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Evaluation of Nurse- Midwives Practices Using SBAR (Situation, Background, Assessment, Recommendation) Communication Tool on Maternal Health Documentation

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Abstract:
Background: *Poor communication is responsible for up to two-thirds of sentinel events, and of those events, over half were related specifically to poor transition of patient care between providers[(1)].*
Objective: *To evaluate the effect of SBAR (Situation, Background, Assessment, Recommendation) educational program on nurse –midwives practices in maternal health report documentation accuracy.*
Methods: *A quasi- experimental design was carried with the application of pre- post test for nurses-midwives' knowledge regarding SBAR communication tool**.** The study was held in Al-Elwia maternity teaching hospital, Al –Karckh maternity hospital and Al-Yarmouk teaching Hospital. Non-probability sample consisted of (84) nurse- midwives. The questionnaire comprised of demographic data**,** nurses- midwives practices of SBAR using (5) level Likert scale for assessment, with Cut –off point (3). Content validity was determined through (21) expert. Pilot study was conducted on (10) nurses-midwives at Al- Elwia maternity teaching hospital during 15th to 22nd ,may, 2017. Reliability of the questionnaire (pre (0.89), post (0.89), evaluation (0.936)). Descriptive ,and Inferential statistical data analysis were used.*
Results: *The result shows that there is significant statistical differences in all domain, so we reject the nil ( ) hypotheses and accepted the alternative one ( ). Because the calculate value greater than table value for each degree of freedom (3,4) that corresponding the table value (7.816 ,9.488) respectively. The means are not equal for all in chi- square distribution and in the corresponding degree of freedom. No significant differences between evaluation variable (practice) in SBAR program with the socio-demographic characteristics, except for work place shows significant differences at (P-value : 0.000). The results also presents that participants were extremely confident in applying scenario for Placenta praevia, Abortion, Teenage pregnancy, Postdate pregnancy, Preeclampsia, and last Premature rupture membranes.*
Conclusion: *The study concluded that there is improvement in nurses – midwives practices concerning SBAR communication tool application after implementation of the program.*
Keywords: *SBAR, communication, tool, nurse-midwives, practices, maternal health, documentation, evaluation.*

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I. Introduction

Poor communication in the healthcare system has been linked to patient safety events. Poor communication is responsible for up to two-thirds of sentinel events, and of those events, over half were related specifically to poor transition of patient care between providers [1)] . The realities of our current complex healthcare system that may contribute to poor communication include the involvement of many team members using a variety of communication methods, professional hierarchies that inhibit Communication and members of the healthcare team constantly changing because of shift and schedule changes. One inter professional communication strategy that has been recommended to improve quality and safety by overcoming some of these barriers is the Situation, Background, Assessment-Recommendation (SBAR) communication tool [(2)]. Accordingly, to implement practices that aid in the reduction of communication

errors. One practice that has recently been adopted in some health care settings is the Situation, Background, Assessment, Recommendation (SBAR) protocol [(3)]. The SBAR protocol was positioned as a solution to these problems. When SBAR is used, the sender communicates the patient's condition in a concise manner by delivering each of the components of the protocol in sequential order and without extraneous detail.

This provides the receiver with an expected framework for communication, fosters preparation on the part of the sender, and reduces the likelihood of errors of omission [(4)] .

II. Methodology

A quasi- experimental design was carried throughout the present study with the application of pre-test and post-test for nurses-midwives' knowledge regarding SBAR communication tool through nursing daily work **.** The study was held in Al-Elwia maternity teaching hospital, Al –Karckh maternity hospital and Al-Yarmouk teaching Hospital / maternity department. Non-probability sample consisted of (84) nurse- midwives. Twenty eight (28) nurse-midwives from each hospital were chosen to participate in the study. The criteria for selecting the study sample are: Nurses –Midwives who are working in the morning shift, different educational levels, who are working in critical care wards (delivery rooms, intensive care units, maternal wards and maternal emergency), who agree to participate in the study.

Steps of the study:

1. Discuss the benefits of inter professional communication and collaboration in enhancing patient care safety and outcomes.
2. Identify the SBAR method as evidence based model according Education Sessions.
3. Apply a communication technique using case scenarios**.**
4**.** Right / correct application of SBAR forma according scenarios provided.
5. Evaluation of nurses –midwives practice by applying forma according patient cases.

Prior to program application, need assessment applied on(10) nurses –midwives for practice *Communication* between nursing shift and another health delivery services to improve quality of health care.

Implementation of the Program:

At the SBAR- introduction, primarily the researcher provided staff with information about the study, asked them to participate, and obtain informed consent. The SBAR- intervention, based on the evidence for best practice, included teambuilding and collaboration strategies, positive communication techniques, communication styles, empathy, and problem-solving strategies. Intervention classes offered in 90 minutes sessions at various times throughout a 2-week timeframe provided ample opportunities for day shift staff to participate. A questionnaire was constructed through the review of literatures and previous study, and use of information which had emerged prior to need assessment, and applied before implementation Educational Program. The questionnaire was used as a means of data collection. It was comprised of : Demographic data including, age, educational level , place of work , years of experience , work shift**,** Nurses- midwives practices, SBAR sheet was developed to evaluate nurses-midwives practices of communication performance which was measured by observing the behavior of nurses – midwives, they were given a scenario in the simulation cases that required an urgent response and contact of a provider, the SBAR Observed for seven scenarios.

The Tool was created by the researcher. (Post-partum hemorrhage, Premature-early rupture membranes, Placenta praevia, Teenage pregnancy, Preeclampsia, Abortion, & Postdate pregnancy). Evaluation of nurse –midwives satisfaction with SBAR, using (5 level) Likert scale , with cut-off point (3), nurses-midwives evaluated their records to answer (29) question after the end of program. Content validity of the program and study practice test was determined through (21) expert. Who had more than (10) years' experience in their field. A pilot study was conducted on (10) nurses-midwives at Al- Elwia maternity teaching hospital during 15th to 22nd ,may, 2017. Reliability of the questionnaire was used to determine the accuracy of the questionnaire, since the results showed very high level of stability and internal consistency of the main study domains (pre (0.89), post (0.89), evaluation (0.936)). Descriptive ,and Inferential statistical data analysis were used.

III. Results

Table (1): Distribution of Socio-demographic Characteristics for SBAR Sample (n=84)

Age groups / years	**F**	**%**
21-25	**44**	**52.4**
26-30	**13**	**15.5**
31-35	**9**	**10.7**
36-40	**7**	**8.3**
41-45	**8**	**9.5**
46-50	**3**	**3.6**
Mean ± SD =28.89± 2.90		
Educational level	**F**	**%**
Nursing secondary School	**23**	**27.4**

Midwifery secondary School	**40**	**47.6**
Institute nursing Degree	**16**	**19**
Bachelor's nursing Degree	**5**	**6**
Work- place		
Maternity Wards	**29**	**34.5**
Emergency room	**14**	**16.7**
Intensive care unit	**19**	**22.6**
Delivery room	**22**	**26.2**
Years of experience	**F**	**%**
1-5	**33**	**39.3**
6-10	**26**	**31.0**
11-15	**12**	**14.3**
16-20	**6**	**7.1**
21-25	**7**	**8.3**
Mean ± SD =8.71± 2.03		
Work in shifts and vacation (duty)	**F**	**%**
Yes	**69**	**82.1**
No	**15**	**17.9**

F: Frequency, %: Percentage, $\bar{x} \mp SD$. ***= Arithmetic Mean*** $(\bar{x})$ ***and Standard Deviation .***

Table (1) shows that (52.4 %), of participants' age are within the (21-25) years-old, (15.5%), in (26-30) years-old, (3.6%) in (46-50) years-old with mean and SD (28.89 ± 7.64). Concerning the educational level (47.6%) are Midwifery secondary school graduates, (27.4%) Nursing secondary school graduates, (19.0%), Institute nursing graduates, and (6.0%) Bachelor's nursing graduates. Regarding work place the highest percentage (*34.5 %)* were working in maternity wards, while the lowest percentage *(16.7 %)* were in (Emergency room).

Regarding experience years the highest percentage (39.3%) was in group (1-5) years, while the lowest percentage (7.1%) were in group (16-20) years of work. Most of them work in shifts (*82.1 %).*

Table (2) The Evaluation Variable in (SBAR program) by Using Chi-Square test on Overall Domains (Practice)(n=84).

No.	**Items**	**Strongly disagree**	**Disagree**	**Don't know**	**Agree**	**Strongly agree**	**MS**	**SD**	**RS**	**Ass.**	χ^2	**df**	**P-value**	**Sig.**
		F (%)	**F (%)**	**F (%)**	**F (%)**	**F (%)**								
1	**SPAR Program promotes continuous teamwork**	**1(1.2)**	**4(4.7)**	**0.00**	**53(63.1)**	**26(30.6)**	**4.1786**	**.76301**	**83.572**	**High**	**82.762**	**3**	**.000**	**HS**
2	**We are doing this in response, but without the need for a SPAR**	**15(17.9)**	**48(57.1)**	**8(9.5)**	**13(15.4)**	**0.00**	**2.2262**	**.92295**	**44.534**	**Low**	**47.524**	**3**	**.000**	**HS**
3	**Improve and enhance the spirit of cooperation between us**	**8(9.4)**	**6(7.1)**	**2(2.4)**	**46(54.1)**	**22(25.9)**	**3.8095**	**1.1870**	**76.19**	**Mod.**	**76.952**	**4**	**.000**	**HS**
4	**I encourage program evaluation**	**5(5.9)**	**3(3.6)**	**1(1.2)**	**44(52.4)**	**31(36.9)**	**4.1071**	**1.02989**	**82.142**	**High**	**90.524**	**4**	**.000**	**HS**
5	**Documentation is a personal and non-compulsory work**	**22(25.9)**	**16(18.8)**	**6(7.1)**	**26(30.6)**	**14(16.5)**	**2.9286**	**1.49526**	**58.572**	**Low**	**14.095**	**4**	**.007**	**HS**
6	**We need to document only emergency responses**	**38(45.2)**	**21(25)**	**4(4.8)**	**14(16.7)**	**7(8.3)**	**2.1786**	**1.38112**	**43.572**	**Low**	**43.738**	**4**	**.000**	**HS**
7	**These questions are**	**5(6)**	**7(8.3)**	**4(4.8)**	**40(47.6)**	**28(33.3)**	**3.9405**	**1.12315**	**78.81**	**High**	**63.262**	**4**	**.000**	**HS**

	easy and quick to be paid by the client													
8	**In some emergencies it is very difficult to speak and take information from the patient**	**1(1.2)**	**5(6)**	**7(8.3)**	**45(53.5)**	**26(31)**	**4.0714**	**86129**	**81.428**	**High**	**81.238**	**4**	**.000**	**HS**
9	**This is an important topic that encourages communication between duties**	**4(4.7)**	**5(6)**	**2(2.4)**	**39(46.4)**	**34(40.5)**	**4.1190**	**1.04599**	**82.38**	**High**	**78.024**	**4**	**.000**	**HS**
10	**I don't agree that duty of doctor only**	**28(33.4)**	**10(11.9)**	**4(4.7)**	**21(25)**	**21(25)**	**2.9643**	**1.65337**	**59.289**	**Low**	**22.071**	**4**	**.000**	**HS**
11	**Shortening and not chatting helps you to work smoothly and accurately**	**4(4.7)**	**1(1.2)**	**4(4.7)**	**39(46.4)**	**36(43)**	**4.2143**	**.95780**	**84.286**	**High**	**85.643**	**4**	**.000**	**HS**
12	**Documentation is very important for ease of return when confusion occurs**	**5(6)**	**3(3.6)**	**3(3.6)**	**35(41.6)**	**38(45.2)**	**4.1667**	**1.07360**	**83.334**	**High**	**77.429**	**4**	**.000**	**HS**
13	**By SBAR can be therapeutic diagnosed or management error easy**	**3(3.6)**	**6(7.1)**	**7(8.4)**	**38(45.2)**	**30(35.7)**	**4.0238**	**1.02940**	**80.476**	**High**	**61.119**	**4**	**.000**	**HS**
14	**I know very well how to direct questions that serve the health of the patient**	**4(4.7)**	**2(2.4)**	**1(1.2)**	**51(60.7)**	**26(31)**	**4.1071**	**.91859**	**82.142**	**High**	**112.310**	**4**	**.000**	**HS**
15	**In emergency situations, mistakes are not discussed but depend on the speed of performance**	**12(14.3)**	**16(19)**	**5(6)**	**38(45.2)**	**13(15.5)**	**3.2857**	**1.33147**	**65.714**	**Low**	**37.310**	**4**	**.000**	**HS**
16	**It is duty for head nurse shaft -only and I have nothing to do with it**	**33(38.8)**	**21(24.7)**	**9(10.6)**	**18(21.2)**	**3(3.5)**	**2.2500**	**1.27888**	**45.00**	**Low**	**31.714**	**4**	**.000**	**HS**
17	**Recommendations make me an active member of the importance of treating patient**	**6(7.1)**	**4(4.7)**	**1(1.2)**	**39(46.4)**	**34(40.6)**	**4.0833**	**1.12162**	**81.666**	**High**	**78.500**	**4**	**.000**	**HS**
18	**This program can now be applied but neglected after that**	**18(21.4)**	**19(22.6)**	**10(11.8)**	**28(33.4)**	**9(10.7)**	**2.8929**	**1.36230**	**57.858**	**Low**	**14.214**	**4**	**.007**	**HS**

	because you do not care about it													
19	**The program atmosphere is fun and helpful**	**4(4.7)**	**1(1.2)**	**4(4.7)**	**47(56)**	**28(33.4)**	**4.1190**	**.92365**	**82.38**	**High**	**96.119**	**4**	**.000**	**HS**
20	**The situation and communication are a bit vague**	**18(21.4)**	**6(7.1)**	**13(15.5)**	**36(42.9)**	**11(13.1)**	**3.1905**	**1.36634**	**63.81**	**Low**	**31.833**	**4**	**.000**	**HS**
21	**Nursing documentation We need more than one program to get used to**	**5(6)**	**10(11.9)**	**6(7.1)**	**51(60.7)**	**12(14.3)**	**3.6548**	**1.05846**	**73.096**	**Mod.**	**88.976**	**4**	**.000**	**HS**
22	**The background of the case briefly appeared**	**12(14.3)**	**14(16.7)**	**7(8.3)**	**34(40.5)**	**17(20.2)**	**3.3571**	**1.35898**	**67.142**	**Mod.**	**25.167**	**4**	**.000**	**HS**
23	**Education examples wear difficult**	**19(22.6)**	**28(33.4)**	**5(5.9)**	**21(25)**	**11(13.1)**	**2.7262**	**1.40010**	**54.524**	**Low**	**19.095**	**4**	**.001**	**HS**
24	**Being a nurse and observing guest and applying description only**	**28(33.3)**	**22(26.2)**	**10(11.9)**	**13(15.5)**	**11(13.1)**	**2.4881**	**1.42689**	**49.762**	**Low**	**14.690**	**4**	**.005**	**HS**
25	**I respect the privacy of the patient so I don't recording anything**	**40(47.6)**	**13(15.5)**	**10(11.9)**	**13(15.5)**	**8(9.5)**	**2.2381**	**1.42794**	**44.762**	**Low**	**41.119**	**4**	**.000**	**HS**
26	**We found Sections lecture a useful training**	**5(6)**	**2(2.4)**	**10(11.9)**	**48(57.1)**	**19(22.6)**	**3.8810**	**.98672**	**77.62**	**Mod.**	**82.310**	**4**	**.000**	**HS**
27	**The case description is a useful way to teach different skills**	**3(3.6)**	**2(2.4)**	**4(4.7)**	**50(59.3)**	**25(30)**	**4.0952**	**.87287**	**81.904**	**High**	**103.738**	**4**	**.000**	**HS**
28	**I am becoming more aware of patient safety issues**	**4(4.7)**	**3(3.5)**	**3(3.5)**	**49(58.3)**	**25(30)**	**4.0476**	**.95570**	**80.952**	**High**	**98.143**	**4**	**.000**	**HS**
29	**I recommend that we study this method of documentation and communication in the nursing curriculum**	**10(11.9)**	**5(6)**	**4(4.7)**	**36(42.4)**	**29(34.1)**	**3.8214**	**1.30024**	**76.428**	**Mod.**	**51.595**	**4**	**.000**	**HS**

MS: mean of Score, SEM: Std. Error of Mean, SD: Std. Deviation, χ^2 : Chi -square test, df: Degree of freedom, Asymp. Sig: Probability value. Low: (0-60) , Mod.= Moderate : (61 -77), High (78– 100) interval: 8

The table depicted that there is significant statistical differences in all domain, so we reject the nil (H_0) hypotheses and accepted the alternative one (H_1). Because the calculate value greater than table value for each degree of freedom (3,4) that corresponding the table value (**7.816 ,9.488**) respectively. The means are not equal for all in chi- square distribution and in the corresponding degree of freedom as it illustrate in above table (2).

Table (3): Association between Evaluation Variable (practice) in SBAR Program and their Socio-demographic Characteristics

Socio-demographic Characteristics	Chi-square	df	P-value	Sig.
	Practice test -period			
Age groups/years	1.836	5	.871	NS
Educational level	5.836	3	.120	NS
Work- Place	21.024	3	.000	S
Years of experience	6.456	4	.168	NS
Work in shifts and vacation(duty)	1.577	1	.209	NS
No. of courses in nursing documentation in hospital	.370	7	.543	NS
No. of courses in nursing documentation (out hospital)	5.699	6	.458	NS

Df: Degree of freedom, P-value: Probability value, Sig.: Level of significance.

The table presents no significant differences between evaluation variable (practice) in SBAR program with the socio-demographic characteristics, except for work place shows significant differences at (P-value : 0.000) .

Table (4): SBAR Training Feedback.

Statistic / Cases	SBAR Training Feedback				Mean for all	SD for all
	No.	Not Confident	Somewhat Confident	Extremely Confident		
Premature-early rupture membranes	14	3 (21.4%)	8 (57.2%)	3 (21.4%)	5.814	0.415
Placenta praevia	14	1 (7.1%)	5 (35.8%)	8 (57.1%)	6.564	0.468
Teenage pregnancy	14	2 (14.2%)	5(35.8%)	7 (50%)	6.533	0.466
Preeclampsia	14	1 (7.1%)	8 (57.1%)	5 (35.8%)	6.15	0.439
Abortion	14	1 (7.1%)	5 (35.8%)	8 (57.1%)	6.564	0.468
Postdate pregnancy	14	2 (14.2%)	6 (42.9%)	6(42.9%)	6.128	0.437

Table(4) shows that participants were extremely confident in applying scenario no. (2 & 5) for Placenta praevia, and Abortion (Mean± SD= 6.564± 0.468) respectively, then followed by scenario no. (3) for Teenage pregnancy (Mean± SD = 6.533± 0.466), then followed by scenario no. (6) for Postdate pregnancy (Mean± SD= 6.128± 0.437), then followed by scenario no. (4) For Preeclampsia (Mean± SD = (6.15± 0.439), and the last scenario no. (1) for Premature-early rupture membranes (Mean± SD = 5.814± 0.415). On a scale of 1 to 10 (with 1 not confident at all and 10 extremely confident), how confident are you that you, Will implement the SBAR process in the future (Chips,2011)*(Inter-professional Communication SBAR Module*).

Table (5): Comparison between the Two Pre-Posttest Periods (SBAR program) on Overall Domains.

Paired Samples Statistics							
		NO	Mean	SD	Std. Error Mean	Correlation	Sig
Pair 1	pretest	84	41.7619	4.47650	.416	.416	.000
	posttest	84	50.5595	5.39824	.58900		

Paired Samples Test								
Domain	Paired Differences					t	Df.	Sig. (2-tailed)
	Mean	SD	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
pretest posttest	-8.79762-	5.39250	.58837	-9.96786-	-7.62738-	-14.953-	83	.000

Df: Degree of freedom, T: T-Test, Sig.: Level of significance.

There are significant different correlations between two variables pretest and posttest because the value of the correlation is equal to 0.416 therefore there is significant different means between pre-post in SBAR program. So, the null hypothesis is rejected because the p-value is equal to 0.000; in this case it is significant statistical difference between the two periods ($\overline{X}_1 =$ 41.7619, $\overline{X}_2 =$ 50.5595),in other word the means are not equal ,therefore ,the hypotheses is put as bellow:

$H_{\circ}: M_1 = M_2$	**Null hypothesis**	Against:	$H_1: M_1 \neq M_2$	**Alternative hypothesis**

IV. Discussion

Demographic Characteristics:

Analysis of nurse's –midwives demographic variables indicate that the highest percentage (**52.4** %) of nurse's-midwives age are(**21-25**) years old ,and lowest percentage (**3.6**%) of them are in age group(**46-50**) years old with ***(Mean ± SD =28.89± 2.90***) table (1). This result agree with the study which reported that (60.4%) of nurses –midwives included in research were in the age group of (20-30) years old [(5)] . Regarding the level of education the highest percentage (47.6%) of the study sample were secondary midwifery school graduate. The study was in agreement with the study which reported that the highest percentage (40%) of the study sample are midwifery school graduates [(6)] . Compared to those in a study in Qatar , the highest percentage (49%) of nurse had diplomas and bachelor degrees respectively. Regarding the work- place the highest percentage (**34.5**%) of nurses- midwives working in Maternity Wards [(7)] . The study of Phung (2016) agreed with our research working place in health agencies at time of the data collection, and the highest percentage (72.9%) of them working place in the obstetrics and gynecology ward [(8)] , also another study found that (58.9%) of nurses-midwives are working in obstetrics clinics [(9)] . Regarding the years of experience the highest percentage **(39.3**%) of the nurses-midwives were employed for (**1-5**) years with ***Mean ± SD =(8.71± 2.03***). It was stated that, it is important for new midwives to have the opportunity to work in maternity units where they supported by an experienced colleague [(10)] . This result disagree with study which found that (35.3%) of nurses had (≤10 years) in nursing experience [(7)] . Regarding the Work in shifts, the highest percentage **(82.1**%) of the nurses-midwives working in morning and evening shift. The study in agreement with the study done by which reported that the highest percentage (55.8%) of the study sample working in morning and evening shift [(11)] . A study in China reported that the midwives providing continuity of care did not have fixed working hours and all participants had experience of working continuously for 16 hours, feelings of fatigue and lack of sleep when being with women [(12).]

Evaluation Variable in (SBAR program) by Using Chi-Square Test on Overall Domains:

The study depicted that there is significant statistical differences in all domain, so we reject the nil (H_0) hypotheses and accepted the alternative one (H_1). Because the calculate value greater than table value for each degree of freedom (3,4) that corresponding the table value (**7.816 ,9.488**) respectively. The means are not equal for all in chi- square distribution and in the corresponding degree of freedom as it illustrate in table (2).

A study findings demonstrated that the SBAR communication technique provided an organized logical sequence and improved communication that had been proved to ensure patient safety. The quality of information associated with the use of SBAR was reported to be good. Of the members of staff, 91.2% expressed satisfaction with the use of SBAR. Also, 53.9% of the nurses stated that they would always recommend the SBAR framework in other areas [(7)]. Another study found that nurses communication was necessary to exchange essential information to ensure patient safety and quality of care. In addition, the development of a handoff tool was shown to enhance communication between nurses and patients. This study also revealed that the SBAR communication tool was an efficient tool and that it followed a logical sequence. It was interesting to note that, though around half (55%) of the nurses indicated that they completed handover communication using SBAR within 5 minutes [(13)] .

It was stated that SBAR facilitate communication between professions and increase safety as well as to decrease the negative effects the professional hierarchy may have on communication. Their results also showed that implementation of the communication tool SBAR resulted in significant improvement over time in staff members' perceptions between-group communication accuracy and safety climate as well as a tendency towards improvement within- group communication accuracy. Furthermore, the proportion of incident reports due to communication errors decreased significantly, from 31% to 11% , in the intervention group compared with a non-significant decrease, from 25% to 19%, in group study [(14)] .

Association between Evaluation Variable (practice) in SBAR Program and their Socio-Demographic Characteristics:

The result presents no significant differences between evaluation variable (practice) in SBAR program with the socio-demographic characteristics, except for work place shows significant differences at (P-value : 0.000). These results in a consistent with study to find the association between nurses' demographi**c**

characteristics and their perception about using SBAR tool, there was no statistically significant difference between the overall perception scores observed among participants with differences in age group, gender, the total number of years of experience in nursing, and the amount of expertise using ($\chi 2$ df *p*-value test) [(7)] .

In a study using descriptive statistics, and independent t-test to identify the association between socio-demographic data with the effects of SBAR usage on the nurses' communication skills, all the result presents significant differences, except there was minimal difference in mean and standard deviation in the respondents' ward placement with scoring slightly higher (M = 25.92, SD = 7.87) than the specialty nurses with no significant difference (t = 0.745; p value > 0.05) (M = 25.01, SD = 7.89) [(15)] .

SBAR Training Feedback

Participants were extremely confident in applying scenario no. (2 & 5) for Placenta praevia, and Abortion (Mean± SD= 6.564± 0.468) respectively, then followed by scenario no. (3) for Teenage pregnancy (Mean± SD = 6.533± 0.466), then followed by scenario no. (6) for Postdate pregnancy (Mean± SD= 6.128± 0.437), then followed by scenario no. (4) For Preeclampsia (Mean± SD = (6.15± 0.439), and the last scenario no. (1) for Premature-early rupture membranes (Mean± SD = 5.814± 0.415) Table (5). On a scale of 1 to 10 (with 1 not confident at all and 10 extremely confident) [(16)] *(Inter-professional Communication SBAR Module*). (Health Cases) were selected from the annual mortality report of the Iraqi Ministry of Health 2016. A study conducted to investigate the impact of using a standardized method called SBAR on work shift delivery report in ICUs hoping to take an effective step in solving existing problems in the field of reporting during the work-shift delivery of nurses in ICUs, as well as follow-ups to be made by the nurse of the next shift. The checklist estimated to be 0.95 (R = 0.95) based on correlation coefficient of scores obtained from10 completed. Checklists recorded by two observers. The results show that nurses' performance improved after work shift delivery report training using SBAR tool. Paired t test results indicate that the performance score and all its areas showed significant statistical difference before and after the intervention and the score has increased after the intervention in general performance and all areas (P < 0.001) [(17)].

Comparison between the Two Pre-Posttest Periods (SBAR program) on Overall Domains:

There are significant different correlations between two variables pretest and posttest because the value of the correlation is equal to 0.416 therefore there is significant different means between pre-post in SBAR program. So, the null hypothesis is rejected because the p-value is equal to 0.000; in this case it is significant statistical difference between the two periods ($\overline{X}_1 = 41.7619, \overline{X}_2 = 50.5595$) table (4). Cornell-paul & colleagues (2017) hypotheses were supported , it was expected that the SBAR report tool would keep nurses more focused and would lead to shorter reports , whereas their time on task improved (54% to 66.4%) the overall duration was unchanged [(18)] .

V. Conclusions

The study concluded that there is improvement in nurses – midwives practices concerning SBAR communication tool application after implementation of the program. This indicates that program has a positive influence on participants' communication skill.

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