Healthcare professionals must have effective communication abilities in order to be good listeners, observers of critical and crucial non-verbal signs by the client, and lastly be able to answer the relevant queries of the client in an effective manner [1]. Nurses and Physicians are the adjoining members of any healthcare setup and have a shared objective, to give care. Effective communication between nurses and physicians leads to the provision of comprehensive services for patients [2]. Under-valuation for the significance of efficient Physicians-Nurses skills and lacking effective correspondence abilities can have real inference in nursing practice. Efficient communication delivery is a substantial component when planning to give quality and exceptional care to the client and family approaching a healthcare facility [3]. Efficient communication by nurses is essential to guarantee clients’ wellbeing. A lack of professional communication and collaboration may be one of the main causes of medication errors. An organized communication ensures clearness, satisfaction, and positive attitudes during interprofessional cooperation among nurses [4]. Nursing students consider therapeutic communication to be stressful and of the least significant segments of nursing curriculum [5]. In addition, bad interaction experiences of nursing students with the patients lead to low confidence, anxiety, burnout, career dissatisfaction.
Effectiveness of Nurse-led Educational Intervention

**R E S U L T S**

Table 1 shows the socio-demographic characteristics of the study participants. A total of n=120 undergraduate nursing students were included in this study with a mean±SD of age 30.44±5.40 varied from 23 to 51 years. The results highlighted that most of the participants were female 62 (51.7%), and most of the participants 69 (57.5%) were unmarried. The majority of the students (90.8%) were enrolled in Post RN BSN program and had experience ranging from 2 to 10 years (70.83%). Their clinical exposure was further characterized in various sectors: The Government sector (15.0%), the private (73.3%), Welfare/NGO (6.7 %), and others (5%).

**Table 1: Socio-Demographic Characteristics of Participants**

<table>
<thead>
<tr>
<th>Study Variables</th>
<th>Frequency (%)</th>
<th>Mean ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>58 (48.3)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>62 (51.7)</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>49 (40.8)</td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td>69 (57.5)</td>
<td></td>
</tr>
<tr>
<td>Divorced/Widow</td>
<td>1 (0.8)</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>1 (0.8)</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 reveals the Mean test scores of the pre and post-test results. Pre-test score Mean ± SD 4.18±1.88 and for the post-test score Mean ± SD 7.51±1.57. It is evident that most undergraduate nursing students do not have adequate knowledge regarding the usage and the various components of the SBAR tool. However, the participants demonstrated improved knowledge about the general usage after the post-test scores were analyzed. Hence, the scores improved after the educational intervention showing significant impact (p-value=<0.001) in the comparison analysis between pre-test and post-test.

Table 2: Comparison Analysis between Pre-test and Post-test

<table>
<thead>
<tr>
<th>Test Scores</th>
<th>Mean ± SD</th>
<th>Paired t test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test Score</td>
<td>4.18±1.888</td>
<td>p&lt;0.001*</td>
</tr>
<tr>
<td>Post-test Score</td>
<td>7.51±1.572</td>
<td></td>
</tr>
</tbody>
</table>

*p-value <0.05 is considered as significant

**DISCUSSION**

The findings of this study highlighted that nurse-led education intervention showed a significant improvement in the SBAR score on pre v/s post-assessment. These results were similar to the studies conducted in the Republic of Korea in 2017 [13], Iran (2023) [14], Korea in 2023 [15] and Norway in 2023 [16]. However, these findings were not supported by the study conducted in Indonesia in 2023 [17]. In this study participants with age of 30-35 years were included. Similar age group were part of the studies conducted in Indonesia in 2023 and Egypt in 2023 [17, 18]. In contrast, a study conducted in Ireland in 2019, showed that most of the age group of the participants were with slightly higher age group [11]. This study highlighted that more than ¾ of the study participants (86%) were having the clinical experience between 2-10 years. Participants with clinical experience ≤ 10 years did understand the tool in better way. These findings are supported by a previous study (2015) conducted on Chinese nursing students with having less than 6 years clinical experience shows a significance improvement of the study participants' knowledge of SBAR and their self-perceived attitudes towards using SBAR tool [19]. These findings are contradicted to a previous study which was published in 2017 and was conducted in Qatar.

This study was comprised on nurses with a range of 2-13 years of experience. However, this study did not show any significant association between SBAR score and the total experience of study participants [20]. Findings of this study highlighted that majority of the participants were female. These findings were similar to the studies conducted in Korea (2021), China (2021) and Korea in 2020, which showed the mostly highlighted participants were female [21-23]. In addition, our study found no significant difference between gender and SBAR tool score. These findings are opposed by a previous study which found a significant association between gender and satisfaction of nurses towards usage of SBAR tool [24]. The results of this study showed that most of the study participants were enrolled in a two-year associate degree program. Whereas study conducted in Jordan in 2020, evident that most of the study participants belonged to a four-year undergraduate program [21]. Our study found a significant difference between program enrolled of the participants and SBAR test score (p=0.032). Although, there are studies which show the association between score improvement with SBAR intervention [13-17, 20, 22]. However, no previous study found that showed the association between the SBAR scores specifically with the programs enrolled of the participants.

**CONCLUSIONS**

This study concludes that undergraduate student nurses have a very low knowledge related to the SBAR tool for therapeutic communication. Nursing education interventions, improve nursing knowledge and understanding about SBAR tool, as evident by post-test scores.

**Authors Contribution**

Conceptualization: AI
Methodology: AA
Formal analysis: TA
Writing-review and editing: AI, AA, TA

All authors have read and agreed to the published version of the manuscript.

**Conflicts of Interest**

The authors declare no conflict of interest.

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