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THE EFFECTIVENESS OF COMMUNICATION TRAINING AND THE APPLICATION OF STRUCTURED COMMUNICATION METHODS ON HANDOVER QUALITY, PATIENT SAFETY, AND NURSE PERFORMANCE IN HOSPITALS: A SYSTEMATIC REVIEW

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ABSTRACT
Effective communication is a critical component of the nursing handover process and directly contributes to patient safety. This systematic review aims to identify, evaluate, and synthesize scientific evidence regarding the effectiveness of communication training and the implementation of structured communication methods on handover quality, patient safety, and nurse performance in hospitals.A literature search was conducted in PubMed, Scopus, and CINAHL databases for studies published between 2010 and 2025. Studies that met the inclusion criteria included randomized controlled trials (RCTs) and quasi-experimental studies that provided interventions such as communication training or the implementation of structured communication methods for hospital nurses. Study selection followed the PRISMA 2020 guidelines, while methodological quality assessment was conducted using the Joanna Briggs Institute (JBI) instrument. From 678 articles, we found total of 10 eligible studies were synthesized narratively due to the heterogeneity of interventions and outcomes. The synthesis showed that communication training and structured communication methods consistently improved the completeness, clarity, and accuracy of handovers; strengthened team coordination; and reduced the risk of communication errors that impact patient safety. RCTs demonstrated significant improvements in nurses' communication competency and clinical performance, while quasi-experimental studies confirmed the practical effectiveness of SBAR/ISBAR implementation in various hospital units. Contextual factors such as workload, organizational culture, and leadership support also influenced implementation success. Communication training and structured communication methods have proven effective in improving handover quality, patient safety, and nurse performance.

Keywords: handover quality; nurse communication; SBAR; structured communication method

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INTRODUCTION

The quality of nursing handovers is a crucial component of continuity of care and a key determinant of patient safety in hospitals. Unstructured handovers have long been identified as a major cause of clinical misinformation, delayed interventions, duplication of care, and patient safety incidents that can seriously impact a patient's clinical condition (Buck Sainz-Rozas et al., 2025). Global reports indicate that more than 70% of sentinel events in healthcare facilities are related to communication issues between healthcare professionals, particularly during the transfer of patient responsibility between shifts or units (Reime et al., 2024). This situation emphasizes that improving the quality of nursing communication is a priority area in efforts to strengthen patient safety globally.

Effective nursing handovers require not only complete information, but also nurses' communication skills, a clear delivery structure, and consistency in the information delivery process. Unfortunately, handover practices in many hospitals are still informal, unstructured, and highly dependent on individual habits. This leads to variability in the information received, increases the risk of clinical

errors, and directly impacts the quality of nursing care (Buck Sainz-Rozas et al., 2026). Research shows that ineffective communication during handovers can decrease team coordination, increase workload, and reduce nurses' performance in clinical decision-making (Yuliyanti et al., 2020).
To address these issues, various interventions have been developed, including communication training and the implementation of structured communication methods such as SBAR (Situation–Background–Assessment–Recommendation), ISBAR, or other evidence-based handover formats. These approaches are designed to standardize the flow of information conveyed, improve the consistency of clinical data, and enhance the accuracy of decision-making, ultimately supporting improved patient safety (Bertrand et al., 2021). Several studies have shown that communication training can improve nurses' competence in conveying information clearly, empathetically, and relevantly, while the use of structured communication methods has been shown to improve handover quality and reduce the occurrence of safety incidents (W. Ahmed, 2022; W. E. Ahmed et al., 2025).

Furthermore, implementing a structured handover model not only impacts communication quality but also contributes to improving overall nurse performance. Improved performance is reflected in time management, documentation accuracy, interprofessional collaboration skills, and clinical response to changes in patient conditions (Pun, 2021). Thus, communication training and structured communication methods have great potential as nursing management strategies to strengthen a culture of safety and improve the quality of care in hospitals (Buck Sainz-Rozas et al., 2026). Although numerous studies have evaluated the effectiveness of communication training and structured communication methods on handover quality and patient safety, the available evidence remains scattered and diverse in terms of study design, population, and implementation context (Ko et al., 2019; Ruban et al., 2026). Some studies focus on the effectiveness of SBAR in improving handover quality, while others evaluate the impact of communication training on nurses' interpersonal competencies or patient safety outcomes. This fragmentation of evidence makes it difficult to develop comprehensive practical recommendations for nursing managers and policymakers in hospitals (Ahn et al., 2021; Dewi Mulfiyanti & Andi Satriana, 2022).

Therefore, this systematic review is needed to structuredly synthesize scientific evidence regarding the effectiveness of communication training and the implementation of structured communication methods on handover quality, patient safety, and nurse performance in hospitals. This review aims to identify the types of communication interventions that have been implemented in the context of hospital nursing. The results of this review are expected to strengthen the implementation of evidence-based interventions to improve nurse communication quality, minimize handover errors, and support patient safety in hospitals.

METHOD

Study Design

This study used a Systematic Review design that aimed to identify, critically evaluate, and synthesize scientific evidence regarding the effectiveness of communication training and the implementation of structured communication methods on handover quality, patient safety, and nurse performance in hospitals. The entire reporting process followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines, ensuring that each stage was carried out in a standardized, transparent, and complete manner. The study protocol is planned to be registered with PROSPERO so that the systematic review process can be properly documented according to international standards.

Search Strategy

A systematic literature search was conducted by two reviewers to find articles published between 2016 and 2025. The electronic databases used included PubMed, Scopus, and CINAHL, as they are the primary sources of scientific literature in nursing and healthcare. The search strategy was

developed based on the research question by combining keywords, MeSH terms, and relevant synonyms related to communication training, structured communication methods such as SBAR or ISBAR, and outcome indicators related to handover, patient safety, and nurse performance. The Boolean operators "AND" and "OR" were used to ensure that the search covered all relevant literature without omitting important studies. The terms used included variations of concepts such as "communication training," "structured handover," "SBAR," "handoff communication," "nurse performance," and "patient safety," adapted to the search format of each database.

Inclusion and Exclusion Criteria

Article selection was based on the PICOS (Population, Intervention, Comparison, Outcome, Study Design) framework. The population included in this review were nurses working in hospitals, in any unit including inpatient care, emergency rooms, ICUs, operating rooms, and other specialized units. Interventions included clinical communication training and the implementation of structured communication methods—such as SBAR, ISBAR, I-PASS, or other evidence-based handover models—applied in the context of hospital nursing. Comparisons could be control groups, standard practices, or pre-post designs without randomization. Studies should report quantitative outcomes related to handover quality, patient safety indicators, or nurse performance. Accepted research designs included experimental studies, particularly randomized controlled trials and quasi-experimental studies. Articles were only included if they were published between 2010 and 2025, were available in English or Indonesian, and had full text. Articles were excluded if they were not relevant to the topic of nursing communication, were conducted outside of a hospital setting, were qualitative or descriptive in nature, were case reports, research protocols, abstracts without full text, or did not provide sufficient outcome data. We found 678 articles from initial search, and 10 articles included in this systematic review.

Study Selection and Data Extraction

All literature search results were entered into a reference management tool (Mendeley) to eliminate duplication. Study selection was then conducted in two stages by two independent reviewers. The first stage was title and abstract screening, where articles were evaluated for initial relevance to the inclusion criteria. Articles that did not meet the criteria were excluded at this stage. The second stage was full-text assessment, where both reviewers read the entire article to ensure its compliance with the PICOS framework and evaluate its methodological quality. Once eligible articles were identified, both reviewers independently performed data extraction using a standardized extraction form. Extracted data included information on authors and year of publication, country or study location, study objectives, study design, sample characteristics, type and duration of intervention, and relevant key findings and outcomes. The entire selection process is reported in the PRISMA 2020 flowchart to ensure transparency of the article selection process.

Data Synthesis and Analysis

Data from eligible studies were analyzed using a narrative synthesis approach, as variations between studies in the type of intervention, duration of training, structured communication methods used, and types of outcomes measured resulted in heterogeneity that precluded meta-analysis. A narrative synthesis was developed to describe the characteristics of the interventions, the context in which they were implemented across nursing care units, their effectiveness on handover quality, patient safety, and nurse performance, and the relationship between the study's methodological quality and the consistency of findings. The synthesis results are presented in a comprehensive description and a summary table containing the characteristics and key results of each study.

RESULT

Search and Selection Process

A total of 678 initial records were identified from three electronic databases: PubMed, Scopus, and CINAHL. After deduplication of 100 records, 578 remained for title and abstract screening. At this

stage, 498 records were eliminated for not meeting the inclusion criteria, primarily because they did not focus on nursing communication interventions, did not involve hospital nurses, or did not use an experimental design. A further 80 articles were reviewed for full-text searches. Of these, 65 articles were excluded because they were not available in full text, did not report quantitative results, or did not discuss communication training or structured communication methods. This left 15 articles that were accessible in full text and were subsequently assessed for eligibility. After full-text evaluation, 5 articles were excluded for not meeting PICOS criteria. Reasons for exclusion included the use of a non-experimental design, the focus of the intervention not related to handover or structured communication, the context of the study being conducted outside the hospital, and reports that were solely descriptive or opinion-based. Ultimately, 10 studies met all inclusion criteria and were included in this systematic review (Table 1). The complete selection process is detailed in the PRISMA flowchart (Figure 1).

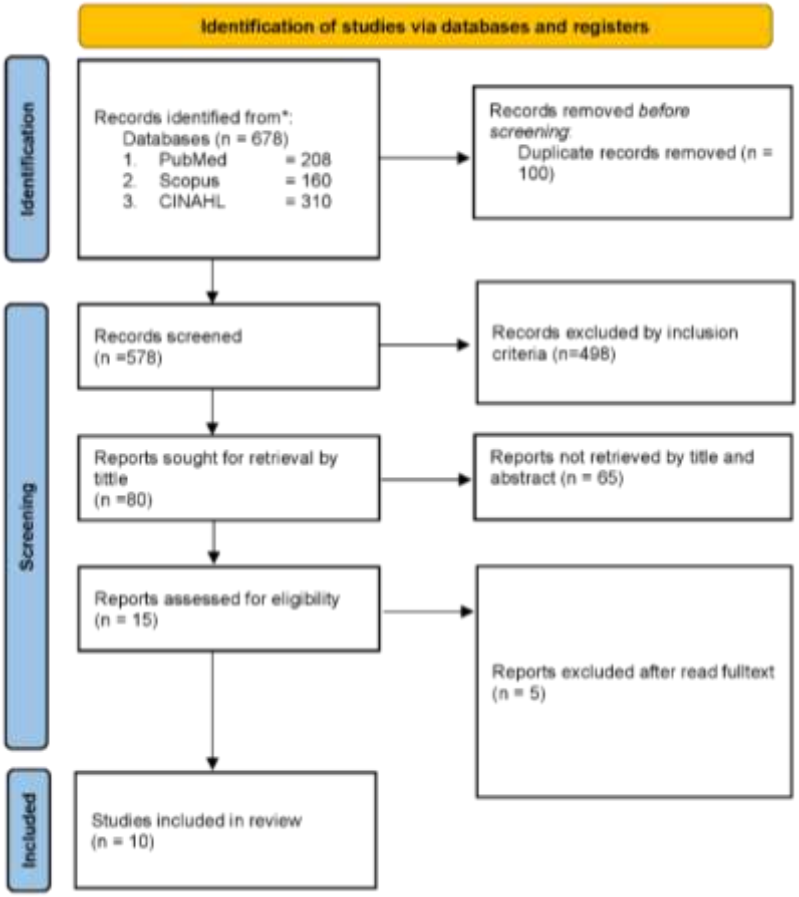

Figure 1. PRISMA Flow Diagram

Table 1.
Data Extraction

No	Authors, Year	Purpose	Country	Design	Samples	Interventions	Results
1	(Buck Sainz-Rozas et al., 2025)	To evaluate the effectiveness of a structured handover tool (SBAR-HP) implemented in pediatric inpatient care.	Spain (Vall d'Hebron Barcelona Hospital Campus)	A single-group pre–post quasi-experimental study.	A total of 110 nurses participated in the pre-intervention phase and 81 nurses completed the post-intervention assessment (paired analysis).	Implementation of the SBAR-HP tool. 45-minute in-person training, educational posters, and email reminders during the 15-day implementation period.	The quality of handover has improved significantly. (overall quality increased from 51.5 to 69, $p < 0.00001$). SBAR-HP is an effective tool for managing handover communications.

No	Authors, Year	Purpose	Country	Design	Samples	Interventions	Results
2	(Monti et al., 2022)	To explain changes in the quality of nurse handovers after the introduction of the SBAR method. Secondary objectives were to explain changes in the number of interruptions and communication skills.	Italy (Assistant Lodi)	Quasi-experimental, monocentric study with pre/post test design.	198 nursesparticipated; 208 nurse handovers were analyzed. Samples from eight Units (including Internal Medicine, General Surgery, Pediatrics, ICU, etc.).	Introduction to the SBAR method for standardizing information handover.	Significant improvements were found in handover quality, reduced interruptions, and improved communication skills after the introduction of SBAR. All evaluated items showed clear improvements.
3	(Seger & Oleiwi, 2025)	To investigate the effects of communication skills training on the practice of nurses and midwives.	Iraq (Gynecology and Obstetrics Teaching Hospital, Karbala City)	Randomized controlled trial(RCT).	A total of 132 subjects were selected, leaving 100 participants (50 in the intervention group, 50 in the control group) after dropout. The participants were nurses and midwives.	The intervention group received a 10-day communication skills training course. Training methods included role-play, videos, lectures, and discussions.	A significant difference was found between the intervention and control groups in their practice after the training implementation (p-value < 0.05). The training effectively improved the practice of nurses and midwives.
4	(Rawat et al., 2024)	Aims to assess the effectiveness of communication training rubrics in improving nurses' empathic communication skills.	India (AIIMS, Rishikesh, Uttarakhand)	Randomized controlled trial (RCT).	400 nurses recruited (E=200, C=200) from 24 medical and surgical wards, with 291 participants completing the trial.	A video-based training program covering seven practical empathic skills (such as empathic listening and emotional validation). Assessments were conducted at pretest and three follow-up points (1, 2, and 6 months).	Post-test scores were statistically significantly higher than pre-test and control group scores ($p < 0.05$). These positive results were maintained at 6-month follow-up.
5	(Pazar et al., 2024)	To test the implementation and evaluation of the SBAR communication model in nurse handover by pediatric surgical nurses.	Turkey(Ankara City Hospital, Ankara)	Semi-experimental pretest-post-test design.	24 nurses who works in two pediatric surgical units.	PowerPoint presentation (60 minutes) on the use of the SBAR model, followed by participants' use of the SBAR handover form over 3 months.	Knowledge about the SBAR communication model increased significantly after the presentation ($P < .000$). The majority (83.3%) wanted to continue using the SBAR model.
6	(Hsu et al., 2015)	To compare the effects of traditional courses versus scenario-based simulation training in communication training on nurses' communication	Taiwan (Medical center in northern Taipei City)	Randomized controlled trial (RCT) with a pretest and two posttests.	116 nurses(level N0 to N2), divided into control group (n=52) and experimental group (n=64) for pretest/posttest 1. 78 nurses	The experimental group received a scenario-based simulation course (including a simulation scenario film, group discussion, reflection, and feedback). The control group	Both groups showed increases in competence and self-efficacy, but the simulation group showed significantly greater increases in competence scores ($P < .001$) and self-efficacy ($P = .001$).

No	Authors, Year	Purpose	Country	Design	Samples	Interventions	Results
		competency, self-efficacy, and performance.			for posttest 2.	received a traditional course (lecture, case-based discussion).	The experimental group was also significantly more satisfied with the learning experience (P = .002).
7	(Hendra et al., 2021)	To determine the effect of SBAR communication training on the knowledge and attitudes of associate nurses in inpatient units.	Indonesia (Dr. Zainal Abidin Hospital, Aceh)	Quasi-experimental pretest-posttest design without control group.	49 nursesassociation.	SBAR communication training intervention. Knowledge and attitudes were measured in the pretest, posttest I (immediately after training), and posttest II (three weeks later).	SBAR training significantly improved nurses' knowledge (p=0.0001) and attitudes (p=0.008). Knowledge showed a significant decrease after three weeks (Posttest II) compared to Posttest I, although it was still higher than baseline.
8	(Abdollahi et al., 2022)	To determine the effect of using the SBAR model in shift handover on patient and nurse satisfaction in the emergency department.	Iran (Emergency Department of Golestan Hospital, Ahvaz)	Quasi-experimental study with control and experimental groups.	70 shift handover positions (35 control group, 35 experimental group). Involving 35 nurses and 70 patients.	The experimental group used the SBAR model of handover. The intervention involved 60 minutes of SBAR training and three practical sessions at the patient's bedside. Patients also received handover participation training.	Nurse satisfaction increased significantlyafter the intervention (P=0.002). Patient satisfaction in the experimental group was significantly higher than in the control group (P < 0.0001).
9	(Dehghani et al., 2022)	To test the effect of communication skills training on nurses' moral distress.	Iran (Motahari Teaching Hospital, Jahrom)	Randomized controlled trial (RCT).	53 nurses randomly selected (Intervention n=28, Control n=25). Participants had moderate to high levels of moral distress.	Communication skills training in a one-month, four-session workshop (2 hours each). The material covers basic communication concepts, effective communication skills, and strategies for exchanging medical information.	The average moral distress of nurses was significantly lower after the intervention (p<0.001) compared to before. There was a significant difference in moral distress between the intervention and control groups one month after the intervention (p<0.001).
10	(Salem, 2024)	To determine the impact of an educational intervention on nurses' understanding of the SBAR tool used during patient handover practice.	Abu Dhabi (A tertiary care hospital)	Quasi-experimental design.	A total of 40 participants (nurses/caregivers) participated. They were hospital transfer nurses, case managers, and shift leaders.	Educational training interventions were provided after the pretest, covering the basic concepts of the SBAR tool, its necessity, significance, and how to use it.	The educational intervention resulted in significant improvements in understanding and use of the SBAR tool. Mean scores increased from 57.4% on the pretest to 94% on the posttest (P=0.000).

Thematic Analysis of Nursing Communication Intervention Research Results (n=10)

A thematic analysis was conducted on the findings of 10 intervention studies (quasi-experimental and randomized controlled trials (RCTs) focusing on communication skills training and the implementation of the structured communication model (SBAR/SBAR-HP) in various countries, including Spain, Iran, India, and Indonesia. The results were grouped into four main themes.

Standardization and Improvement of Handover Quality Through the SBAR Model

The application of the SBAR (Situation, Background, Assessment, Recommendation) communication model has been found to consistently improve the quality of the patient handover process and is an effective tool for standardizing information transfer.

1. **Quality and Safety Improvements:** Implementation of the SBAR-HP tool in Spain resulted in a significant improvement in overall handover quality (from 51.5 to 69, $p < 0.00001$). A similar improvement in handover quality was also found in Italy after the introduction of the SBAR method (Monti et al., 2022).
2. **Communication Structure and Organization:** The SBAR model has proven effective in managing handover communication. Significant improvements were noted in the dimensions of setting, organization, content, and humanistic qualities after implementing SBAR-HP in a pediatric ward (Buck Sainz-Rozas et al., 2025).
3. **Barrier Reduction:** The use of SBAR in Italy was correlated with a reduction in the number of interruptions and improved communication skills during handover (Monti et al., 2022).

Positive Impact on Knowledge, Competence, and Empathy Skills

Training interventions, both those focused on SBAR and general communication skills, have been shown to be effective in improving nurses' cognitive abilities and behavioral practices.

1. **SBAR Knowledge Enhancement:**SBAR training and educational interventions resulted in significant improvements in nurses' knowledge. In a quasi-experimental study in Abu Dhabi, the mean comprehension score increased from 57.4% to 94% ($P = 0.000$) (Salem, 2024). In Turkey, SBAR knowledge scores also significantly improved after the presentation (Pazar et al., 2024).
2. **Improving Practices and Attitudes:**SBAR training in Indonesia significantly improved nurses' knowledge ($p = 0.0001$) and attitudes ($p = 0.008$) (Hendra et al., 2021). An RCT study in Iraq found that effective communication skills training improved nurses' and midwives' practice ($p < 0.05$) (Seger & Oleiwi, 2025).
3. **Empathy Skill Enhancement:**A video-based training program using a communication rubric in India significantly improved nurses' empathic communication skills ($p < 0.05$). These positive results were maintained at 1-, 2-, and 6-month follow-ups (Rawat et al., 2024).

Improving Staff/Patient Satisfaction and Well-Being

Improved communication models not only improve processes, but also impact the satisfaction of the parties involved and reduce psychological stress on staff.

1. **Patient and Nurse Satisfaction:** The use of the SBAR model for handover in an Iranian emergency department significantly increased nurse satisfaction ($P = 0.002$) and resulted in significantly higher patient satisfaction in the intervention group ($P < 0.0001$) (Abdollahi et al., 2022).
2. **Reduction of Moral Distress:** An RCT study in Iran showed that communication skills training in a 4-session workshop (2 hours each) for one month significantly reduced the average moral distress of nurses ($p < 0.001$) one month after the intervention (Dehghani et al., 2022).
3. **Positive Perception of Safety:** The majority of nurses in Turkey (95.8%) believe that the SBAR model has the potential to prevent adverse events. A study of SBAR-HP in Spain also concluded that its adoption could improve staff satisfaction (Buck Sainz-Rozas et al., 2025).

Effectiveness of Training Methods and Need for Sustainability

Comparisons between training methods showed that interventions involving simulation provided superior results, and the importance of ongoing reinforcement was emphasized.

1. **Advantages of Scenario-Based Simulation:** A scenario-based simulation course in Taiwan was found to be more effective than a traditional (lecture) course in terms of learner satisfaction (P = .002) and resulted in significantly greater improvements in communication competency scores (P < .001) and communication self-efficacy (P = .001) (Hsu et al., 2015).
2. **Need for Continuous Strengthening:** Although SBAR training increased knowledge, a study in Indonesia noted a significant decrease in knowledge scores after three weeks (Posttest II) compared to immediately after training (Posttest I) (p = 0.0001) (Hendra et al., 2021). This demonstrates the importance of providing regular and ongoing information to maintain knowledge.
3. **New Model Acceptance:** Despite initial time concerns (Pazar et al., 2024), the majority of nurses in Türkiye (83.3%) wanted to continue using the SBAR model.

DISCUSSION

This systematic review maps and synthesizes evidence from 10 studies evaluating the effectiveness of communication training and the implementation of structured communication methods on handover quality, patient safety, and nurse performance in hospitals. This comprehensive analysis provides an in-depth understanding of how communication interventions can improve the quality of nursing practice, the mechanisms of change involved, and the contextual conditions that determine their success. This section outlines the key findings, explains the determinants of intervention effectiveness, and provides implications for nursing practice and future research.

The review found that studies with the highest methodological strength, particularly randomized controlled trials (RCTs), provide the strongest evidence base for validating the effectiveness of communication training. RCTs evaluating scenario-based communication training, empathic communication training, and nurse communication competency improvement interventions consistently demonstrated significant improvements in interpersonal communication skills, clarity of clinical delivery, and decision-making accuracy (Etemadifar et al., 2021). This consistency confirms that structured and repeated communication training has the ability to strengthen core competencies required for the handover process, an area at high risk for clinical misinformation (Shahid et al., 2022).

On the other hand, numerous quasi-experimental studies conducted in resource-limited care settings have made important contributions in demonstrating that structured communication methods such as SBAR and ISBAR can be implemented practically and effectively across nursing units (Ha et al., 2017). These studies, while having a lower level of evidence than RCTs, demonstrate clear benefits in terms of improved information structure, reduced interruptions, improved data completeness, and increased nurse satisfaction with the handover process (Etemadifar et al., 2021). These findings highlight the importance of flexibility and local adaptation in the implementation of standardized communication methods, particularly in hospitals with high workforce and workload challenges (Yoon & Lee, 2018).

Overall, this synthesis suggests that the most effective interventions are those that integrate two key layers: individual capacity building (through communication training) and process standardization (through structured communication methods). Communication training provides the psychosocial foundation and interpersonal skills that enable nurses to convey information more clearly and confidently (Kesten, 2011). Meanwhile, structured communication methods such as SBAR provide a framework that ensures that information is delivered consistently, standardized, and systematically (Shahid et al., 2022). The combination of these two interventions reinforces patient safety principles and supports the development of a more open, accurate, and collaborative communication culture (Yun et al., 2023).

Analysis of the mechanisms of change from effective studies indicates that communication training works by improving core competencies such as assertive communication skills, clinical reasoning in conveying patient conditions, and the ability to provide appropriate recommendations (Yuliyanti et al., 2020). These mechanisms strengthen communication quality at the micro level (nurse-nurse and nurse-physician interactions) (Do & Shin, 2019). In contrast, the use of SBAR or ISBAR works through structural mechanisms that minimize practice variation, reduce reliance on individual experience, and clarify the flow of clinical information. These interventions affect the meso level, namely nursing unit governance, including team collaboration patterns, shift handover efficiency, and reduced miscommunication incidents (Cruchinho et al., 2025).

The critical synthesis also highlighted the importance of organizational context and culture in the success of interventions. Differences in response to the intervention between emergency departments, inpatient units, and specialty units suggest that work pressure, caseload, and time constraints play a significant role in determining the effectiveness of structured handovers. For example, the SBAR intervention was most effective in units with high patient complexity, as the clear structure helped nurses summarize dense information in a short time (Pazar et al., 2024). However, implementing the same intervention in units with work cultures that discourage open communication, or with less responsive leadership, resulted in less significant improvements than in other units (Pazar et al., 2024). These findings emphasize that the success of communication interventions depends not only on the quality of training but also on organizational readiness, managerial support, and a culture of patient safety (Dewi Mulfiyanti & Andi Satriana, 2022).

Cultural factors are another important component influencing the effectiveness of interventions. Studies conducted in Southeast Asia and the Middle East have shown that nurses often face communication barriers related to professional hierarchies and social norms that affect their comfort in conveying recommendations to physicians (Haddeland et al., 2022). Simulation-based communication training and structured communication methods such as SBAR have been shown to be effective in reducing these barriers, as they provide an objective framework that reduces interpersonal tension when conveying critical information (Moi et al., 2019). This suggests that cultural adaptations—such as a more collaborative approach and strengthening the role of nurses in clinical decision-making—are critical components in enhancing the effectiveness of communication interventions (Burgess et al., 2020).

A temporal analysis of intervention duration and intensity also revealed that interventions that provided repeated training or were accompanied by follow-up supervision resulted in more sustained improvements in handover quality than single-session interventions. SBAR implementation accompanied by formal training and periodic evaluations demonstrated more stable results than SBAR implementation without follow-up supervision. Therefore, the sustainability of intervention effects requires an organizational commitment to providing ongoing training and routinely monitoring handover quality.

The review also highlights a gap between the clinical effectiveness of interventions and their ease of implementation in the field. More complex interventions, such as intensive scenario simulation training, offer strong competency gains but require significant resources in terms of time, personnel, and facilities (Reime et al., 2024). Conversely, simpler interventions, such as introducing SBAR in a form or written guide, are easier to implement broadly but may have more moderate impacts. To address this dilemma, a stepped-care approach to implementation could be considered (Gheisari et al., 2025). This approach could begin with the application of structured communication methods as a foundation, followed by advanced communication skills training as needed by the unit or based on the results of handover quality evaluations (Gao et al., 2024).

Based on this synthesis, three strategic recommendations for practice development and further research are presented. First, communication training interventions and structured methods need to be designed to be responsive to local contexts, organizational cultures, and resource constraints (Pakcheshm et al., 2020). Second, future research should focus on long-term implementation models that integrate communication training with monitoring handover quality and strengthening a safety culture. Third, discussions regarding the mechanisms of change should be explored more deeply in future research designs, for example through studies that directly evaluate the relationship between improved communication competency and a reduction in safety incidents (Haddeland et al., 2022).

CONCLUSION

This systematic review demonstrates that communication training and the implementation of structured communication methods play a critical role in improving handover quality, patient safety, and nurse performance in hospitals. Evidence from the ten studies analyzed confirms that standardized, designed interventions whether training in clinical communication competencies or the use of tools such as SBAR or ISBAR consistently improve clarity of information delivery, accuracy of clinical transfer, and interprofessional collaboration. These interventions work by strengthening individual communication capacities while providing a consistent framework, thus minimizing practice variation and reducing the risk of miscommunication that can impact patient safety.

In addition to technical effectiveness, the review's findings emphasize that intervention success is strongly influenced by organizational context and cultural adaptation. Implementation tailored to work unit characteristics, leadership support, and safety culture results in better acceptance and more sustainable impact. These findings support the adoption of a stepped-care model in nursing communication, where structured communication methods are established as a universal foundation, then reinforced with further training as needed. Thus, communication interventions are not only clinically effective but also have the potential for widespread and sustainable implementation across a variety of hospital contexts, making them a key strategy for improving quality of care and patient safety.

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