

Knowledge Practice and Attitude Regarding ISBAR Communication Techniques Among Staff Nurses

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Abstract—Effective communication is a critical component of patient safety and quality healthcare delivery. Communication failures among healthcare professionals can lead to medical errors and adverse patient outcomes. The Identification, Situation, Background, Assessment, and Recommendation (ISBAR) communication technique is a structured tool designed to improve clarity, accuracy, and efficiency in clinical communication. A quantitative research approach with a non-experimental descriptive design was adopted to assess the knowledge, practice, and attitude regarding the ISBAR communication technique among staff nurses at Aswini Hospital, Thrissur. A total of 60 staff nurses were selected using a non-probability convenience sampling technique. Data were collected from 27/02/2026 to 07/03/2026 using a structured knowledge questionnaire, ISBAR practice checklist, and attitude rating scale. Data were analyzed using descriptive statistics (frequency and percentage) and inferential statistics (Chi-square test and correlation). The findings revealed that 60% of staff nurses had adequate knowledge, 36.7% had moderate knowledge, and 3.3% had inadequate knowledge regarding ISBAR communication. In terms of practice, 58.3% demonstrated good practice, while 41.7 % showed average practice. All participants (100%) had a favorable attitude towards ISBAR communication. The study concludes that most staff nurses possess adequate knowledge, good practice, and a favorable attitude towards the ISBAR communication technique. However, continuous education and training are necessary to further improve and sustain effective communication practices. The implementation of ISBAR as a standardized communication tool can enhance patient safety, reduce errors, and improve the overall quality of healthcare delivery.

Objectives: The objectives of the study were to assess the level of knowledge practice and attitude regarding ISBAR communication technique among staff nurses, to

find the correlation between the level of knowledge, practice and attitude regarding ISBAR communication technique among staff nurses, to find the association between levels of knowledge regarding ISBAR communication technique among staff nurses with their selected socio-demographic variables, to prepare and distribute an information booklet on ISBAR communication n techniques.

Methodology: A quantitative research approach with a non-experimental descriptive design was adopted to assess the knowledge, practice, and attitude regarding the ISBAR communication technique among staff nurses at Aswini Hospital, Thrissur. A total of 60 staff nurses were selected using a non-probability convenience sampling technique. Data were collected from 27/02/2026 to 07/03/2026 using a structured knowledge questionnaire, ISBAR practice checklist, and attitude rating scale. Data were analyzed using descriptive statistics (frequency and percentage) and inferential statistics (Chi-square test and correlation).

Results: The findings revealed that 60% of staff nurses had adequate knowledge, 36.7% had moderate knowledge, and 3.3% had inadequate knowledge regarding ISBAR communication. In terms of practice, 58.3% demonstrated good practice, while 41.7% showed average practice. All participants (100%) had a favorable attitude towards ISBAR communication.

Conclusion: The study concludes that most staff nurses possess adequate knowledge, good practice, and a favorable attitude towards the ISBAR communication technique. However, continuous education and training are necessary to further improve and sustain effective communication practices. The implementation of ISBAR as a standardized communication tool can enhance patient safety, reduce errors, and improve the overall quality of healthcare delivery.

Index Terms—ISBAR, Staff nurses, Knowledge, Practice, Attitude.

I. INTRODUCTION

Effective communication is the cornerstone of safe and quality healthcare delivery. In complex and high-pressure clinical environments, healthcare professionals frequently encounter challenges related to the clarity, accuracy, and completeness of information exchange. Ineffective communication has been consistently associated with medical errors, compromised patient safety, and adverse patient outcomes.^{1, 2}

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It is essential to assess the existing knowledge practice and attitude of ISBAR communication techniques among staff nurses. Identifying gaps in knowledge practice and attitude will facilitate the development of targeted educational interventions aimed at strengthening communication skills and improving patient outcomes. This study seeks to evaluate the knowledge attitude and practice of ISBAR communication among staff nurses to support safe and effective patient care.

II. METHODS

A quantitative research approach with a non-experimental descriptive design was adopted to assess the knowledge, practice, and attitude regarding the ISBAR communication technique among staff nurses at Aswini Hospital, Thrissur. (1) To assess the level of knowledge practice and attitude regarding ISBAR communication technique among staff (2) To find the correlation between the level of knowledge, practice and attitude regarding ISBAR communication technique among staff nurses, (3) To find the association between levels of knowledge regarding ISBAR communication technique among staff nurses with their selected socio-demographic variables, (4) To find the association between levels of practice regarding ISBAR communication technique among staff nurses with their selected

socio-demographic variables, (5) To prepare and distribute an information booklet on ISBAR communication techniques. A total of 60 staff nurses were selected using a non-probability convenience sampling technique. Staff nurses who are not willing to participate in the study staff nurses who were on leave on the day of data collection were excluded.

The data collection proforma consists of 4 sections, first section included data regarding demographic data elicited are age, gender, year of experience, area of work, educational qualification, type of college attended, attended any educational program on ISBAR. The second section includes structured knowledge questionnaire having 25 questions regarding knowledge about ISBAR. Each question had 1 rating. The maximum score was 25 and the minimum 12 to interpret the level of knowledge.

THE INTERPRETATION OF KNOWLEDGE LEVEL

Score Range	Percentage	Interpretation
20-25	80-100%	Adequate knowledge
12 -20	48-80%	Moderate knowledge
0-12	40-48%	Inadequate knowledge

A formal permission to conduct the study was obtained from principal Aswini college of nursing followed by the investigators got permission from the Nursing superintendent of Aswini hospital, Thrissur. The tool was developed by the researcher, after a review of recent literature. After obtaining content validity from experts, the study was conducted among staff nurses working at Aswini hospital Thrissur by following the inclusion and exclusion criteria. Both descriptive (frequency and percentage) statistics and inferential statistics (Chi-square test and correlation).

III. RESULTS

SECTION A

DATA ON DEMOGRAPHIC PROFILE OF STAFF NURSE INCLUDES

- Out of 60 sample, 38.3% of staff nurse belongs to the age group 20-29 years, 41.6% of staff nurse belongs to the age group 30-39 years

13.3% of staff nurse belongs to the age group 40-49 years, 6.6 % of staff nurse belongs to 50-60 years of age group.

- Out of 60 sample ,60% of staff nurse belongs to the category of 1-9 years of experience .36.6% of staff nurse belongs to the category of 10-19 years of experience 3.3% of staff nurse belongs to the category of 20-30 years of experience.
- Out of 60 samples ,78.3% of staff nurse work in ward ,21.7% of staff nurse works in ICU
- Out of 60 sample ,58% of staff nurse are BSC qualified 41% of staff nurse are GNM qualified
- Out of 60 sample 80% staff nurse are passed out from private college 20 % staff nurse are passed out from government college.

SECTION B

Data on level of knowledge among staff nurse includes:

Table 1 :Frequency and percentage distribution of staff nurse regarding level of knowledge (n=60)

SL NO	Level of knowledge	Frequency	Percentage
1	Inadequate Knowledge	2	3.3%
2	Moderate knowledge	22	36.7%
3	Good Knowledge	36	60%

This table reveals that among 60 samples 2 of them(3.3%) have inadequate knowledge, 22 samples (36.7 %%) have moderate knowledge and 36 of them (60 %) have good knowledge.

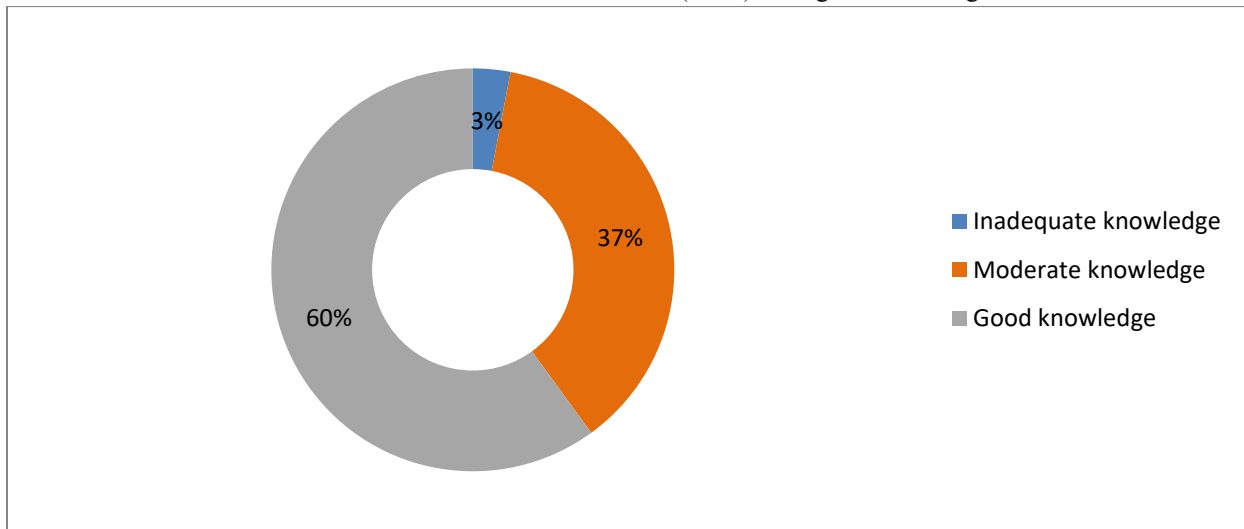


FIGURE 1: FREQUENCY AND PERCENTAGE DISTRIBUTION OF STAFF NURSE REGARDING LEVEL OF KNOWLEDGE

SECTION C

Data on distribution of practice among staff nurse.

Table 2: Frequency and percentage distribution of staff nurses regarding level of practice

SL NO	Level of practice	Frequency	Percentage
1	Poor compliance	0	0%
2	Average compliance	25	41.7%
3	Good compliance	35	58.3%

This table reveals among 60 sample of staff nurse 25of them (41.7%) have average compliance towards practice, 35 of them (58.3%) have good compliance towards practice.

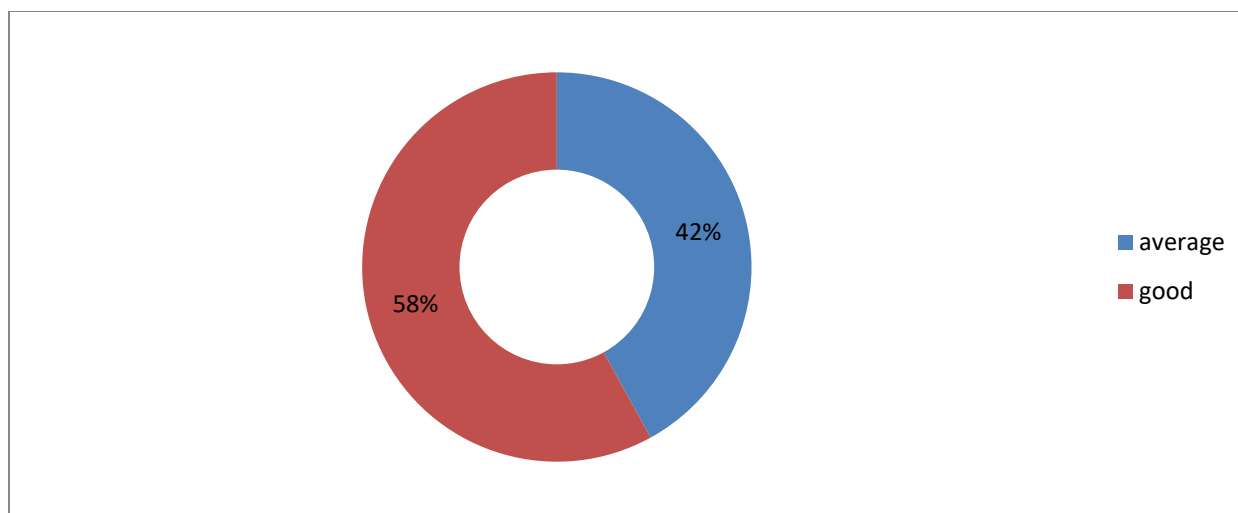


FIGURE 2: FREQUENCY AND PERCENTAGE DISTRIBUTION OF STAFF NURSES REGARDING LEVEL OF PRACTICE

SECTION D:

Data on distribution of attitude among staff nurse includes

Table3 :Frequency and percentage distribution of staff nurses regarding level of attitude

(n=60)

SL NO	Level of attitude	Frequency	Percentage
1.	Favourable Attitude	60	100%
2.	Unfavourable Attitude	0	0%

This table reveals that among 60 samples of staff nurses 60(100%) have favourable attitude.

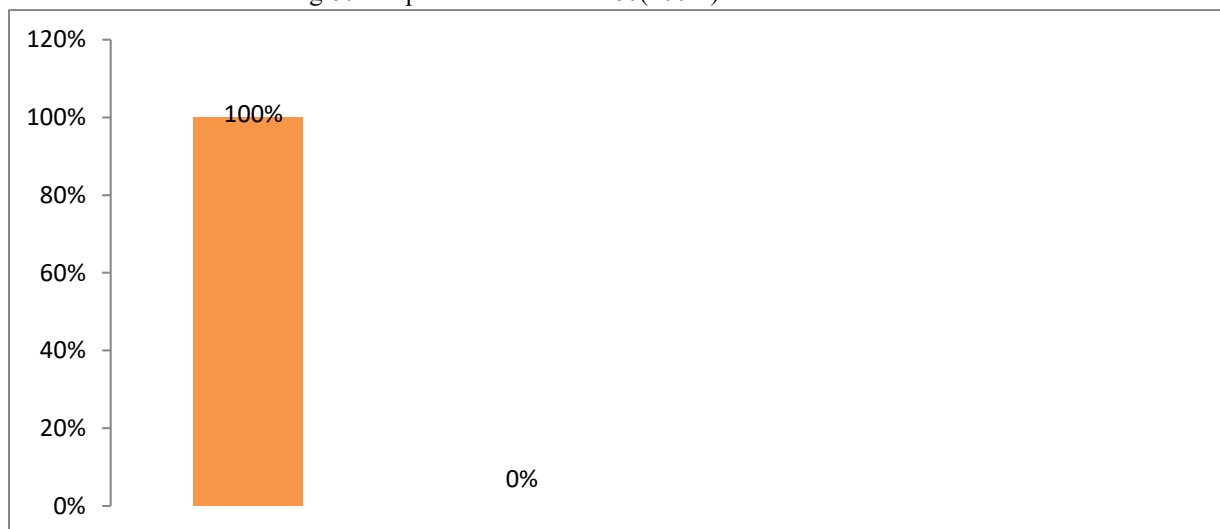


Figure 3: Frequency and percentage distribution of staff nurses regarding level of attitude

SECTION E:

Data on association between demographic variables and knowledge of staff nurses

Table 4:Association between demographic variables and knowledge of staff nurses

SL NO.	DEMOGRAPHIC VARIABLE	STATISTICAL VALUE	
		χ^2	Tab value
1	Age in years	8.324	.215 ^{ns}
2	Gender	1.757	.415 ^{ns}
3	Year of experience	8.514	.385 ^{ns}
4	Area of work	4.279	.118 ^{ns}
5	Qualification	2.919	.232 ^{ns}
6	Type of college attended	.609	.737 ^{ns}

Table 4: presents the association between selected demographic variable and knowledge of staff nurse the association was analysed using chi – square (χ^2) at 0.05 significance. The findings revealed that there is no statistically significant association between selected demographic variables and knowledge of staff nurses such as age χ^2 (8.324) is greater than table value (.215^{ns}) gender χ^2 (1.757) is greater than table value (.415), year of experience χ^2 8.514) is greater than

SECTION F:

Data on association between demographic variables and practice of staff nurses.

table value (.385), area of work χ^2 (4.279) is greater than table value (.118), qualification χ^2 (2.919) is greater than table value (.232), qualification χ^2 (.609) is less than table value (.737) as the p value less than 0.05.

There is no significant association between selected demographic variables and knowledge of staff nurses, thus the researcher accepted the null hypothesis.

Table 5: Association between demographic variables and practice of staff nurses.

SL NO.	Demographic variable	Statistical value	
χ^2			Tab value
1	Age in years	1.850	.604 ^{ns}
2	Gender	1.424	.233 ^{ns}
3	Year of experience	4.693	.320 ^{ns}
4	Area of work	.070	.791*
5	Qualification	1.648	.199 ^{ns}
6	Type of college attended	1.714	.190 ^{ns}

*Significant at 0.05 level

Table 5: presents the association between selected demographic variable and knowledge of staff nurse. The association was analysed using chi – square (χ^2) at 0.05 significance. The findings indicate that variables such as age χ^2 (1.850) is greater than table value (.604^{ns}) gender χ^2 (1.424) is greater than table value (.233) and is not significant at 0.05 level, year of experience χ^2 (4.693) is greater than table value (.320) and is not significant at 0.05 level, area of

work χ^2 (.070) is lesser than table value (.791) and is significant at 0.05 level, qualification χ^2 (1.648) is greater than table value (.199) and is not significant at 0.05 level, type of college attended χ^2 (1.714) is greater than table value (.190) and is not significant at 0.05 level.

There is no significant association between level of practice and sociodemographic variables except area of work, thus the researcher accepted the null

hypothesis

IV DISCUSSION

The discussion is based on the objective of the study, the first objective is to assess the level of knowledge practice and attitude regarding ISBAR communication technique among staff nurses.

For the present study, it was assessed by knowledge questionnaire, practice checklist, and attitude scale among 60 staff nurses. Out of that 2(3.3%) had inadequate knowledge, 22(36.7%) had moderate knowledge and 36 (60%) had adequate knowledge regarding ISBAR communication technique. Regarding the practice level 25(41.7%) have average practice level and 35(58.3%) have good practice level. Regarding the attitude 60 samples (100%) have favourable attitude and 0 samples have unfavourable attitude.

The present study findings were supported by descriptive study assessed the knowledge among 80 staff nurses working at MGM Institute Sambhajinagar, Maharashtra. The results shows that 57(71.25%) have good knowledge regarding ISBAR, 19(23.75%)

samples have average knowledge and 4(5%) samples have poor knowledge. The second objective is to find out the correlation between the level of knowledge, practice and attitude regarding ISBAR communication technique among staff nurses.

The present study findings reveal that there is no correlation between level of knowledge and attitude ($r = 0.083$), attitude and practice ($r = 0.689$), knowledge and practice ($r = 0.053$) at $p < 0.001$.

The present study findings in contrast were supported by a case study assessed the perception of ISBAR handover protocol among 206 nurses working at a local hospital in Hong Kong. The results revealed that while theoretical knowledge of the ISBAR protocol was high, it was not the sole statistically significant factor determining the perceived quality of the handover. A significant majority of participants, 87% of the nurses, perceived the ISBAR tool as a highly beneficial strategy for ensuring a safe and concise transfer of care, while 76% of respondents agreed that the tool directly improved their self-confidence in professional communication.³

The third objective of the study was to find the association between the levels of knowledge regarding ISBAR communication technique among staff nurses with their socio demographic variable.

The present study findings reveal that there is no association between the level of knowledge regarding the ISBAR communication technique with selected demographic variables such as age ($\chi^2 8.324$, $p = 0.215$), gender ($\chi^2 1.757$, $p = 0.415$), year of experience ($\chi^2 8.154$, $p = 0.385$) area of work ($\chi^2 4.279$, $p = 0.118$) qualification ($\chi^2 2.919$, $p = 0.232$) type of college attended ($\chi^2 0.609$, $p = 0.737$).

The present study findings were supported by quantitative study assessed the knowledge among 80 staff nurses working at Dr. D.Y Patil Medical College Hospital and research institute, Kolhapur. The results show that the 70% of nurses had average knowledge and 23.8% had good knowledge. The mean score significantly improved from 15.03 to 20.43 after the ISBAR intervention, indicating its effectiveness in enhancing communication and handover practices. A significant association was also found between knowledge scores and gender ($p = 0.02$), suggesting gender may influence learning outcomes related to ISBAR⁴.

The fourth objective of the study is to find the association between the levels of practice regarding ISBAR communication technique among staff nurses with their selected socio-demographic variables.

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The fourth objective of the study is to find the association between the levels of practice regarding ISBAR communication technique among staff nurses with their selected socio-demographic variables.

The present study findings reveals that there is no association between level of knowledge of staff

nurses with selected demographic variables such as age (χ^2 1.850 $p=0.604$) gender (χ^2 1.424, $p=0.233$), year of experience (χ^2 4.393 $p=0.320$), area of work (χ^2 0.070 $p=0.791$), qualification (χ^2 1.648 $p=0.199$) type of college attended (χ^2 1.714 $p=0.190$).

The present study findings were supported by cross sectional study assessed the effectiveness of handover among 80 healthcare providers working at intensive care units in the Western Region of Kenya. The results shows that health Care Provider Variables including gender, age group, cadre, level of education and years of experience in working in the ICU showed no statistically significant association with the handover of critically ill patients. The mean age of the study participants was 34 years. In addition, the handover performance of Health care providers ($p=0.3$) and those with higher diploma qualifications ($p=0.2$) was up to 11.8 and 18 times more likely to be effective in clinical handover.⁵ The fifth objective is to prepare and distribute an information booklet on ISBAR communication technique.

The distribution of booklet, a planned educational intervention, aimed to enhance knowledge regarding the ISBAR communication technique. This initiative was supported by a comprehensive information booklet that covered various aspects of ISBAR.

The booklet was developed by investigators and included detail information on what is ISBAR its components where can ISBAR be used advantages of ISBAR. The booklet was prepared in English language. Throughout the data collection period, the investigators were readily available to address any queries or concerns raised by the participants, providing pertinent information and clarification as needed. The booklet was systematically distributed to all participants, serving as an educational resource to empower them with knowledge regarding ISBAR communication technique. This proacting enabled the participants to improve the knowledge regarding ISBAR communication technique and apply in their clinical practice.

V CONCLUSION

Effective communication is the foundation in nursing care which directly impacts patient outcome. The present study came to the conclusion that 52.9%, 32.4% have moderate knowledge and 2.9% have

inadequate knowledge, regarding practice 25 of them (41.7%) have average compliance towards practice, 35 of them (58.3%) have good compliance towards practice and regarding attitude 60 (100%) have favourable attitude. Most participants possess adequate knowledge regarding ISBAR communication technique; a few members still require further instruction. Healthcare team members play an important role in reinforcing these techniques implementation of ISBAR protocols there will be overall quality in the interprofessional communication in the health care setting.

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