

Effect of a Communication Skills Training Program on Nurses' Collaboration with Physicians: A Quasi-Experimental Study

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Abstract:

Background: Strong communication appears to improve nurses' ability to share critical information with physicians and contribute to care decisions, and this works best when communication is paired with respect, trust, and a less hierarchical team culture. **Aim:** To determine the effect of implementing a communication skills training program on nurses' collaboration with physicians. **Method:** A quasi-experimental design was employed at all inpatient departments in King Khalid Hospital on 114 nurses by using three tools for data collection in the present study namely; Nurses' Communication Skills Knowledge Questionnaire, Communication Skills Observation Form (CSOF), and Nurse-Physician Collaboration Scale (NPCS). **Results:** There was a statistically significant improvement in nurses' total knowledge, total level of communication skills practice, and total level of nurse-physician collaboration at all training program phases among the studied nurses at King Khalid Hospital. In pretest phase nurses' knowledge was at high level (43.0%) then improved post-program and at 3 months follow up (93.9%, and 74.6%) at high level respectively and the highest total level score (90.4%) with mean 35.16 ± 5.58 often response for immediate posttest phase of nurses' responses about communication skills practice and improvement in nurses' level of nurse-physician collaboration of the studied nurses across the training program phases. It showed that the highest total mean score 112.94 ± 14.28 immediate post-test phase, then it slightly reduced to 104.73 ± 14.56 at 3 months follow up. **Conclusion:** There was statistically significant relationship between total communication skills knowledge and total communication skills practice with total nurse-physician collaboration at all training program phases among the studied nurses at King Khalid Hospital. **Recommendations:** Examining the continuing effects of communication skills training and exploring its impact across different nursing specialties and clinical settings to enhance generalizability.

Keywords: Communication Skills, Nurses, Collaboration with Physicians

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Introduction

The sharing of information, feelings, and concerns is vital in therapeutic relationships in health care sector. Time constraints often force medical providers to interact with patients in a swift or mostly medical manner. The principal aim of nursing as a health science is to cater to the needs of individuals as biopsychosocial and spiritual beings. Other than scientific knowledge, its application requires interpersonal, analytical, and technical skills. This is a blend of social interaction, therapeutic methods and knowledge. Communication plays a significant role in all areas of nursing, such as prevention, treatment, therapy, rehabilitation, education, and health promotion (Raeissi et al., 2023).

Effective communication is essential in proper management of healthcare services. The

Joint Commission advocates a method of health information sharing that meets language requirements, personal comprehension, and other communication challenges. It also promotes numerous projects aimed at easing the communication between patients and medical practitioners. Transactions and the formulation of messages are two elements of communication. The entire process is based on the geographical setting, social and cultural norms, and mental states. Liaw et al. (2023) state that communication is the key to accurate, reliable, and simple execution of nursing duties, which improves patient satisfaction and well-being of medical workers.

Communication is a basic characteristic of human nature. There is no person who cannot express himself. Communication is of great importance and meaningful. The association is

related to the manner of presentation and the content of the message. The grasp of the communication sequence by the two parties influences the quality of their relationship. Communication is always reciprocal. In this transaction, every sender plays the role of a receiver and vice versa. The lack of awareness of the bidirectional communication skill commonly gives rise to unfavorable assessments and mindsets (Högländer, et al., 2023).

The conversation between nurses and patients begins with the first encounter and goes on during the therapeutic relationship. In order to foster a favorable connection with the patient, the nurse should captivate him or her right away. This will take place contingent upon the conversation being held in proper circumstances. It should be stressed that the nurse should be kind and courteous even though it may appear to be self-evident. As mentioned above, communication is two-way, but it is the responsibility of the nurse or healthcare professional to do the right thing (Al-Kalaldeh, Amro, Qtait, and Alwawi, 2023).

The healthcare professional and the patient can demonstrate a genuine commitment to the care of the patient, who also shares this passion. In the contemporary multicultural landscape, positive interpersonal relations are marked by the nurse's skill in inquiring in a congenial fashion and delivering information that engenders a sense of acceptance, trust, and harmony without intimidating the patient. Productive communication among medical practitioners and patients need therapeutic encounters to adequately address conceptual processes elicited by knowledge and to relay information (Leal-Costa, et al., 2020).

Fostering beneficial interactions between physicians and nurses and securing timely and accurate patient care depends on excellent communication. Physician-nurse collaboration is the process of collaboration between physicians and nurses with the goal of reaching common goals. Each stakeholder need to have uniform decision-making ability, responsibility, and control over patient management. In this partnership, open and effective communication, mutual respect and trust have to exist. The roles, skills and responsibilities of every profession should be recognized and accepted. In the past, there were structured interactions between physicians and nursing staff (McGilton et al., 2023).

Traditional relationships between physicians and nurses were mostly characterized by medical authority and nursing inferiority.

These associations reinforce the hierarchy, putting physicians above nurses and in command. During that period, nurses had to obey the orders and, whenever possible, avoid direct contact with the doctors. As stated by Yılmaz, Kıran, and Bulut (2023), a significant number of nurses see this practice as a stifling experience that lessens their professional esteem and increases their displeasure with their jobs.

Although healthcare professionals, including nurses and physicians, can be requested to collaborate, effective collaborations are based on mutual respect and trust. The caliber of patient care and their health outcomes have been shown to be markedly bettered by successful teamwork among physicians and nurses. The forms of collaboration between nurses and doctors are different and are based on the individual attitudes, beliefs, and social skills of each. Moreover, the education prior to licensure and the unique ward cultures that prevail across clinical settings and nations play a significant part in defining the behavior of medical practitioners (Degu, Amsalu, Kebede, and Adal, 2023).

Poor relationships between physicians and nurses have resulted in poor health outcomes among nurses, lack of autonomy, and dissatisfaction at work. These working relationships have led to a large number of nurses quitting the industry, thus, impeding recruitment and retention initiatives. Also, it was revealed that physicians were easily irritated by lengthy instructions and miscommunication. This was one of the main factors contributing to dissatisfaction of medical practitioners with their careers. First of all, poor team dynamics had a detrimental effect on patient outcomes, undermining their safety and quality of care, which usually resulted in increased mortality rates. Also, studies show that ineffective cooperation between physicians and nurses affects patient and family satisfaction during their stay in the hospital (Dahlawi, et al., 2023).

Significance of Study

Patient communication is one of the elements of the "long art" of Hippocratic medicine. It is founded on the basic training and experience that one acquires by action, as well as an innate ability that varies with individuals. The need of communication education has also been recognized globally. The outcomes will reflect the improved patient understanding that will be an advantage to patients and will make nurses happier in their nursing practice. The results show that beneficial communication also raises the

standard of care given to patients (Kourkouta & Papathanasiou, 2014).

Furthermore, it is seen as an unalienable right and a necessary condition for developing a sincere and significant relationship between patients and nurses and other medical workers. Thus, communication and a favorable interpersonal atmosphere that builds up on a case-by-case basis with each sick individual are crucial in contemporary nursing, especially in our multicultural society. According to Heier et al. (2024), nurses possessing the most suitable and well-trained communication strategies will be in a position to respond to the expectations of the patients in a way that is sufficient and sensitive.

Without a communication skills training, health workers find it more difficult to maintain a separation between personal and professional lives and are more prone to bring problems of one life into the other. Effective communication requires skills and a willingness of the nurse to understand the problems of the patient. To achieve success in their profession, nurses have to acquire communication and interpersonal skills in special courses and internships. They need to be informed of the numerous aspects and applications of communication in various nursing specialties (Labrague, Al Sabei, Al Rawajfah, AbuAlRub, and Burney, 2022).

In this context, it is recognized that the value of communication between nurses and patients must be emphasized, and nursing education must concentrate on nurses' communication skills. Special training in communication skills is one of the strategies that can be used to enhance communication between nurses, their patients, and doctors (Bendowska, & Baum, 2023). The importance of nursing cooperation with physicians demands a lot of research in various countries. Thus, this study was aimed at determining the impact of the introduction of a communication skills training program on the cooperation of nurses with doctors in King Khalid Hospital.

Aim of the Study

The study aimed to determine the effect of implementing communication skills training program on nurses' collaboration with physicians at King Khalid Hospital in Hail, Saudi Arabia.

Research Hypothesis

- H1. Nurses' knowledge regarding communication skills improves after implementing program.
- H2. Nurses' communication skills level improves after implementing program.

- H3. Nurses-physicians collaboration improves after implementing communication skills program.

Method

Design

Quasi experimental approach one group with (pre –posttest) was used to accomplish the study.

Setting

This study was conducted at all inpatient departments in King Khalid Hospital as it is the first referral hospital in the Hail region, with a bed capacity of 285 beds. This hospital is affiliated with the Ministry of Health and provides a comprehensive range of high-quality health services.

Participants

Convenience sample was employed, which comprises (n=114 nurses) who are responsible for giving patient care in all inpatient units who fulfill the criteria of having a minimum of one-year experience work and available at time of program.

Tools of data collection:

Three tools were used for data collection:

Tool (I): Nurses' Communication Skills Knowledge Questionnaire

It comprised two parts:

Part (1): Used to identify personal characteristics of participants such as age, gender, experience, educational level, marital status, work section.

Part (2): It was designed by researcher based on related literature reviews Moslehpour, Shalehah, Rahman, & Lin, (2022) and Lee, & Son, (2022). It aimed to assess nurses' knowledge about nurses' communication skills. It included concepts, elements of communication skills etc. It consisted of (30) questions in the form of multiple choices (18) and true and false (12). Each statement response was considered as (1) for right and (zero) for false answer.

Scoring system: it was classified into three categories based on a predetermined cut-off point (60%), as follows:

- Low level (<60%).
- Moderate level (60%-75%).
- High level (>75%).

Tool (II): Communication Skills Observation Form (CSOF)

It was prepared by researchers based on literature reviews (Trepanier, (2017); Leal-Costa et al., (2016) and Guimond, et al., (2003) to determine the practice of communication skills when nurses worked with patients. This form was established based on the content of the communication skills and nurses verbal and non-

verbal communication skills. It consisted of 38 items that categorized under 9 dimensions namely; respect to patient (5 items), feedback by rules(5 items), use body language effectively (7 items), show "content reaction" of continuing reactions (2 items), show "feeling reactions" of continuing reactions(2 items), show " asking question reaction" of leading reactions(2 items), using "influencing reaction" of leading reactions(3 items), use "self-disclosure" reactions (3 items), and use "ineffective communication techniques" (9 items). In this communication skills observation form each statement was evaluated by done (1) and not done zero.

Scoring system: it was classified into three categories based on a predetermined cut-off point (60%) as follows:

- Low level (<60%).
- Moderate level (60%-75%).
- High level (>75%).

Tool (III): Nurse–Physician Collaboration Scale (NPCS)

Ushiro, (2009) developed **NPCS** to measure the nurse-physician cooperation among nurses. The 27 items that were measured depending on the information management processes constitute the three constructs: sharing of patient information (9 items), joint participation in care decision-making (12 items) and cooperativeness (6 items). Five-point Likert-scale was used to score each item (1=never to 5=always).

Scoring system: it was classified into three categories based on a predetermined cut-off point (60%) as follows:

- Low level (<60%).
- Moderate level (60%-75%).
- High level (>75%).

Validity and reliability

The tools were assessed for their face and content validity after translation into Arabic by a panel of five experts in Nursing Administration, who found the entire instrument relevant and appropriate for the measurement, and recommended some changes such as paraphrasing and rewording some sentences. Reliability assessment was done and evaluated by checking the consistency of the items representing the same construct by the Cronbach alpha test for reliability. The reliability of the Nurses' Communication Skills Knowledge Questionnaire, Communication Skills Observation Form and Nurse–Physician Collaboration Scale were (0.86), (0.89), and (0.93), respectively.

Pilot study:

A preliminary investigation was carried out before the main study and data collection began. To test the clarity and relevance of the instruments,

and to identify potential difficulties in data collection, to evaluate the comprehensibility of the language and to measure the time needed for completion of the questionnaires, a preliminary study was conducted with 11 staff nurses (10% of the total sample) who were selected at random. The people who participated in the pilot study were not included in the investigation.

Ethical Considerations:

The Research Ethics Committee of the Faculty of Nursing at Mansoura University (IRB-895) has granted ethical clearance. Permission to conduct the research was obtained from the hospital's supervising administrator. All participants were informed that participation was voluntary and they could withdraw from the research at any time. The participants were assured of the confidentiality of the information collected, and the confidentiality of the research population was respected throughout the study. After clarifying the nature and purpose of the study, informed permission in writing was obtained from participants who agreed to participate in the study.

Data Collection:

Data collection for this study was through the following:

- The Faculty of Nursing at Mansoura University gave formal permission to carry out the study. Data collection took place during a six-month period, starting from the beginning of October 2024 and ending in the end of March 2025.
- After clarification of the aim of the study and the period of data collection, an official correspondence was sent with the endorsement of the director of King Khalid Hospital, Hail region.

- The investigator engaged with each participant separately to elucidate the purpose of the research and get consent for their involvement.
- Staff nurses were given the communication skills knowledge questionnaire and the nurse-physician collaboration questionnaire on a predetermined unit schedule. In addition, the investigator was observing the communication skills of nurses during their shift.
- The investigator always presented all the time of the data collection process for clarifying instruments assigned to nurses. The information collected in this step was used as the initial evaluation of the research.
- The researcher was developing a training program on communication skills for nurses based on the data collected and the findings from the literature search.
- A communication skills training program was implemented; the nursing staff was divided into four groups. There are 28 nurses in each cohort, except for group four, which has 30 nurses available and as needed for the training.
- Different educational approaches were used such as brainstorming, lectures, movies, discussions, and handouts developed by the researcher and distributed to the participants. At the end of the training session, the two data collection tools (Communication abilities Knowledge Questionnaire and Nurse-Physician Collaboration Questionnaire) were given to the participants, and the researcher observed the nurses' communication skills in practice.
- The investigator began to track the recommended improvements after training by comparing the post-test results to the baseline data.

Statistical Analysis

Data collected were organized, tabulated and statistically analyzed using SPSS software (version 25, SPSS Inc. Chicago, IL, USA). The assumption of normality was accepted. Thus, categorical variables were presented as frequencies and percentages. Continuous variables were presented as the mean and standard deviation. The two-way ANOVA was used to test for repeated measurements if the variables are parametric and continuous. Friedman's test was performed to assess variations in repeated measurements using ordinal variables. An independent t-test was used to compare two means of continuous variables, and a one-way ANOVA was used to compare more than two means of continuous variables. Pearson correlation coefficient analysis was used to

investigate the correlation between two continuous variables. The p-value < 0.01 and < 0.05 were considered as statistically significant.

Results

Table (1): Personal characteristics of the studied nurses at King Khalid hospital (n=114).

Variables	No	%
Age (Years)		
▪ <25	14	12.3
▪ 25-<30	14	12.3
▪ 30-<35	19	16.7
▪ 35-40	62	54.4
▪ >40	5	4.4
Mean ±SD	34.09±6.33	
Gender		
▪ Male	41	36.0
▪ Female	73	64.0
Educational qualification		
▪ Diploma nursing	32	28.1
▪ Technical institute of nursing	17	14.9
▪ Bachelor degree	65	57.0
Experience (Years)		
▪ < 1	3	2.6
▪ 1-5	23	20.2
▪ >5-10	50	43.9
▪ >10	38	33.3
Mean ±SD	10.77±4.25	
Marital status		
▪ Single	41	36.0
▪ Married	68	59.6
▪ Divorced	1	0.9
▪ Widow	4	3.5
Work departments		
▪ Medical	64	56.1
▪ Surgical	42	36.8
▪ ICU	1	0.9
▪ Other	7	6.1

Table (1) presents the personal characteristics of the investigated nurses at King Khalid Hospital; it indicates that more than half (54.4%) of the nurses were aged from 35 to under 40 years, with an average age of 34.09±6.33, and

around two-thirds (64.0%) were female and married. In terms of the educational attainment of the examined nurses, around 57.0% held a bachelor's degree, and close to half (43.9%) had 5 to 10 years of experience, resulting in a mean score of 10.77 ± 4.25 .

Table (2): Total knowledge levels of the studied nurses about communication skills through program phases at King Khalid Hospital (n=114).

Knowledge total score level about communication skills	Total knowledge level of the studied staff nurses through training program phases					
	Pretest		Posttest		After 3 months follow up	
	No.	%	No.	%	No.	%
• Low level	44	38.6	5	4.4	18	15.8
• Moderate level	21	18.4	2	1.8	11	9.6
• High level	49	43.0	107	93.9	85	74.6
χ^2 test p value	72.599 0.0001**					

*Statistically significant ($p < 0.05$)

**Highly Statistically significant ($p < 0.01$)

Table (2) demonstrates the comprehensive knowledge levels of the investigated nurses pertaining to communication skills during the various stages of the training program. An exceptionally statistically significant advancement in the comprehensive understanding of nurses about communication abilities was noted over the various stages of the training program. In the first assessment, nurses demonstrated a high knowledge level of 43.0%, which subsequently saw an instantaneous enhancement, culminating in follow-up test scores of 93.9% and 74.6% after three months, both still classified as high.

Table (3): Total level of communication skills practice scores of the nurses through program stages at King Khalid Hospital (n=114).

Total communication skills Practice	Total communication skills practice of the studied nurses through program phases			χ^2 test p value
	Pretest	Imme	After 3	

			diat postte st		months follow up		
	No.	%	N o.	%	N o.	%	
● <u>Total communication skills level</u>							
Low level	22	19.3	4	3.5	8	7.0	74.84 8 0.0001**
Moderate level	39	34.2	7	6.1	6	5.3	
High level	53	46.5	10	9.0	1	8.7	
● <u>Total Communication Skills scores</u>							
Range	0-38		11-38		4-38		
Mean ±SD	24.24± 10.65		35.16± 5.58		33.63± 7.17		
χ ² value	121.485						
p value	0.0001**						

*Statistically significant ($p < 0.05$)

**Highly Statistically significant ($p < 0.01$)

Table (3) presents the overall communication skills practice scores of the nurses studied throughout the program phases at King Khalid Hospital. A substantial statistically significant advancement in nurses' comprehensive communication skills practice scores was noted across the stages of the training program. The findings revealed that the maximum total level score reached 90.4%, accompanied by a mean of 35.16 ± 5.58 in the immediate posttest phase for nurses' comments on communication skills practice, which diminished to 87.7% after a 3-month follow-up, with a mean of 33.63 ± 7.17 .

Table (4): Total level of nurse-physician collaboration of the studied nurses through program phases at King Khalid Hospital (n=114).

Total nurse – physician collaboration	Total Nurse–physician collaboration of the studied nurses through program phases						χ^2 test p value
	Pretest		Immediate posttest		Follow up		
	No.	%	No.	%	No.	%	
•Total Nurse–Physician Collaboration level							
Lo	4	40	4	3.5	2	1.	149.

w level	6	.4				8	482
Moderate level	49	43.0	10	8.8	35	30.7	0.0001*
High level	19	16.7	100	87.7	77	67.5	
●Total Nurse–Physician Collaboration scores							
Range Mean±SD	29-125 83.89±20.25		67-135 112.94±14.28		62-134 104.73±14.56		
χ^2 value	107.724 0.0001**						
p value							

*Statistically significant (p<0.05)

**Highly Statistically significant (p<0.01)

Table (4) demonstrates the comprehensive level of collaboration between nurses and physicians among the investigated nurses throughout the program phases at King Khalid Hospital. A significant advancement in the entire amount of cooperation between nurses and physicians was noted among the nurses examined during the various stages of the training program. It showed that the highest total mean score 112.94±14.28 immediate post-test phase, then it slightly reduced to 104.73±14.56 at 3 months follow up.

Table (5): Correlation between total scores of nurses–physician collaboration and communication skills knowledge and practice among the studied nurses through program phases at King Khalid Hospital (n=114).

Variables	Total nurse–physician collaboration scores of the studied nurses through program phases					
	Pretest		Immediate posttest		After 3 months follow up	
	r	p value	r	p value	r	p value
Total communication skills	0.337	0.0001*	0.739	0.0001**	0.710	0.0001**

knowledge scores						
Total communication skills practice scores	0.481	0.0001*	0.690	0.0001**	0.575	0.0001**

*Statistically significant (p<0.05)

**Highly

Statistically significant (p<0.01)

Table (5) illustrates the relationship between the overall scores of nurse-physician collaborations and the comprehensive knowledge of communication skills as well as total practice among the nurses examined throughout the program phases at King Khalid Hospital. The results demonstrated a profoundly statistically significant association between the aggregate scores of collaborations between nurses and physicians and the complete knowledge of communication skills and practice among the nurses tested.

Discussion

Effective nursing practice is dependent on communication skills and is essential to safe, high-quality patient care. Communication in healthcare is an accurate, clear, and timely exchange of information between healthcare professionals, both verbally, nonverbally. Effective communication skills are crucial for nurses to report patient status, clarify medical instructions, and communicate clinical concerns. Effective communication also helps to avoid misunderstandings, minimize medical errors, and foster a culture of respect and trust among the healthcare team (Jang, Wagner, & Sinclair, 2025).

Interdisciplinary health care delivery is essential to the work of nurses and physicians. This partnership is characterized by shared decision-making, respect for each other's roles, and collaboration to ensure the best patient outcomes. Nurses and physicians share their knowledge and perspectives to improve clinical judgment and continuity of care when they collaborate. Collaboration has been shown to enhance patient safety, boost nurse and physician satisfaction, and contribute to a more efficient and responsive healthcare system (Labrague, Al Sabei, Al Rawajfah, AbuAlRub, & Burney, 2022). Hence, the purpose of this study was to determine the impact of the communication skills training program on the cooperation of nurses with physicians in King Khalid Hospital.

The findings of the present study showed that the level of communication skills knowledge of the nurses before the program was low. This might be because most of the nurses studied have not taken part in previous communication skills training because they are under pressure to attend hospital workshops due to various deadlines and work priorities. This finding is corroborated by Reith-Hall, & Montgomery, (2023) study titled "communication skills training for enhancing the communicative competencies of social workers" which revealed that the majority of the staff nurses had unacceptable and low level of knowledge on communication skills.

Furthermore, this result is in line with the study by Syardiansah, Ardianti, & Septian (2023) to determine the effect of communication skills, job satisfaction and organizational commitment on employee performance, which revealed that communication skills were found to be poor in training. The result of the present study revealed that demonstrated statistically significant improvement in knowledge of communication skills post implementation of program and slightly declined at follow up. Nearly all the nurses who participated in the training had significantly higher communication knowledge after the program.

Whereas post-intervention program revealed a highly significant improvement in level of knowledge regarding communication skills. This could be explained by the high level of understanding and concentration of the studied nurses, their ability to absorb new knowledge and their perception of the importance of communication skills after the implementation of the training program. In addition, there was a statistically significant improvement in the knowledge of nurses about communication skills throughout the phases of the training program. During the pretest phase, over one third of the nurses' knowledge was at a high level, followed by a significant increase in knowledge to a high level in the immediately posttest phase and a high level in the follow-up test phase after 3 months.

This could be attributed to the systematic and structured design of the training program, the use of active learning methods, the relevance of the content to clinical practice, the reinforcement of the skills through ongoing practice, the intrinsic motivation of the nurses to learn how to enhance the quality of patient care, the practical and learnable nature of communication skills, the support and commitment of the institution of King Khalid Hospital, and the multi-dimensional approach that covered various aspects of

communication competence, which all contributed to the acquisition of knowledge and long-term retention.

Eied et al (2025) conducted a study to evaluate nurses' knowledge and practices regarding patient care documentation and their relationship with their communication skills, with more than half of the nurses having inadequate knowledge about documentation. In addition, most participants have a good level of competency on both day and night shifts. They found that there was a positive correlation between the understanding of documentation and the documentation practice of the nurses, and a positive correlation between the documentation practice and the communication skills of the nurses. Service training is recommended for nurses to focus on accurate documentation skills and communication skills.

In addition to the above mentioned studies, Huaman et al., (2023) carried out an explanatory model study on work-family conflict, resilience, job satisfaction and communication skills among nurses and concluded that improvement in communication skills has a positive impact on job satisfaction, work engagement and overall job performance, which implies that the improvement of communication skills in the current study could have a positive impact on the overall job performance and work collaboration of nurses at King Khalid Hospital.

Aligning with the significant improvement observed in the current study from pretest to posttest phases, a study done by Del Vecchio, Moschella, Lanham, & Zavertnik (2022), who conducted a study on acting to teach communication skills to nurses at clinical settings, and found that structured communication skills training programs effectively enhance nurses' knowledge and competency in interpersonal communication.

The present study showed that there was a significant difference in the total communication skills practice scores of the nurses in the different phases of the training program. It revealed that the communication skills practice scores were at high level in the pretest phase and most of the studied nurses had high level communication skills practice in the immediate post test phase and 3 months later, showing that the communication skills practice scores were improved in the nurses studied. This could be attributed to the extensive clinical practice patterns and baseline experience of the nurses, the incorporation of the knowledge of improved communication into the professional routines,

their professional commitment to patient-centered care, and the transfer of theoretical knowledge into practice throughout all phases of training, which led to high-level communication practice scores.

The findings of the current study are corroborated by Ahmed, & Abd El Salam, (2025) who found that there was statistically significant difference between the total communication skills practice of the staff nurses before and after the program and after the program. The nurses who had a moderate level accounted for the highest percentage, almost two-thirds, as revealed by Abdelbaset, Ali, & Elhamid (2025), which can be explained by the fast-paced and demanding work environment of the nurses. Nurses understand that good communication is vital to deliver quality patient care. It allows them to accurately assess patient needs, convey critical information to other healthcare providers, educate patients and their families, and build trust and rapport with patients. Good communication skills are also important for conflict resolution and for patient care and satisfaction for nurses.

Consistent with the current findings, Goktas, Gezginci, & Kartal, (2022) conducted a randomized controlled trial to examine the impact of motivational messages sent to emergency nurses during the COVID-19 pandemic on job satisfaction, compassion fatigue, and communication skills, and found that targeted interventions significantly enhanced nurses' communication skills and overall professional competencies, which is consistent with the current study's finding of high levels of communication practice throughout the training program phases.

Finding of the present study revealed that majority of studied nurses had a high level of nurse-physician collaboration immediately implementing communication skills training program at King Khalid Hospital. This could be attributed to several interrelated factors, including the communication skills training program that is likely to have increased the nurses' knowledge and awareness of effective communication principles, including clarity, active listening, assertiveness and mutual respect. These skills are necessary for developing interprofessional working relationships with doctors. Nurses who have access to structured communication tools, like SBAR (Situation, Background, Assessment, Recommendation), are more likely to be confident in initiating conversations, sharing patient information, and engaging in clinical decision-making, all of which directly enhances collaboration.

This aligns with the findings of Bulut, Sengül, Mumcu, & Mumcu (2025) who found that collaboration is a factor that makes nurses more responsible and assertive in their profession. Nurses who are engaged in decision making with physicians feel valued and recognized as part of the healthcare team. This engagement boosts their confidence and reinforces their sense of being effective health care workers. If health workers feel their roles are important and appreciated, they are more likely to be involved in their work and provide better care for patients.

Furthermore, this aligns with the findings of Dahlawi et al. (2023) who reported that interprofessional collaboration creates a team-based working environment where professionals can exchange knowledge and insights, leading to improved patient outcomes. This partnership not only tackles the challenges of patient care but also fosters a sense of mutual respect and shared responsibility among nurses and doctors, thereby influencing their professional identities. Indeed, positive relationships and collaboration between nurses and physicians have been found to be a key determinant of positive patient outcomes and quality patient care. It can guarantee patient safety, satisfaction, and accelerate recovery, thereby reducing the mortality rate (Zhang et al., 2023).

In addition, Kim, Oh, Lee, & Kim (2022) found that job satisfaction was positively correlated with improved collaboration and negatively correlated with moral distress and professional autonomy among nurses who work as physician assistants, suggesting that better communication and collaboration are key factors in achieving positive outcomes at work.

Also, Costa, Valley, & Frieze (2024) reported that mutual respect, trust, and effective communication are vital to a successful joint venture. In professional practice, it is crucial to emphasize a cooperative approach, since the physician and the nurse have complementary functions and work together in the care of the patient. HW should know all the various disciplines with which they interact. In healthcare, collaboration is a conscious sharing of information and shared responsibility for patient care.

The results of the present study indicated that the total score of the nurses-physician collaboration, total communication skills knowledge, and total practice were highly statistically significant correlated among the studied nurses. The results indicated that the program had a positive impact on the relationship

between communication competence and nurse–physician collaboration, and that this effect remained over time, although there was a slight decrease at follow-up. The findings of the present study are similar to the results of Chen, Chen, & Jong (2022) who investigated the use of the SBAR technique to improve nurse–physician communication, which demonstrated that structured communication practice significantly improved nurse–physician interaction and collaboration, and ultimately resulted in improved patient satisfaction.

Furthermore, Xiao, Liu, & Chang (2022) found that when nurses actively used clear and adaptive communication strategies, they were more effective in collaborating with physicians in the face of technological and workflow barriers in computerized physician order entry systems. Likewise, finally, Heidemann et al. (2025) found that an interprofessional paging curriculum was associated with significant changes in nurse–physician communication practice and collaborative interactions after targeted training.

Conclusion

Based on the study findings, it was concluded that the communication skills training program at King Khalid Hospital was effective in significantly improving nurses' knowledge and practice of communication skills, as well as enhancing nurse–physician collaboration. Nurses' communication knowledge increased from a low level in the pretest phase to a high level in the immediate posttest phase and remained elevated at the three-month follow-up. Similarly, communication skills practice showed a statistically significant and sustained improvement across program phases. Nurse–physician collaboration also improved significantly following the intervention, with scores increasing in the immediate posttest phase and remaining higher than baseline at follow-up. In addition, statistically significant relationships were found between total communication skills knowledge score and total communication skills practice with total nurse–physician collaboration at all phases of the training program.

Recommendations

Based on the study conclusion, it was recommended for nursing directors, head nurses, staff nurses, and future research

For Nursing Directors

- Implementing regular communication skills training programs and integrating these competencies into orientation for newly hired nurses to promote consistent practice across all units.

- Providing supportive leadership and facilitating interprofessional education sessions to encourage open, respectful, and collaborative communication between nurses and physicians.
- Ensuring adequate staffing and workload distribution while monitoring communication performance through evaluations and feedback to enhance patient safety and teamwork.

For Head Nurses

- Promote continuous communication skills training by organizing regular in-service education programs and workshops to maintain and enhance nurses' communication knowledge and practical skills.
- Incorporate communication skills training into orientation programs for newly recruited nurses to ensure they develop effective communication competencies from the beginning of their employment.

For Staff Nurses

- Participating regularly in structured communication skills training programs and applying evidence-based frameworks, such as SBAR, to improve clarity, accuracy, and effectiveness in nurse–physician interactions.
- Practicing active listening and assertive communication while engaging in interdisciplinary meetings and rounds to strengthen collaborative decision-making and professional relationships.
- Reflecting on personal communication experiences and seeking feedback from physicians and colleagues to continuously enhance communication competencies.

For Future Research

- Examining the long-term effects of communication skills training and exploring its impact across different nursing specialties and clinical settings to enhance generalizability.
- Investigating the role of organizational culture and assessing technology-based communication training, such as virtual reality or simulation, in sustaining nurse–physician collaboration.

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