the aspects of concept, theory, and substance of the research. DG contribution to the research is as a guide for the principal investigator, providing input from the methodological aspect of the research.

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