

## SATISFACTION OF NURSES WITH COMMUNICATION

**Nikola Djordjevic<sup>1</sup>, Nevena Djordjevic<sup>2</sup>, Jagoda Nikolic<sup>2</sup>, Marija Jovanovic<sup>2</sup>, Ivan Stojkovic<sup>3</sup>, Ljiljana Savic<sup>4</sup>, Ljubisa Kucurski<sup>4</sup>**

<sup>1</sup>Health center Zajecar, Rasadnička 19000, Republic of Serbia

<sup>2</sup>The Academy of Applied Preschool Teaching and Health Studies, Department of Medical Studies, St. Lole Ribara, Cuprija, Republic of Serbia

<sup>3</sup>Health center Jagodina, Karađorđeva bb, Republic of Serbia

<sup>4</sup>PI College of Health Sciences Prijedor, Nikole Pašića 4a, Republic of Srpska, Bosnia and Herzegovina

**Abstract.** *In the professional practice of nurses, communication is an important determinant of the quality of nursing services. Communication is a factor on the basis of which health care users make a subjective assessment of the quality of services received in the health care system. The aim of this work is to examine nurses' satisfaction with communication as a significant determinant of the quality of health care. The research was conducted as a cross-sectional study in the population of nurses at the primary and secondary levels of health care. The sample consisted of 62 respondents. The research was conducted from August 24, 2022. until 24.09.2022. in the Zaječar Health Center. The consent of the Ethics Committee of the Zaječar Health Center was obtained for the research. The data was collected using the survey technique, and the research instrument was a survey questionnaire, created by the author for the purposes of the research. The statistical processing of the obtained results was carried out in the SPSS (Statistical Package for the Social Sciences) program for statistical data processing. The measure of statistical significance is  $p < 0.05$ . Nurses are statistically significantly satisfied with communication with health care users ( $AS = 59.15$ ,  $SD = 6.49$ ,  $t = 36.60$ ,  $df = 1$ ,  $p < .001$ ). Respondents who are satisfied with material income, ie salary ( $AS = 40.25$ ) are more satisfied with communication with health care users than respondents who are not satisfied with salary ( $AS = 28.95$ ) to a statistically significant extent ( $U = 213.50$ ,  $p = .03$ ). The results of our research are similar to the results of the research of researchers who have dealt with this issue. Communication with users is an important segment of health care and nurses are satisfied with communication with them. Nurses who are satisfied with their salary are more satisfied with communication with health care users than nurses who are not satisfied with their salary.*

**Key words:** *satisfaction with communication, nurse, quality of health care*

## Introduction

In the professional practice of nurses, communication is an important determinant of the quality of nursing services. When we talk about quality in the health care system, communication ranks very highly as a determinant of quality, because how we communicate with patients determines how they perceive us, whether they choose to trust us, whether they will feel safe while we perform medical interventions, whether they will global to be satisfied with the meeting with the health

system. Communication is a factor on the basis of which health care users make a subjective assessment of the quality of services received in the health care system.

The success of communication and the atmosphere created by communication is crucial for the patient's satisfaction with health services, but also for the job satisfaction of health workers and associates.

It is necessary to be aware at every moment that we are communicating with a unique person who is currently in the position of a sick person, and not with a sick organ [1].

The patient-nurse partnership increases patient satisfaction, improves quality of life, and contributes to improving patient safety and the quality of health care through direct patient participation in decision-making about their own health management [2]. From Travelbee's perspective, communication is understood and portrayed as a means to establish a human-to-human relationship [3].

In order to ensure the quality of health services at an enviable level, it is necessary that the input resources are of high quality, that is, an adequately trained professional health workforce, adequate equipment and space are needed, the quality of the structure-input elements itself must be at a high level, and we can see this as the core, base or basis of quality health care, if the structure is adequate, there is a high probability that the process of diagnosis, care and treatment will be at a high level, which will ultimately result in the desired outcomes, i.e. healed and satisfied patients. Health is not only management, it is more than that, and health without management is less than that [4].

Communication and quality management are closely related concepts, health managers use different forms of communication, all with the aim of ensuring and constantly improving quality, communication is a crucial skill of every leader. Communication, as we have already mentioned, is a basic determinant of quality in all business processes, including in the healthcare system, without high-quality communication at all levels of the healthcare organization, there is no quality in healthcare.

The aim of this paper is to examine nurses' satisfaction with communication as a significant determinant of the quality of health care.

## **Material and methods**

The research was conducted as a cross-sectional study in the population of nurses at the primary and secondary level of health care. The sample consisted of 62 respondents (31 respondents from primary health care and 31 respondents from secondary health care).

The research was conducted from 24.08.2022. until 24.09.2022. at the Zaječar Health Center. The consent of the Ethics Committee of the Zaječar Health Center was obtained for the research.

The data were collected using the survey technique, and the research instrument was a survey questionnaire, created by the author for research purposes.

The survey questionnaire that was applied consisted of a total of 38 items.

The first nine items were related to the collection of demographic and socio-economic data (gender, age, place of residence, level of education, years of service in health care, level of health care, religiosity, satisfaction with salary and family

relationships). These data were viewed as categorical variables during further data analysis.

The following 25 items were viewed as a summary score related to the overall measure of nurses' satisfaction with communication. All items were in the form of Likert-type items, of different degrees, where respondents had to indicate the degree of agreement with the stated statements. A greater measure of agreement with the statement is scored with a higher number of points, while disagreement (answers no or never) are not scored, that is, they are scored with a score of zero. A higher score is an indication of greater satisfaction of nurses with communication with users.

The last four items were observed in isolation, and refer to the assessment of the quality of communication of nurses with individual persons (users, doctors, fellow nurses and nurse manager). Respondents gave answers on a ten-point Likert-type scale, where grade 1 implies the least measure of satisfaction, while grade 10 implies the greatest satisfaction with communication with individual persons.

The reliability of the applied instrument was high and is given in Table 1.

Table 1. Reliability of the applied instruments ( $\alpha$  Cronbach)

Instrument	Number of items	$\alpha$ Cronbach
Communication with users of health care (survey questionnaire intended for nurses)	25	.86

The statistical processing of the obtained results was carried out in the SPSS (Statistical Package for the Social Sciences) program for statistical data processing. In order to determine the reliability of the instruments used, Cronbach's alpha coefficient (Cronbach alpha) was used. The Shapiro-Wilk test was used to determine deviations from the normality of the distribution of numerical variables.

The respondents' achievements on the applied instruments and individual items of the applied instruments are shown with descriptive statistical measures. A one sample t-test was used to determine the degree of nurses' satisfaction with communication. The level of statistical significance of the obtained results was taken as the value where the measure of statistical significance is  $p < 0.05$ . The results are shown in tables and percentages.

## Research results

Of the 62 respondents in this sample, 53 (85.5%) were female, while only nine (14.5%) were male. Eight (12.9%) of the interviewed nurses were younger than 30 years, 18 (29%) were 31-40 years old, 16 (25.8%) were 41-50 years old, while those older than 51 years had the largest part of the sample, i.e. 20 of them (32.3%). The largest part of the sample lives in the city (90.3%), while only 9.7% lives in the village. 51 surveyed nurses completed secondary education (82.3%), 10 of them (16.1%) completed professional studies, while only one surveyed nurse completed specialist or master's studies (1.6%). The largest part of respondents in our sample has over 21 years of experience in health care in health care jobs (50%), then 17 respondents (27.4%) have 11-20 years of experience, 16.1% of respondents have less

than five years of experience, while only four respondents (6.5%) have 6-10 years of work experience. Half of the surveyed nurses from the sample are employed in primary health care (50%), while half are in secondary care (50%). Over two-thirds of the interviewed nurses are religious (77.4%), while a smaller number are not (22.6%). Most respondents are not satisfied with their salary (77.4%), while only 14 of them are satisfied (22.6%). The majority of respondents in our sample have excellent (51.6%) or good (46.8%) family relationships, while only one interviewed nurse (1.6%) points out that family relationships are bad (Table 2).

Table 2. Demographic and socio-economic characteristics of respondents  
(*N* = 62)

variable	Category	f	%
Gender	Female	53	85.5
	Male	9	14.5
Age	<30	8	12.9
	31-40	18	29.0
	41-50	16	25.8
	51+	20	32.3
Place of living	City	56	90.3
	The countryside	6	9.7
Level of Education	High school	51	82.3
	Vocational studies	10	16.1
	Academic studies	/	/
	Specialist/master studies	1	1.6
Years of experience in healthcare in healthcare jobs	<5	10	16.1
	6-10	4	6.5
	11-20	17	27.4
	21+	31	50.0
Level of health care	Primary health care	31	50.0
	Secondary health care	31	50.0
Are you religious	Yes	48	77.4
	No	14	22.6
Are you satisfied with your salary?	Yes	14	22.6
	No	48	77.4
Family relations	Excellent	32	51.6
	Good	29	46.8
	Bad	1	1.6

Descriptive values on the instrument that was applied to the respondents of our sample, which refers to the communication of nurses with health care users, indicate that the average value on the instrument used is  $AS = 59.15$ , out of a maximum of 70 points, which tells us that the surveyed nurses consider how important positive communication with healthcare users is (Table 3).

The results of the t-test (one sample t-test) indicate that the surveyed nurses are statistically significantly satisfied with communication with health care users, and in relation to the theoretical average on the applied instrument, which is 35 points ( $AS = 59.15$ ,  $SD = 6.49$ ,  $t = 36.60$ ,  $df = 1$ ,  $p < .001$ ) (Table 3).

Table 3. Satisfaction with respondents' communication with health care users

Instrument	Min	Max	AS	SD	p
Communication with health care users	33	70	59.15	6.49	$p < .001$

Respondents in our sample are most satisfied with communication with the head nurse manager (AS = 9.19), then with fellow nurses (AS = 8.42), while they are less satisfied with communication with the doctors they collaborate with (AS = 7.60). Respondents of our sample are the least satisfied with communication with users (AS = 7.03) (Table 4).

Table 4. Respondents' satisfaction with communication with doctors, fellow nurses, head nurse manager and users

Item	Min	Max	AS	SD
Satisfaction with communication with doctors	1	10	7.60	2.12
Satisfaction with communication with users	1	10	7.03	2.04
Satisfaction with communication with fellow nurses	1	10	8.42	1.79
Satisfaction with communication with the head nurse manager	1	10	9.19	1.48

Respondents working in secondary healthcare are more satisfied with communication with healthcare users (AS = 33.85) compared to respondents working in primary healthcare (AS = 29.15), however not to a statistically significant extent ( $U = 407.50$ ,  $p = .30$ ) (Table 5).

Table 5. Satisfaction with respondents' communication with health care users in relation to the level of health care

A subgroup of nurses	N	AS	U	p
Primary health care	31(50.0%)	29.15	407.50	.30
Secondary health care	31(50.0%)	33.85		

Male respondents (AS = 38.17) are more satisfied with communication with health care users than female respondents (AS = 30.37). The differences are not statistically significant ( $U = 178.50$ ,  $p = .23$ ) (Table 6).

Table 6. Satisfaction with respondents' communication with health care users in relation to gender

Gender	N	AS	U	p
Female	53(85.5%)	30.37	178.50	.23
Male	9(14.5%)	38.17		

Respondents living in the city (AS = 32.49) are more satisfied with communication with health care users compared to respondents living in the countryside (AS = 22.25), however not to a statistically significant extent (U = 112.50,  $p = .19$ ) (Table 7).

Table 7. Satisfaction with respondents' communication with health care users in relation to place of residence

Place of living	N	AS	U	p
City	56(90.3%)	32.49	112.50	.19
The countryside	6(9.7%)	22.25		

Respondents who are not religious are more satisfied with communication with health care users (AS = 35.79), compared to respondents who are religious (AS = 30.25). The differences are not statistically significant (U = 276.00,  $p = .31$ ) (Table 8).

Table 8. Satisfaction with respondents' communication with health care users in relation to religiosity

Religiosity	N	AS	U	p
Yes	48(77.4%)	30.25	276.00	.31
No	14(22.6%)	35.79		

Respondents who are satisfied with material income, i.e. salary (AS = 40.25) are more satisfied with communication with health care users compared to respondents who are not satisfied with salary (AS = 28.95) to a statistically significant extent (U = 213.50,  $p = .03$ ) (Table 9).

Table 9. Satisfaction with respondents' communication with health care users in relation to satisfaction with salary

Satisfaction with salary	N	AS	U	p
Yes	14(22.6%)	40.25	213.50	.03*
No	48(77.4%)	28.95		

Note: \* $p < .05$

Respondents who have completed professional studies (AS = 34.45) are the most satisfied with communication with health care users, followed by the degree of satisfaction by respondents who have specialist/master's studies (AS = 31.35), while the least satisfied are respondents who have completed secondary education (AS = 30.32), however, those differences are not statistically significant (H = .45,  $df = 1$ ,  $p = .50$ ) (Table 10).

Table 10. Satisfaction with respondents' communication with health care users in relation to the level of education

Level of Education	N	AS	H	Df	p
High school	51 (82.3%)	30.32	.45	1	.50
Vocational studies	10 (16.1%)	34.45			
Specialist/master studies	1 (1.6%)	31.35			

## **Discussion**

Numerous studies have been conducted in the world that deal with the problem of the quality of services in healthcare, as well as the problem of nurses' job satisfaction. By searching various databases, we come across a large number of studies that investigate the quality of services in health care, however, the number of studies that we have come across, which primarily look at communication as a significant quality factor, is not that large.

In 2018, Joković et al published a study titled Job Satisfaction of Nurses. 200 respondents participated in the research. The average age of the respondents in this study is 43 years. The authors point out that: Job satisfaction and experiencing positive emotions at work is considered an important part of a nurse's professional life, it has a significant impact on patient safety, the quality of services provided, commitment and staying in the organization and profession. The study showed: Nurses are most often dissatisfied with pay, working conditions, and rewards for a job well done. They expressed an ambivalent attitude towards opportunities for promotion, benefits and communication. They expressed job satisfaction only in three domains: satisfaction with superiors, satisfaction with colleagues and satisfaction with the nature of work. Joković and colleagues came to the following conclusion: The lowest ratings of the respondents in the domains of salary, reward for a job well done and working conditions are probably the result of the economic climate in which one lives and works, fixed and inadequate salaries and minimal benefits combined with the nature of the job. This is troubling data, given that research indicates a direct positive relationship between nurses' job satisfaction and patient outcomes [5].

Also, the results of our research show: Nurses who are satisfied with their financial income, that is, their salary, are more satisfied with communication with health care users than nurses who are not satisfied with their salary, to a statistically significant extent. The results of our research show that even 77.4% of nurses are not satisfied with their salary.

Looking at the general situation in our healthcare system, we believe that nurses are to a certain extent overloaded with work. We are of the opinion that there is a shortage of staff when we talk about nurses, with the emphasis that there is a huge lack of highly educated nurses in our health system. In our healthcare system, in many healthcare institutions, there are no paramedics, or nurse assistants, who would perform simple technical actions under the supervision and order of a nurse in the form of feeding patients, walking the patient, transporting patients within the institution for the purpose of diagnostics, etc. Taking the above into account, all this reflects on communication and the very quality of healthcare services in a negative context. In Serbia, the Nursing process has not been implemented, nurses are still treated only as medical assistants and they are prevented from realizing the full potential of the nursing profession. Nurses are not allowed to define nursing problems (nursing diagnoses). Without a Nursing process, they cannot adequately identify and meet the health needs of an individual, group or community. The professional action of nurses in our health system is often reduced to technical actions and blindly following the doctor's orders, where they are not perceived as autonomous health professionals with the right to critical and creative thinking. Taking all this into

account, the quality of healthcare suffers. Nurses are the most numerous healthcare workers in every healthcare system, they form the very base of the healthcare system and represent one of the supporting pillars of the healthcare system, they provide a huge number of healthcare services to users. It is necessary for the management of healthcare institutions in Serbia to change its approach towards nurses and adequately enable this professionally discriminated group to grow and develop professionally, which will certainly have a positive effect on the quality and functioning of the healthcare system, as well as on the satisfaction of healthcare users, but also to the satisfaction of the nurses at work.

Norouzinia et al. published a paper on Communication Barriers Perceived by Nurses and Patients. This cross-sectional, descriptive analytical study was conducted on 70 nurses and 50 patients in two hospitals affiliated with Alborz University of Medical Sciences in 2012. In the study, the authors state: The most common communication barriers from the nurses' point of view were the following: differences in the spoken languages of nurses and patients, nurse overload, family interference, and the presence of emergency patients in the department. According to the patients, the most common barriers to communication are gender differences between the nurse and the patient, the reluctance of the nurse to communicate, the busy environment in the ward and the patient's anxiety, pain and physical discomfort. The evaluation of the attitudes of nurses and patients showed that among the obstacles concerning nurses, overwork, lack of nurses and lack of time are the most important barriers for the group of nurses. Also, nurses' unwillingness to communicate and lack of understanding of patients' needs were the most important barriers from the patients' perspective. The shortage of nurses increases the workload, and therefore there is not enough time to establish a good therapeutic relationship (Park & Song, 2005); also, low income of nurses is mentioned as a barrier to nurse-patient interaction (Aghamolaei & Hasani, 2011; Baraz et al., 2010; Mendes, Trevizan, Nogueira, & Sawada, 1999) [6].

The results of our research showed that nurses are satisfied with communication with health care users to a statistically significant extent. However, there is a high probability that the nurses gave socially acceptable or socially desirable answers to a certain number of questions from the survey questionnaire. The results of our research show that nurses believe that positive communication with health care users is important.

## **Conclusion**

Our research has shown:

That communication with users is an important segment of health care and that nurses are satisfied with communication with them. Nurses express the highest level of satisfaction with communication with the nurse manager, followed by colleagues and doctors, and to a lesser extent with health care users. There are no statistically significant differences in satisfaction with communication with users between nurses at the primary level and nurses at the secondary level of health care. Also, such differences do not exist in relation to demographic and socio-economic variables, such as gender, religiosity, place of residence, level of education, statistically significant differences in satisfaction with communication exist, in relation to satisfaction with salary: nurses who are satisfied with salary they are more satisfied



with communication with health care users, compared to nurses who are not satisfied with their salary.

This research of ours shows that communication is one of the important aspects in meeting the needs of users.

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## ЗАДОВОЉСТВО МЕДИЦИНСКИХ СЕСТАРА КОМУНИКАЦИЈОМ

***Никола Ђорђевић<sup>1</sup>, Невена Ђорђевић<sup>2</sup>, Јагода Николић<sup>2</sup>, Марија Јовановић<sup>2</sup>, Иван Стојковић<sup>3</sup>, Љиљана Савић<sup>4</sup>, Љубиша Куцурски<sup>4</sup>***

<sup>1</sup>Здравствени центар Зајечар, Расадничка 19000, Република Србија

<sup>2</sup>Академија васпитачко-медицинских струковних студија, Одсек медицинских студија Туприја, ул. Лоле Рибара, Република Србија

<sup>3</sup>Здравствени центар Јагодина, Карађорђева бб, Република Србија

<sup>4</sup>ЈУ Висока медицинска школа Приједор, Николе Пашића 4а,  
Република Српска, Босна и Херцеговина

**Сажетак.** У професионалној пракси медицинских сестара комуникација је важна детерминатна квалитета сестринских услуга. Комуникација је фактор на основу кога корисници здравствене заштите врше субјективну процену квалитета услуга добијених у систему здравствене заштите. Циљ овог рада је испитати задовољство медицинских сестара комуникацијом као значајне детерминанте квалитета здравствене неге. Истраживање је спроведено као студија пресека у популацији медицинских сестара примарног и секундарног нивоа здравствене заштите. Узорак је био састављен од 62 испитаника. Истраживање је спроведено од 24.08.2022. до 24.09.2022. године у Здравственом центру Зајечар. За истраживање добијена је сагласност Етичког одбора Здравственог центра Зајечар. Подаци су прикупљени техником анкетирања, а инструмент истраживања био је анкетни упитник, креиран од стране аутора за потребе истраживања. Статистичка обрада добијених резултата је извршена у SPSS (Statistical Package for the Social Sciences) програму за статистичку обраду података. Мера статистичке значајности  $p < 0,05$ . Медицинске сестре су у статистички значајној мери задовољне комуникацијом са корисницима здравствене заштите ( $AS = 59.15$ ,  $SD = 6.49$ ,  $t = 36.60$ ,  $df = 1$ ,  $p < .001$ ). Испитаници који су задовољни материјалним примањима, односно платом ( $AS = 40.25$ ) задовољнији су комуникацијом са корисницима здравствене заштите у односу на испитанике који нису задовољни платом ( $AS = 28.95$ ) у статистички значајној мери ( $U = 213.50$ ,  $p = .03$ ). Резултати нашег истраживања слични су резултатима истраживања истраживача који су се бавили овом проблематиком. Комуникација са корисницима је значајан сегмент здравствене заштите и медицинске сестре су задовољне комуникацијом са њима. Медицинске сестре које су задовољне платом задовољније су комуникацијом са корисницима здравствене заштите, у односу на медицинске сестре које нису задовољне платом.

**Кључне речи:** задовољство комуникацијом, медицинска сестра, квалитет здравствене неге