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THE QUALITY OF HEALTH COMMUNICATION AND ITS ROLE IN PATIENT SATISFACTION IN COUNTRIES IN TRANSITION - THE CASE OF KOSOVO AND NORTH MACEDONIA

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Abstract

Health communication, is a challenge even for countries with very advanced healthcare systems and continues to remain a serious challenge for countries and societies in transition such as Kosovo and North Macedonia.

Objective- To conduct a comprehensive analysis of the level of quality of health communication and patient satisfaction in these two countries and societies in transition.

Materials and methods - We applied the qualitative method and semi-structured interviews as research implementation instruments, and aslo applied the comparative method between the two countries where the research was carried out.

Results - From the findings of this research, we note that there are significant differences in the quality of health communication and patient satisfaction between the two countries, both from the patients and the healthcare professionals who were the focus group of the research.

Conclusions - Deep systemic reforms in the three organizations of the healthcare system by the responsible institutions of both countries as far as this field is concerned, especially in the healthcare system of Kosovo.

Key Words: Quality, communication, health, satisfaction, healthcare professional, patient.

Introduction

In the contemporary trends of the approach to health care, patient satisfaction has become an important component of health care. However, there is limited knowledge about patient satisfaction measurement instruments that are used by major medical centers including tertiary level institutions where university education takes place [1]. Measurements and real assessment of patient satisfaction can serve to improve health care, healthcare services, patient expectations, in better management by healthcare service providers but also in better performance of healthcare professionals and reduction of cost. The exact definition of patient satisfaction is complex and includes many components that go beyond the patient-healthcare professional relationship.

Patients' evaluation of care is a realistic tool to provide opportunity for improvement, enhance strategic decision making, reduce cost, meet patients' expectations, frame strategies for effective management, monitor healthcare performance of health plans and provide benchmarking across the healthcare institutions [2]. These measurements of this important component of health care that include a large number of factors starting from organization and management, relevant infrastructure, modern healthcare equipment, human and financial resources to factors related to age, education and other specifics of patients who evaluate their satisfaction with the healthcare services they receive. Dimensions of patient satisfaction such as satisfaction with medical care, nursing care, organization and their impressions [3], do not include all components of patient-healthcare professional communication, this process is more complex.

A favorable result of 94% revealed that the patient was able to judge hospital service quality, especially in its relational, organizational and environmental dimensions [4].

In our research, we relied on questionnaires as the most appropriate instruments in measuring the perception and evaluation of patient satisfaction at the three levels of organization of the health system of North Macedonia and Kosovo.

Literature review

The increasing involvement of patients in the evaluation and measurement of the quality of health care and the quality of the provision of healthcare services continues to be a topic of debate in academic circles but also among healthcare professionals themselves. Even the recent literature does not provide us with accurate data regarding the ways and instruments to make the best assessment of patient satisfaction. But, healthcare professional–patient communication can help develop a sense of trust between patient and provider, which can make it easier for patients to adhere to a provider's recommendations [5], as well as to save time and money and help healthcare institutions and decision makers to improve health care.

The use of questionnaires as an instrument for measuring patient satisfaction continues to prevail. There is currently much discussion on how to define patient satisfaction in healthcare. In A. Donabedian's model, patient satisfaction is referred to as the measure of opinions provided by patients [6]. Over the past two decades, patient satisfaction surveys have gained increasing attention; however, there is little published research on improvements resulting from patient satisfaction survey feedback [7], findings that we have confirmed in our own research. These are legitimate dilemmas and remain unanswered questions, the question remains whether healthcare consumer data is a valid measure of technical quality. Does the consumer have the base of knowledge to make such a judgment [8], which really has a direct impact on the accuracy and quality of the information received and the reflection of health care institutions and decision makers on this information. The form in which the information was received from the patients is also important, from direct contact, internet, social networks, therefore it is reasonable to expect discrepancies between messages disseminated and received. They arise not only due to differential exposure to the intervention but also because of the differences in interpretation in decoding information [9]. Therefore, it continues to be a debate but also a managerial concept in health

institutions that the approach is important for the patient and process quality is at least as important as clinical quality in predicting patient satisfaction [10]. But patient-health professional communication continues to be the main attribute in the performance of health institutions, but which also greatly affects decision-making. Interpersonal communication theory helps us understand the provider–client interaction, the role of social support in health, and the ways in which interpersonal relationships influence health behaviors and decision-making [11], but the quality of this interpersonal communication continues to remain a matter of debate, especially in countries with low and medium incomes, as is the case with North Macedonia and Kosovo, which would also have an impact on adequate decision-making. In this context, especially in societies in transition, the doctor's communication approach is extremely important, which implies how you ask questions, how well you listen, how you set up explanation and planning with the patient, how you structure your interaction and make that structure visible to the patient through signposting or transitions, how you build relationships with patients [12], this communication report and its successful implementation, gives the right and more objective direction to the real assessment of patient satisfaction and concrete actions in decision-making at the managerial and governmental level. But as many researchers find out, all the factors of this interpersonal communication do not give us an accurate picture of reflection in order to take managerial actions or correct decision-making. There are many possible explanations for the insufficient use of patient satisfaction survey by care providers that need to be taken into account to optimize this type of feedback [13]. Despite the fact that questionnaires continue to remain the main measuring instruments of patient satisfaction, however, we do not have convincing evidence on their impact in changing the managerial approach at the levels of departments, clinics or even institutions of other health levels. The efficacy of patient-based measured feedback to improve care provider skills and practices remains controversial for reasons that we have explained in this part of the paper. [14]. Skills in understanding and applying information about health issues are critical to this process and may have a substantial impact on health behaviors and health outcomes [15], which is one of the main issues of this research. It is very important what information we receive and what the focus group of health communication is. This issue continues to be part of WHO’s strategies, where it is evaluated, that communicators must provide information that is easy to understand so decision-makers comprehend health risks and take appropriate actions [16] or take steps to improve health care services and increase patient satisfaction. The issue of health communication, receiving information from the patient, conveying the message to processing and decision-making, constitutes a complex of actions and measures, which often have inconsistencies and discrepancie and it is reasonable to expect discrepancies between messages disseminated and received. They arise not only due to differential exposure to the intervention but also because of the differences in interpretation in decoding information [17]. Therefore, it is important that health professionals attach great importance to communication with the patient. This component increases the trust and performance of health care in general. Effective physician-patient communication is vital as it is related with favourable health outcomes such as increased patient’s satisfaction, compliance and overall health status, [18], and that will have an impact on real and reliable data for health managers

and decision makers. Health communication is an important aspect in the advancement of health services in low- and middle-income countries, therefore poor communication can result in various negative outcomes, such as decreased adherence to treatment, patient's dissatisfaction and inefficient use of resources [19], which should be the preoccupation of health professionals, policy makers and decision makers in countries like Kosovo and North Macedonia.

Materials and methods

We applied the qualitative method and semi-structured interviews as research implementation instruments, and aslo applied the comparative method between the two countries where the research was carried out. From September 15 to November 1, 2023, surveys on the quality of health communication and patient satisfaction were distributed to 400 patients in Kosovo, from which we received 308 valid responses, surveys were also distributed to 200 health professionals at all three levels of organization of the health system in both the public and private sectors through Google forms, from which we received 110 completed responses. In North Macedonia, 400 questionnaires were distributed to patients from which 303 valid answers were received and 210 questionnaires to health professionals at the three levels of organization in both sectors also through Google forms, from which we received 101 completed responses. Patients rated their level of satisfaction according to the Likert scale with two, three and five answer options, and the same questionnaire model was for health professionals.

The processing of the results was carried out using the SPSS method. Participant characteristics were described using descriptive statistics such as the average, standard deviation (SD), correlation, and percentages. They were compared between target groups using ANOVA or the chi-square test.

Results

Findings from the processing of the results of the questionnaires show that the level of quality of health communication is different in the relationship between patients and doctors in Kosovo and North Macedonia. This difference is influenced by the demographic changes of patients and doctors in these two countries as well as by a number of other components.

There is a positive relationship between patients and doctors in Kosovo and North Macedonia in the context of the quality of health communication. The demographic data of patients and doctors in Kosovo and North Macedonia have a significant impact on the quality of health communication, which also has an impact on patient satisfaction.

Table I. Descriptive Data

	N	Minimum	Maximum	Mean	Std. Deviation	Median
Patient's Kosovo	308	1.61	2.78	2.1417	.23218	2.1111
Patient's NMKD	303	1.83	2.72	2.0763	.16470	2.0556
Doctors Kosovo	110	1.78	2.94	2.4478	.24390	2.4444
Doctors NMKD	101	2.39	3.24	3.0296	.14448	3.0556

The table presents an analysis of data for patients and doctors in two countries, Kosovo and North Macedonia (NMKD). For the group of patients in Kosovo, the number of cases is 308, with values spread from 1.61 to 2.78. The average of their overall level is 2.1417, with a standard deviation of 0.23218. On the other hand, patients in MKD, with a number of 303, have a lower mean of 2.0763 and a smaller standard deviation of 0.16470, followed by a minimum value of 1.83 and a maximum of 2.72.

Table II. Correlation between patients and doctors in Kosovo in the context of the quality of health communication

			Patient's Kosovo	Doctors Kosovo
Spearman's rho	Patient's Kosovo	Correlation Coefficient	1.000	-.021
		Sig. (2-tailed)	.	.830
		N	308	108
	Doctors Kosovo	Correlation Coefficient	-.021	1.000
		Sig. (2-tailed)	.830	.
		N	108	110

In Table II, the correlation between patients and doctors in Kosovo shows a weak negative correlation, as indicated by Spearman's rho (-.021). However, this result is not statistically significant, as the other p-value (Sig. - p-value) is .830, which is above the usual levels of statistical significance ($p > 0.05$). This result suggests that there is no statistically significant relationship between the values of health communication quality reported by patients and those reported by doctors in Kosovo.

Table III. Correlation between patients and doctors in Northern Macedonia (NMKD) in the context of the quality of health communication

			Patient's NMKD	Doctors NMKD
Spearman's rho	Patient's NMKD	Correlation Coefficient	1.000	-.219*
		Sig. (2-tailed)	.	.028
		N	303	101
	Doctors NMKD	Correlation Coefficient	-.219*	1.000
		Sig. (2-tailed)	.028	.
		N	101	101

In Table III, the correlation analysis in NMKD shows a stronger and statistically significant negative correlation (-.219, p = .028) between the health communication quality values of patients and those of doctors in MKD. This result suggests a possible relationship between patients' perception of communication quality and the values reported by doctors in this context.
Likewise, in Table 3, the correlation between doctors in NMKD shows a similar and statistically significant negative correlation (-.219, p = .028), indicating that the values of communication quality reported by doctors have a significant relationship with those of patients in NMKD.

Table IV. The T-test analysis for gender differences in the context of the quality of health communication among patients in Kosovo.

		Levene's Test for Equality of Variances		t-test for Equality of Means					
								95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
	Equal variances assumed	.100	.752	-1.014	305	.311	-.02693	.02655	-.07918	.02531
	Equal variances not assumed			-1.013	301.294	.312	-.02693	.02659	-.07926	.02539

In Table IV, other analyzes have been used to assess gender differences. Levene's Test for Equality of Variances shows that the variances in the quality of health communication are equal for women and men, with a p-value of 0.752 (in the case where the same unit of the variable is foreseen). The T-test for equality of averages shows that there are no statistically significant differences in the averages of health communication quality for women and men, using a p-value of 0.311 (in the

case where equality of variances is foreseen) and 0.312 (in the case where equality of variances is not foreseen).

Table V. The T-test analysis for gender differences in the context of the quality of health communication among patients in NMKD.

	Levene's Test for Equality of Variances		t-test for Equality of Means						
								95% Confidence Interval of the Difference	
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Equal variances assumed	4.792	.029	2.127	300	.034	.04011	.01886	.00300	.07722
Equal variances not assumed			2.130	298.888	.034	.04011	.01883	.00304	.07718

In Table V, other analyzes have been used to assess gender differences. Levene's Test for Equality of Variances shows that the variances in the quality of health communication are different for women and men, with a p-value of 0.029 (in the case where the same unit of the variable is foreseen). The T-test for the equality of averages shows that there are statistically significant differences in the averages of the quality of health communication for women and men, using a p-value of 0.034 (in the case where equality of variances is foreseen) and 0.034 (in the case where equality of variances is not foreseen).

Discussion

Health communication and patient satisfaction depends on many factors. When studies and analyzes of this important component of health care are made, by all means we must take into account the level of the health system of that country, the organization and quality of service provision, the socio-economic, demographic aspects and also the sector where the public or private health services have been received and provided.

Certainly, when discussing health communication and patient satisfaction, it's crucial to consider various factors.

One of the key considerations in studying health communication and patient satisfaction is the level of the health system within a given country. Different countries have varying levels of healthcare infrastructure, resources, and access, which can profoundly impact how patients perceive and experience care.

Furthermore, the organization and quality of service provision play a crucial role in shaping patient experiences. Factors such as healthcare facility cleanliness, staff attitudes and communication

skills, waiting times, availability of amenities, and the effectiveness of treatment all contribute to patient satisfaction.

Socio-economic and demographic factors also influence health communication and patient satisfaction. Individuals from disadvantaged backgrounds may face additional barriers to accessing care, such as financial constraints, transportation issues, and language barriers, which can impact their overall satisfaction with the healthcare experience.

As for the main issues of our study, they are almost similar to the results of a research carried out in three Balkan countries, including North Macedonia. The top three indicators of patients' satisfaction across three countries are trust and attention of the doctors, and self-perceived outcome of the treatment that have been an important part of our research. Thus, the indicator that was evaluated most positively among patients across three countries is trust/confidence in their doctors. In Bulgaria over 83.5% of the respondents stated they have high confidence in their doctors. The results are slightly lower, but again very positive for Macedonia (71.5%) and Serbia (72.6%), [19], which are results close to the findings of our research.

In a study last year regarding patient satisfaction in Kosovo, although the research was carried out with other methodologies, parameters and determinants, it was concluded that our findings point to a significantly higher unsatisfaction level among urban patients, low-income individuals, and patients with poor general health status [20], which corresponds to the results of our research.

Conclusions

The findings of this research indicate a higher degree of quality of health communication and patient satisfaction in North Macedonia, which is also related to a higher degree of reliability in the health system. These differences and assessments of patients and health professionals in both countries are related to the organization of the health system, health policies, socio-economic factors, but also the qualitative structure of the institutions that provide health services in both sectors had an impact on the results of this research in both countries.

These findings should be important inputs for health care providers and policy makers in Kosovo but also in North Macedonia for the importance of continuous improvement of the quality of health services at the three levels of health organization in both sectors because the level of quality of health communication and patient satisfaction is an important indicator of the quality of a country's health system.

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