



Transformation of Patient Safety Culture through Clinical Communication: A Critical Analysis of Implementing ISBAR3 on Nursing Literature

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Abstract

Effective clinical communication is a fundamental element in ensuring patient safety. ISBAR3 (Identification, Situation, Background, Assessment, Recommendation, Read-back, Risk) as a structured communication method has the potential to transform the culture of patient safety in nursing practice. This study critically analyzes the implementation of ISBAR3 in the Indonesian nursing literature for the 2018-2023 period through a qualitative methodology based on a literature study. The results of the analysis revealed the multidimensional impact of ISBAR3 on improving the quality of nursing handover, patient satisfaction, and reducing safety incidents. Factors supporting and inhibiting implementation include teamwork, organizational learning, workload, and management support. Implementation optimization requires a comprehensive approach including contextual adaptation, capacity building, system integration, policy support, and continuous evaluation. The transformation of patient safety culture through ISBAR3 represents a fundamental shift from a reactive to a proactive paradigm in Indonesian healthcare.

Keywords: ISBAR3, clinical communication, patient safety

Introduction

Patient safety is a fundamental component in the implementation of quality health services. This concept has evolved significantly in the last two decades, especially since the publication of the "To Err is Human" report by the Institute of Medicine in 1999 which revealed that medical errors cause 44,000 to 98,000 deaths each year in the United States (Lark et al., 2020). The report was a catalyst for a paradigm shift that shifted the focus from blaming individuals to understanding patient safety as a result of a complex health care system. In the Indonesian context, awareness of the importance of patient safety is increasing, especially after

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the issuance of the Minister of Health Regulation Number 11 of 2017 concerning Patient Safety and the inclusion of patient safety standards as an assessment element in the accreditation of health facilities (Ministry of Health of the Republic of Indonesia, 2017).

Effective clinical communication has been identified as a crucial element in ensuring patient safety. Data from the Joint Commission International shows that more than 70% of patient safety incident cases are related to communication failures between healthcare professionals (Sulahyuningsih et al., 2020). Communication gaps occur in various aspects of healthcare, including patient handover between shifts, interdepartmental consultations, and multidisciplinary care coordination. The effects of ineffective communication are complex and far-reaching, ranging from misdiagnosis, delays in treatment, to improper intervention, leading to increased morbidity, mortality, and health costs (Fourianalistyawati, 2020).

In an effort to address clinical communication problems, various structured methods have been developed and implemented globally. One of the methods that has received widespread recognition is ISBAR3 (Identification, Situation, Background, Assessment, Recommendation, Read-back, Risk), which is a development of the conventional SBAR method. ISBAR3 not only provides a communication framework, but also emphasizes on confirming information through read-back and identification of potential risks, thus offering a more comprehensive approach in clinical communication (Herawati & Nuraeni, 2020). This method has been adopted by various healthcare institutions around the world and is recommended by international organizations such as the World Health Organization (WHO) in its global patient safety programs.

Although there is evidence to support the effectiveness of ISBAR3 in improving patient safety, its implementation in nursing practice still faces various challenges. Studies conducted by (Husna et al., 2025) in hospitals in Indonesia found that although 87% of nurses showed a good understanding of the ISBAR3 method, only 56% implemented it consistently in daily practice. This gap between knowledge and practice is affected by a variety of factors, including high workloads, time constraints, resistance to change, and a lack of organizational support and clinical supervision. The transformation of patient safety culture requires a systemic approach that not only focuses on the technical aspects of the implementation of ISBAR3, but also pays attention to the socio-cultural dimensions that influence the behavior of healthcare professionals. According to research (Irviranty, 2020), organizational culture change is a fundamental prerequisite for adopting patient safety practices, including structured clinical communication. A positive safety culture is characterized by supportive leadership, learning from mistakes, open communication, effective teamwork, and an orientation to continuous quality improvement. In this context, the implementation of ISBAR3 cannot be separated from broader efforts in building a conducive patient safety culture.

The integration of the ISBAR3 method in the digital health information system is an important development that has the potential to improve compliance and implementation effectiveness. Research by (Karmila & Hananto, 2020) showed that the use of ISBAR3-based mobile applications improved the accuracy of patient handover communication by up to 78% and reduced patient safety incidents by 45% compared to traditional methods. The utilization

of information technology not only simplifies the documentation and standardization of clinical communications, but also enables real-time data analysis for continuous evaluation and quality improvement.

Although there is a large literature that discusses the implementation of ISBAR3 in clinical settings, critical analysis of its effectiveness and implementation constraints in the context of Indonesian nursing is still limited. The majority of existing research focuses on technical and operational aspects, while the socio-cultural and organizational dimensions that influence successful implementation have not been explored in depth. In addition, there has not been a comprehensive review that integrates various theoretical and empirical perspectives to provide a holistic understanding of the role of ISBAR3 in transforming patient safety culture in Indonesia.

Based on this background, this study seeks to fill the gap in the literature by proposing the following problem formulation: How does the implementation of ISBAR3 contribute to the transformation of patient safety culture in Indonesian nursing practice? What are the supporting and inhibiting factors in the implementation of ISBAR3 in various nursing settings? What strategies are effective to optimize the implementation of ISBAR3 in the context of the Indonesian health system? This study aims to critically analyze the implementation of ISBAR3 in the nursing literature and its influence on the transformation of patient safety culture. Specifically, this study aims to: (1) Identify various models of ISBAR3 implementation in nursing practice and its effectiveness in improving clinical communication; (2) Analyze the contextual factors that affect the successful implementation of ISBAR3 in various nursing settings; (3) Evaluate the impact of the implementation of ISBAR3 on patient safety indicators and the quality of nursing services; and (4) Formulate strategies and recommendations to optimize the implementation of ISBAR3 in the context of the Indonesian health system.

The results of this research are expected to provide significant benefits both theoretically and practically. Theoretically, this study will enrich the literature on clinical communication and patient safety by presenting a comprehensive analysis of the implementation of ISBAR3 in a nursing perspective. The research findings are expected to serve as a foundation for the development of a more holistic conceptual framework in understanding the interactions between clinical communication, organizational culture, and patient safety. Practically, the results of this study can be a reference for health practitioners, hospital managers, and policymakers in developing effective strategies for the implementation of ISBAR3. The resulting recommendations can assist health institutions in designing training programs, supervision systems, and evaluation mechanisms that are appropriate to the local context. For nursing education, research findings can be integrated into the curriculum to prepare aspiring nurses with effective clinical communication competencies.

From a policy perspective, this research has the potential to provide input for the development of regulations and standards of practice related to clinical communication and patient safety. By comprehensively understanding the complexities of ISBAR3 implementation, policymakers can design interventions that not only emphasize compliance with procedures but also facilitate sustainable cultural change. Transforming patient safety culture is a long journey that requires a multidimensional approach. Effective implementation

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of ISBAR3 can be a catalyst for change that strengthens the foundation of patient safety in the healthcare system. Through a critical analysis of the nursing literature, this study is expected to make a significant contribution in optimizing the role of structured clinical communication as an instrument for the transformation of patient safety culture in Indonesia.

Literature Review

Previous research conducted by Stuart & Nuraeni (2020) showed that the use of the ISBAR3 model electronically can improve patient safety by improving communication between health workers. This literature study emphasizes that the use of ISBAR3-based applications not only facilitates neater and more standardized communication recording, but also increases awareness of risks and reduces errors in task handover. These results reinforce the importance of digitizing clinical communication as part of an effective and sustainable patient safety culture transformation.

In addition, findings from Irwanti et al. (2022) showed a significant relationship between effective communication and the implementation of patient safety culture in hospitals. This study confirms that structured communication such as ISBAR3 not only has a technical impact on task handover between shifts, but also has a systemic impact on the formation of safety norms and behaviors in the organization. Factors such as management support, resource allocation, and consistent leadership were found to be the main determinants of the success of implementing effective communication.

Furthermore, a study conducted by Yanriatuti et al. (2020) identified that factors such as strong teamwork, organizational learning, nurse workload, and communication skills are important elements in supporting or inhibiting the implementation of patient safety culture, including the use of ISBAR3. These findings reinforce the importance of a multidimensional approach in implementing ISBAR3, which involves not only technical training but also fostering organizational culture, supportive leadership, and an effective supervision system to encourage consistency in structured communication practices in the nursing work environment.

Research Method

This study implements a qualitative methodology based on literature studies that focuses on systematic and interpretive content analysis. Literature source selection was conducted through a comprehensive search of electronic databases including PubMed, CINAHL, Scopus, and Google Scholar using specific keywords such as "ISBAR3", "structured clinical communication", "patient safety", and "Indonesian nursing practice". The inclusion criteria include scientific publications for the 2018-2023 period, in Indonesian or English, and relevant to the implementation of ISBAR3 in the context of nursing. Secondary data collected included academic journal articles, institutional reports, policy documents, and clinical practice guidelines. The data analysis adopts a hermeneutic approach with open coding processes, thematic categorization, and interpretive synthesis to identify patterns, trends, and gaps in

ISBAR3 implementation. The validity of the research is strengthened through triangulation of sources and theories, as well as the application of the principle of reflexivity at each stage of analysis. This study explores the multifaceted dimensions of ISBAR3 implementation, including structural aspects, processes, and impacts on the transformation of patient safety culture in the Indonesian healthcare system.

Result and Discussion

Implementation of ISBAR3 in the Context of Indonesian Nursing

The implementation of ISBAR3 in the context of Indonesian nursing shows significant developments as a structured communication instrument that supports the transformation of patient safety culture. An analysis of the nursing literature reveals that the ISBAR3 method has been implemented with varying degrees of adaptation and success in various health institutions. A study conducted at the Pariaman Regional General Hospital demonstrated the positive impact of the implementation of ISBAR3 on the quality of care handover and patient satisfaction. The results showed a significant improvement in the quality of nursing handover and patient satisfaction after the implementation of the ISBAR3 method for three months (Husna et al., 2024). These findings confirm the potential of ISBAR3 as a transformative instrument that not only improves the technical aspects of clinical communication but also positively impacts patients' perceptions of the quality of care.

Although there is empirical evidence supporting the effectiveness of ISBAR3, its implementation in daily nursing practice still varies. Adaptation to the local context is an important factor that influences the success of implementation. Some health institutions in Indonesia still use the conventional SBAR method as the basis for their structured communication, as illustrated in the study (Christina & Susilo, 2021) which explores the use of SBAR methods for effective communication between health workers in a clinical context. The SBAR method is seen as beneficial in improving team communication in general, strengthening communication skills in certain situations, and facilitating the handover process between shifts. The transition from SBAR to ISBAR3 requires a paradigm shift that not only emphasizes the communication structure, but also improves the safety aspect through read-back components and risk identification.

The integration of ISBAR3 with electronic and digital systems is an important development in the implementation of this method in the era of digital transformation of health. The digitization of the ISBAR3 protocol allows for more consistent standardization, real-time compliance monitoring, and data analysis for continuous evaluation. However, this technology integration also poses new challenges, including the need for digital literacy among healthcare workers, reliance on technology infrastructure, and potential disruption of clinical workflows if systems are not designed with the user's context in mind. An effective implementation strategy needs to consider these complex socio-technical aspects to ensure sustainable adoption.

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Training and continuing education play a crucial role in facilitating the effective implementation of ISBAR3. Orientation programs for new healthcare workers, scenario-based simulations, and periodic refresher sessions are needed to strengthen clinical communication competencies. Training approaches that integrate adult learning principles, such as practice-based experiences and critical reflection, have proven to be more effective in facilitating behavior change compared to conventional didactic methods. In addition, the development of ISBAR3 "champions" in each unit or department can strengthen implementation through example-sharing, peer-to-peer mentoring, and ongoing advocacy.

Managerial and leadership aspects also play a vital role in the implementation of ISBAR3. Consistent management support, adequate resource allocation, and integration of ISBAR3 into organizational policies and procedures are key success factors. Study by (Irwanti et al., 2022) at Raden Mattaher Hospital, Jambi Province, showed a significant relationship between effective communication and the implementation of a patient safety culture. These findings confirm that the implementation of structured communication methods such as ISBAR3 cannot be separated from broader efforts in building safety culture.

The implementation of ISBAR3 as a structured communication method in Indonesian nursing has shown significant transformative potential. Despite various challenges in its adoption and consistency of use, empirical evidence suggests that when implemented appropriately, ISBAR3 can improve the quality of clinical communication and have a positive impact on patient safety. Strengthening the clinical supervision system is an important strategy to ensure consistency in the implementation of ISBAR3 in daily practice. Structured and ongoing supervision allows for the identification of competency gaps, the provision of constructive feedback, and the strengthening of communication practices that comply with standards. Collaborative supervision models involving senior nurses and managerial staff can create a supportive environment and facilitate continuous learning. A supervisory approach that focuses on empowerment, rather than punitive supervision, is more effective in motivating nurses to integrate ISBAR3 into their routine practice.

The development of measurable performance indicators is also an important component in evaluating the effectiveness of ISBAR3 implementation. These indicators can include the accuracy and completeness of information in patient handovers, patient satisfaction with continuity of care, and the frequency of communication-related safety incidents. Systematic and continuous measurement of these indicators allows healthcare institutions to monitor implementation progress, identify areas for improvement, and demonstrate the added value of ISBAR3 in improving the quality of services.

The integration of ISBAR3 in the nursing education curriculum is a strategic step to prepare a generation of nurses who are competent in structured clinical communication. Exploration of innovative learning methods, such as technology-based simulations, interactive online learning, and community-based projects, can enrich the learning experience and facilitate the mastery of ISBAR3 communication competencies. Collaboration between educational institutions and healthcare services in the development of continuing education

programs can also bridge the gap between theory and practice, as well as ensure the relevance of learning materials to actual clinical needs.

Strengthening collaborative networks between health institutions in the implementation of ISBAR3 can facilitate the exchange of experiences, shared learning, and dissemination of best practices. Regular discussion forums, communities of practice, and knowledge-sharing platforms can be a forum for exploring implementation challenges and innovative solutions from a variety of perspectives and contexts. This collaborative approach not only enriches the knowledge base on the implementation of ISBAR3, but also builds professional solidarity and a shared commitment to improving the quality of clinical communication.

The development of national policies and standards of practice related to structured clinical communication is also needed to provide a regulatory framework that supports the implementation of ISBAR3. Standardization of the ISBAR3 protocol that takes into account the diversity of healthcare contexts in Indonesia can facilitate wider and consistent adoption. The integration of ISBAR3 in health facility accreditation standards and national performance indicators can strengthen the legitimacy and urgency of its implementation.

Ongoing research on the adaptation and effectiveness of ISBAR3 in the context of Indonesian culture and health systems is urgently needed to enrich the scientific evidence and guide the development of evidence-based practices. Exploration of contextual factors influencing implementation, development of adaptive implementation models, and evaluation of long-term impacts on patient safety indicators can provide valuable insights into optimizing ISBAR3 as an instrument for transforming patient safety culture.

Supporting and Inhibiting Factors for ISBAR3 Implementation

Analysis of the nursing literature reveals various factors influencing the implementation of ISBAR3 as a structured clinical communication instrument. These factors can be categorized into individual, interpersonal, organizational, and systemic factors, which together shape the complexity of the ISBAR3 implementation ecosystem in nursing practice. A systematic study conducted by (Yanriatuti et al., 2020) Identify four key factors that act as both supportive and inhibiting in the implementation of a patient safety culture, including structured clinical communication: teamwork, organizational learning, nurse stress levels and workloads, and communication. These factors interact with each other and affect the effectiveness of ISBAR3 implementation in various nursing settings.

Effective teamwork is an important foundation that supports the implementation of ISBAR3. Structured communication contributes to the formation of a shared mental model and improves interdisciplinary coordination. When healthcare teams have a consistent communication framework, clinical information can be transferred more accurately and comprehensively, reducing the risk of misunderstandings and improving the quality of clinical decision-making. However, rigid professional hierarchies, disciplinary differences, and service fragmentation can hinder effective teamwork. These challenges are increasingly complex in the context of Indonesia's health system which has a diversity of educational backgrounds, professional qualifications, and clinical experience among health workers.

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Organizational learning plays an important role in the adoption and sustainability of ISBAR3 implementation. Organizations with a strong learning culture facilitate knowledge transfer, critical reflection on practice, and continuous innovation. Constructive feedback mechanisms, incident analysis, and clinical discussion forums provide opportunities for healthcare workers to develop ISBAR3 understanding and communication skills. In contrast, organizations with a "blame culture" tend to hinder learning from mistakes and reduce motivation to adopt new practices. (Nugraheni et al., 2021) In his literature study, he identified obstacles in the patient safety culture in hospitals, including officer behavior, management support, lack of standard operating procedures, less supportive facilities, and lack of supervision and evaluation. These factors are also relevant in the context of ISBAR3 implementation, which requires ongoing behavioral and system change.

Nurses' stress levels and workload significantly affect the implementation of structured communication. In conditions of high workload and limited resources, nurses may find it difficult to allocate time and energy to implement communication protocols consistently. Study by (Wianti et al., 2021) revealed that nurse characteristics and patient safety culture have an effect on patient safety incidents. Education and gender are characteristics of nurses that influence the incidence of patient safety incidents, while management support, inter-unit cooperation, and handover and transition are influential safety cultural factors. These findings highlight the importance of considering individual and contextual factors in the implementation of ISBAR3.

Open and transparent organizational communication is an important catalyst in the implementation of ISBAR3. Study by (Ramdhan et al., 2024) About Interpersonal Communication and Work Culture emphasizes the role of internal communication in building a strong organizational culture, strengthening social relationships, improving collaboration, and developing leadership skills. In the context of ISBAR3 implementation, effective organizational communication facilitates information dissemination, clarification of expectations, and the formation of new norms related to clinical communication. Organizations with clear and inclusive communication channels tend to be more successful in implementing practice changes such as ISBAR3.

Management and leadership support are crucial factors influencing the implementation of ISBAR3. Study by (Irwanti et al., 2022) confirms a significant relationship between effective communication and the implementation of a patient safety culture. Consistent leadership commitment, adequate resource allocation, and integration of ISBAR3 into organizational policies and procedures are manifestations of management support that facilitates effective implementation. Conversely, inconsistent leadership, limited resources, and competing priorities can hinder the momentum of implementation and sustainability of structured communication practices.

The Impact of ISBAR3 Implementation on Patient Safety Indicators

The implementation of ISBAR3 as a structured clinical communication method shows a multidimensional impact on patient safety indicators. An analysis of the nursing literature reveals that the application of ISBAR3 contributes to improving patient safety through various

mechanisms, including reducing miscommunication, improving the completeness of clinical information, and strengthening care coordination. Studies conducted by (Husna et al., 2024) at the Pariaman Regional General Hospital demonstrated the significant influence of the implementation of ISBAR3 on the quality of nursing handover and patient satisfaction. Substantial improvements in nursing handover quality and patient satisfaction indicate the potential of ISBAR3 as a transformative instrument that improves the technical aspects of clinical communication and positively impacts patients' perceptions of care quality.

Reducing patient safety incidents is one of the significant impacts of the implementation of ISBAR3. Structuring clinical communication through ISBAR3 reduces the risk of loss of critical information during the care transition, minimizes misunderstandings between healthcare professionals, and facilitates early identification of changes in patient conditions. The "identification" component in ISBAR3 reinforces accurate patient identification, reducing the risk of misidentification which is one of the root causes of patient safety incidents. Meanwhile, the "read-back" component ensures confirmation of critical information, and the "risk" component facilitates proactive anticipation of potential risks, increasing clinical awareness and implementing preventive measures.

Improving the completeness and accuracy of clinical documentation is another important impact of the implementation of ISBAR3. Structured communication encourages systematic and comprehensive documentation, reducing variability and improving the consistency of clinical information. Quality documentation not only supports continuity of care but also increases professional accountability and provides legal protection. In the era of digital transformation of healthcare, the integration of ISBAR3 with electronic health information systems can further strengthen clinical documentation through structured templates, automated reminders, and real-time data validation.

The implementation of ISBAR3 also impacts operational efficiency and clinical workflows. Communication standardization reduces redundancy, minimizes interruptions, and optimizes time spent on clinical information exchange. Efficient handover allows for more time allocation for in-person interaction with patients and other care activities. However, it should be noted that the initial implementation of ISBAR3 may require an additional time investment in training and adaptation, before operational efficiencies can be fully realized.

Strengthening teamwork and interdisciplinary collaboration is a systemic impact of the implementation of ISBAR3. Structured communication facilitates a shared understanding of a patient's condition, treatment plan, and clinical priorities among various healthcare professionals. A consistent communication framework reduces communication barriers that often arise due to differences in professional backgrounds, terminology, and clinical perspectives. Study by (Yanriatuti et al., 2020) Identifying teamwork as one of the key factors that support the implementation of a patient safety culture. ISBAR3 strengthens the foundation of teamwork through clear, structured, and task-oriented communication.

Improved patient satisfaction and care experience are significant impacts of the often under-explored implementation of ISBAR3. Study by (Husna et al., 2024) show that the implementation of ISBAR3 contributes positively to patient satisfaction. Effective clinical

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communication increases patient engagement in care, strengthens trust in healthcare teams, and reduces anxiety related to care uncertainty. Bedside handover using the ISBAR3 format actively engages the patient in the communication process, increases transparency, and provides opportunities for patients to clarify information and express care preferences.

Transforming Patient Safety Culture through ISBAR3 Implementation

The implementation of ISBAR3 has the potential to be a catalyst for a broader and sustainable transformation of patient safety culture. This fundamental change not only occurs at the technical level of clinical communication, but also extends to the dimensions of values, norms, and assumptions that underlie nursing and healthcare practices as a whole. An analysis of the nursing literature reveals that effective implementation of ISBAR3 can facilitate the transformation of patient safety culture through a variety of mechanisms, including strengthening safety awareness, shifting from a culture of blame to a culture of fairness, and mainstreaming patient safety in daily practice.

Strengthening safety awareness is a fundamental impact of the implementation of ISBAR3. Through structured communication, healthcare professionals are trained to explicitly identify and communicate safety risks, increasing sensitivity to potentially dangerous situations for patients. The "risk" component in ISBAR3 specifically encourages proactive anticipation and mitigation of safety risks, reinforcing the safety mindset in everyday clinical practice. Study by (Irwanti et al., 2022) confirms the significant relationship between effective communication and the implementation of a patient safety culture, affirming the role of structured communication in building a strong foundation of a safety culture.

The transformation from a blame culture to a just culture is a crucial aspect in changing the culture of patient safety. The implementation of ISBAR3 facilitates this transition by emphasizing on an objective and process-oriented communication structure, rather than on individual errors. When safety incidents occur, ISBAR3-based analysis allows for the systematic identification of communication gaps, separating system failures from individual errors, and facilitating constructive organizational learning. (Nugraheni et al., 2021) In his literature study, he identified officer behavior and management support as important factors influencing patient safety culture in hospitals. Effective implementation of ISBAR3 needs to be supported by behavioural change and management's commitment to creating an environment that supports learning from mistakes without fear of unfair punishment.

The standardization of clinical communication practices through ISBAR3 also contributes to the development of professional norms that prioritize patient safety. As structured communication becomes an integral part of the clinical routine, professional expectations of what constitutes "good" or "effective" communication shift from mere informal information exchange to structured practices that prioritize accuracy, completeness, and clarity. Study by (Christina & Susilo, 2021) explores the use of the SBAR method for effective communication between healthcare workers, emphasizing its benefits in improving team communication in general, strengthening communication skills in specific situations, and facilitating the handover process between shifts. The evolution from SBAR to ISBAR3 marks

a paradigm shift that emphasizes more on safety, information confirmation, and risk anticipation.

Patient and family empowerment is an integral component of transforming patient safety culture. The implementation of ISBAR3 in bedside handover involves patients actively in the communication process, opening up opportunities for patients to ask questions, clarify information, and provide input. This transformation marks a shift from a traditional paternalistic model to a more collaborative, patient-centered model of healthcare. Study by (Husna et al., 2024) confirming the positive impact of the implementation of ISBAR3 on patient satisfaction, demonstrating the potential of this method in improving the patient care experience and empowerment.

Strategy for Optimizing the Implementation of ISBAR3 in the Context of the Indonesian Health System

Optimizing the implementation of ISBAR3 in the context of Indonesia's health system requires a multidimensional approach that considers socio-cultural, technical, and organizational complexities. Based on an analysis of the nursing literature, several key strategies can be identified to optimize the implementation of ISBAR3 as an instrument of patient safety culture transformation. These strategies include contextual adaptation, capacity building, system integration, policy support, and ongoing evaluation mechanisms.

Contextual adaptation to local needs and characteristics is a fundamental prerequisite for optimizing the implementation of ISBAR3. The ISBAR3 method needs to be adjusted to the cultural context, language, organizational structure, and work processes in Indonesian health institutions. (Puspitasari & Afifi, 2022) in their study of crisis communication strategies in dental health clinics during the COVID-19 pandemic emphasized the importance of adapting communication strategies to local contexts. In the context of ISBAR3 implementation, contextual adaptations can include modification of terminology, adjustments to existing clinical workflows, and development of training materials relevant to local practice. The "one size fits all" approach is not effective in implementing ISBAR3, given the diversity of characteristics of health institutions in Indonesia.

Capacity building through education and continuous training is a crucial component in optimizing the implementation of ISBAR3. An effective training program not only focuses on the technical aspects of ISBAR3 but also emphasizes on a contextual understanding of the importance of structured communication in improving patient safety. Interactive training methods, such as scenario-based simulations, role-playing, and critical reflection, are more effective in facilitating learning compared to traditional didactic methods. The development of the ISBAR3 e-learning module that can be accessed flexibly can overcome time and geographical constraints in the implementation of training. In addition, the establishment of a team of ISBAR3 facilitators in each health institution can ensure the sustainability of the training program and post-training technical support.

The integration of ISBAR3 into existing systems and work processes is an important strategy to ensure sustainable implementation. Instead of adding ISBAR3 as an additional task layer, this method needs to be seamlessly integrated into existing clinical workflows.

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Integration can be done through the development of communication aids such as ISBAR3 forms or templates, integration into electronic health information systems, and the development of visual reminders in the work environment. (Christina & Susilo, 2021) emphasizing the importance of integrating structured communication methods into interprofessional collaboration practices in health services. The integration of ISBAR3 with existing handover mechanisms, consultation protocols, and clinical documentation systems can improve efficiency and reduce resistance to implementation.

Policy support and leadership are crucial factors in optimizing the implementation of ISBAR3. Institutional policies that explicitly establish ISBAR3 as a clinical communication standard, allocate adequate resources for implementation, and create accountability for compliance with the ISBAR3 protocol can strengthen the legitimacy and priority of implementation. Visible and consistent leadership in promoting and practicing ISBAR3 in daily clinical activities provides a strong role model for staff. Study by (Wianti et al., 2021) Identify management support as one of the safety culture factors that affect patient safety incidents. Without strong policy support and leadership, the implementation of ISBAR3 risks becoming an interim initiative that is not sustainable.

The evaluation and continuous improvement mechanism is an integral component in optimizing the implementation of ISBAR3. The development of relevant performance indicators, systematic data collection, and regular analysis of implementation effectiveness allow for timely identification of areas of improvement and strategy adjustment. Evaluation mechanisms may include clinical documentation audits, direct observation of communication practices, staff and patient perception surveys, and patient safety incident analysis related to communication. (Ramdhan et al., 2024) emphasizing the importance of effective internal communication in improving organizational performance. In the context of ISBAR3 implementation, constructive feedback and open communication about implementation progress can motivate staff and strengthen commitment to practice change.

Conclusion

The implementation of ISBAR3 as a structured clinical communication method is an important catalyst in the transformation of patient safety culture in Indonesia. Literature analysis revealed the multidimensional impact of ISBAR3 on reducing miscommunication, improving documentation completeness, and strengthening interdisciplinary coordination. The successful implementation of ISBAR3 is influenced by the complex interaction of individual, interpersonal, organizational, and systemic factors. Effective teamwork, organizational learning culture, proportionate workload, and open communication are significant determinants in the adoption of ISBAR3. Contextual adaptation to local characteristics, capacity building through continuous training, integration with health information systems, and policy and leadership support are key strategies for optimizing implementation. The transformation of patient safety culture through ISBAR3 is reflected in strengthening safety awareness, shifting from a culture of blame to a culture of learning, standardization of professional practices, and patient empowerment. Transformational sustainability requires a

systemic approach that blends structural change, capacity building, and the evolution of professional values to create a healthcare ecosystem that prioritizes patient safety as a fundamental priority.

Conflict of Interest

The author stated that there was no conflict of interest in this study. All analysis and interpretation of the literature is carried out objectively without influence from external parties or interests. No special funding was received to carry out this research. The author has no financial, professional, or personal relationships with healthcare institutions, technology companies, or other organizations that could potentially affect the objectivity of the analysis. The interpretation of the effectiveness of ISBAR3 implementation is based solely on the scientific evidence available in the literature. The author has no intellectual property rights or commercial interests related to the ISBAR3 method or its derivative products. All the literature sources analyzed have been appropriately cited and adequate credit has been given to previous researchers. This research was carried out purely for academic contributions in the development of nursing science and improving patient safety in Indonesia.

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