



**Arab American University  
Faculty of Graduate Studies**

**Nurses, Head Nurses, and Nursing Supervisors'  
Perceptions of Quality of Communication with  
Physicians and Managers in the Palestine Medical  
Complex, West Bank: A Cross Sectional Study**

By

**Hanaa Shahir Mohammoud Jarrar**

Supervisor

**Dr. Hala Labadi**

**This thesis was submitted in partial fulfillment of  
the requirements for the Master`s degree in Quality  
Management in Health Association**

**July/2024**

**©Arab American University –2024. All rights reserved.**

## Thesis Approval

### **Nurses, Head Nurses, and Nursing Supervisors' Perceptions of Quality of Communication with Physicians and Managers in the Palestine Medical Complex, West Bank: A Cross Sectional Study**

By

**Hanaa Shahir Mohammoud Jarrar**

This thesis was defended successfully on 10/07/2024 and approved by:

Committee members

Signature

1. Dr. Hala Allabadi: Supervisor



2. Dr. Imad Abukhader: Internal Examiner



3. Dr. Rebhi Bsharat: External Examiner



## **Declaration**

I, the undersigned, Hanaa Shahir Mohammoud Jarrar, holder of ID Card No. (202012611), hereby declare that the work presented in this thesis is based on my own research and has not been submitted elsewhere for any other degree or qualification.

Name: Hanaa Shahir Mohammoud Jarrar

Signature: Hanaa Jarrar

ID: 202020282

Date: 27-5-2025

## **Dedication**

To Gaza and Palestine. I dedicate this thesis to everyone who helped and supported me in my studies including my mother, and to the soul of my father who inspired me throughout his life. To my sons, Mohamoud and Yazan, whom my heart saw before my eyes did and to my dear husband. Finally, to all my friends and to everyone who loves and supports me.

## **Acknowledgment**

Thanks to God first because he gave me the ability and strength to reach this stage in obtaining my Master's degree. Sincere gratitude to my family and friend for their support and encouragement. Thanks to my supervisor: Dr. Hala Allabadi whom helped me throughout this journey and for her supervision of my thesis. To my dear university Arab American University.

Signature: Hanaa Jarrar

## Abstract

**Background:** Effective communication is an essential aspect of healthcare delivery in Palestinian hospitals in the West Bank, including the Palestine Medical Complex. It ensures seamless coordination, patient safety, and efficient teamwork. In the healthcare setting, communication takes place among various stakeholders in the complex, including nurses, physicians, and managers. Nurses, in particular, play a critical role in patient care and are often at the heart of communication exchanges. It is important to understand nurses' perceptions regarding the quality of communication between nurses, physicians, and managers to identify potential gaps, challenges, and opportunities for improvement.

**Aim:** This study aimed to explore the perception of nurses regarding the quality of communication among nurses, physicians, and managers at the Palestine Medical Complex in the West Bank.

**Methods:** A descriptive cross-sectional analytical study design was adopted. A questionnaire was administered to a random stratified sample of 202 nurses, including four nursing supervisors, ten head nurses, and 188 nurses.

**Results:** The majority of nurses (88.1%) showed a medium level of perception of mutual understanding, with a mean score of  $(8.401 \pm 1.556)$ . fairly balanced between medium level of openness (46.0%) and high levels (48.5%), with a mean score of  $(17.144 \pm 2.907)$ . An 81.2 % of people reported feeling moderately frustrated with interactions, with a mean score of  $(11.535 \pm 2.390)$ . A majority of respondents often felt respected (53.5%) and satisfied (54%) in their interactions with physicians and managers but rarely felt pleased (55.9%). While 78.7% reported some level of understanding with physicians and managers, and 78.2% found it somewhat easy to seek their advice, 15% rarely or never enjoyed these interactions. The majority of respondents (89.6%) had a medium perception

of quality of communication between nurses, doctors, and managers at PMC in WB with mean score of  $(103.545 \pm 12.458)$ , whereas only 5.9% had a high perception overall. In case of frustration with interaction, there were a statistically significant differences in mean scores regarding gender in favor to female nurses ( $p= 0.011$ ). Regarding to education level, a statistically significant difference ( $p = 0.012$ ) was found in openness for those who were with diploma and bachelors. Education had the biggest impact on the quality of communication, especially on openness and overall perception. Experience and gender also had minor effects, particularly on mutual understanding and annoyance with interaction. On the other hand, other demographic factors including age, marital status, and job position had relatively minor effects, while working hours had no effect at all.

Conclusion: This study offers significant insights into the perceptions of nurses, head nurses, and nursing supervisors regarding the quality of communication with physicians and managers in the Palestine Medical Complex, West Bank. The findings indicate that while overall communication is perceived as moderately satisfactory, with most scores ranging between 60% and 80%, there are noticeable differences in perception across professional roles.

Keywords: Perception, Management, Physicians, Nursing, Quality of communication

## Table of Contents

#	Title	Page
	Thesis Approval	I
	Declaration	II
	Dedication	III
	Acknowledgment	IV
	Abstract	V
	List of Tables	X
	List of Figures	XI
	List of Appendices	XII
	List of Abbreviations	XIII
	 Chapter One: Introduction	 1
1.1	Background	1
1.2	Research Problem	3
1.3	Research Significance and Justifications	6
1.3.1	Theoretical Importance	6
1.3.2	Practical Importance	7
1.4	Research Objectives	7
1.4.1	General Objective	7
1.4.2	Specific Objectives	7
1.5	Research Questions	8
1.6	Hypotheses	8
1.6.1	Null Hypothesis (H <sub>0</sub> ) #1	8
1.6.2	Null Hypothesis (H <sub>0</sub> ) #2	9
1.6.3	Null Hypothesis (H <sub>0</sub> ) #3	9
1.6.4	Null Hypothesis (H <sub>0</sub> ) #4	9
1.6.5	Null Hypothesis (H <sub>0</sub> ) #5	9
1.6.6	Null Hypothesis (H <sub>0</sub> ) #6	9
1.6.7	Null Hypothesis (H <sub>0</sub> ) #7	10
1.6.8	Null Hypothesis (H <sub>0</sub> ) #8	10
1.7	Conceptual Framework	10
1.7.1	Conceptual Definitions	10
1.7.1.1	The Quality	10
1.7.1.2	Communication	11
1.7.1.3	Nursing	11
1.7.1.4	Physicians	11
1.7.1.5	Managers	11
1.7.1.6	Perception	12
1.7.2	Operational Definitions	12
	 Chapter Two: Literature Review	 14
2.1	Introduction	14

## VIII

#	Title	Page
2.2	Review of Relevant Local and International Studies	14
2.3	Commentary on Reviewed Studies	20
2.3.1	Objectives	21
2.3.2	Sample	21
2.3.3	Instrument	21
2.3.4	Results	22
2.3.5	Rationale and Novelty of the Current Study in Light of Previous Research	22
Chapter Three: Methodology		23
3.1	Introduction	23
3.2	Study Design	23
3.2	Study Setting	23
3.3	Study Population	24
3.4	Sampling Method and Sample Size	24
3.5	Eligibility Criteria	25
3.5.1	Inclusion Criteria	25
3.5.2	Exclusion Criteria	25
3.6	Study Period	26
3.7	Study Instruments	26
3.8	Validity of the Scale	26
3.8.1	Face Validity	26
3.8.2	Construct Validity	27
3.9	Reliability of Study Instruments	29
3.10	Data Collection	29
3.10.1	Response Rate	30
3.10.2	Response Value	30
3.11	Data Analysis	31
3.12	Ethical and Administrative Considerations	32
Chapter Four: Results		33
4.1	Introduction	33
4.2	Socio-Demographic Characteristics of Participants	33
4.3	Working Characteristics of Participants	34
4.4	Level of Nurses' Perception of the Quality of Communication between Nurses, Doctors, and Managers at PMC in WB	36
4.4.1	Mutual Understanding	36
4.4.2	Openness	37
4.4.3	Frustration with Interaction	38
4.4.4	Relevance and Satisfaction	38
4.4.5	Total Perception of Quality of Communication	39
4.5	Nurses' Perception of Quality of Communication Based on Socio-Demographic Distribution	42
4.6	Nurses' Perception of Quality of Communication Based on Working Characteristics of Participants	43

#	Title	Page
4.7	The Effect Size of Independent Factors on Different Dimensions of Communication Quality	45
4.9	Summary of Study` Results	47
	Chapter Five: Discussion	49
5.1	Introduction	49
5.2	Mutual Understanding	50
5.3	Openness in Communication	51
5.4	Frustration with Interaction	52
5.5	Relevance and Satisfaction in Communication	52
5.6	Sociodemographic and Perception of Quality of Communication	53
5.7	Limitations of Study	55
5.8	Conclusion	55
5.9	Recommendations	55
	References	58
	Appendices	65
	المخلص	73

### List of Tables

Table #	Title	Page #
Table 3.1.	Distribution of Study Population by Job Position and Gender	24
Table 3.2.	Distribution of Research Sample Members by Directorate and Gender Variables	25
Table 3.3.	Correlation Coefficients of the Items with the Dimensions of Instrument	28
Table 3. 4.	Cronbach's Alpha for Each Dimension of the Questionnaire and the Entire Field	29
Table 3.5.	Calculated Scores of Nurses' Perception Regarding the Quality of Communication between Nurses, Physicians and Managers in PMC in WB	31
Table 4.1.	Socio-Demographic Characteristics of Nurses	33
Table 4.2.	Working Characteristics of Nurses	35
Table 4.3	Perception of Quality of Communication between Nurses, Doctors, and Managers at PMC in WB	40
Table 4.4.	Items of Dimensions of Perception of Quality of Communication between Nurses, Doctors, and Managers at PMC in WB	40
Table 4.5.	Nurses` Perception of Quality of Communication Based on Socio-Demographic Distribution	43
Table 4.6.	Nurses` Perception of Quality of Communication Based on Working Characteristics of Participants	44
Table 4.7.	The Effect Size of Independent Factors on Different Dimensions of Communication Quality	46
Table 4.8.	Multiple Linear Regression of Independent Factors of Nurses' Perception of the Quality of Communication between Nurses, Physicians, Managers	47

**List of Figures**

Figure #	Title	Page #
Figure 1.1.	The Conceptual Framework	13
Figure 3.1.	Stephen Thompson's equation	24
Figure 4.1.	Socio-Demographic Distribution of Participants	34
Figure 4.2.	Distribution of Participants According to Working Characteristics	35
Figure 4.3.	Effect Size Benchmarks	46

**List of Appendices**

Appendix #	Title	Page #
Appendix A	Sample Size Calculator	65
Appendix B	Questionnaire	66
Appendix C	Experts' Names	70
Appendix D	IRB Approval Letter	71
Appendix E	Research Facilitation	72

## List of Abbreviations

Abbreviation	Definition
1st	First
ANOVA	Analysis of Variance
CAT-T	Communication Assessment Tool for Teams
CI	Confidence Interval
D	Margin of error is equal to 0.05
et al.	and others
F	Frequency
FLNMs	First-Line Nurse Managers
H <sub>0</sub>	Null Hypothesis
M	Mean
MAXQDA	Qualitative Data Analysis Software
N	Population Size
NPC	Nurse-Physician Communication
P-Value	Probability Value
Ph.D.	Philosophy Doctorate
PMC	Palestine Medical Complex
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
SD	Standard Deviation
SPSS	Statistical Package for Social Sciences
WB	West Bank
Z	The z-score corresponding to a significance level of 0.95 is 1.96
%	Percentage

## **Chapter One: Introduction**

### **1.1 Background**

Effective communication is an essential aspect of healthcare delivery in Palestinian hospitals in the West Bank (WB), including the Palestine Medical Complex (PMC). It ensures seamless coordination, patient safety, and efficient teamwork. In the healthcare setting, communication takes place among various stakeholders in the complex, including nurses, physicians, and managers. Nurses, in particular, play a critical role in patient care and are often at the heart of communication exchanges. As vital members of the healthcare team, nurses often find themselves at the intersection of this axis, interacting with physicians and managers on a daily basis. Therefore, it is important to understand the communication process within the complex, and to identify the factors that influence the quality of communication between nurses, physicians, and administrators, through understanding nurses' perceptions in the PMC.

Therefore, effective communication is an essential aspect of healthcare delivery, ensuring seamless coordination, patient safety, and efficient teamwork. In the healthcare setting, communication takes place among various stakeholders, including nurses, physicians, and managers. Nurses, in particular, play a critical role in patient care and are often at the forefront of communication exchanges. It is important to understand nurses' perceptions regarding the quality of communication between nurses, physicians, and managers to identify potential gaps, challenges, and opportunities for improvement. This study aims to explore nurses' perceptions regarding the quality of communication and its impact on patient care, job satisfaction, and collaboration (Cincotta et al., 2021).

Communication within the healthcare team is vital for effective coordination and collaboration. Nurses, as direct caregivers, rely on effective communication with physicians and managers to ensure accurate information exchange, timely decision-making, and seamless care transitions. When communication is of high quality, it fosters a positive work environment, promotes teamwork, and enhances patient safety. Conversely, communication breakdowns or inadequate communication can lead to misunderstandings, medical errors, and compromised patient outcomes (Noviyanti et al., 2021).

Ineffective communication between nurses and physicians is associated with higher mortality and adverse events. Most importantly, the Institute of Medicine, now the National Academy of Medicine, holds healthcare organizations accountable for adverse events that arise from poor communication between nurses, physicians, and administrators (Kato, 2022).

Which can be caused by individual personality clashes, lack of knowledge about communication issues, and hierarchical structures in healthcare organizations. Leaders must create an open communication environment by modeling appropriate behavior, setting expectations, and investing in organizational support systems. Implementing just one individual recommendation can make a difference in your personal and professional journey and improve organizational outcomes (Clancy & Wehbe, 2022).

In addition, poor communication accounts for two-thirds of serious medical errors. Furthermore, inadequate communication between nurses, physicians, and administrators leads to dissatisfaction and a lack of autonomy for nurses. Doctors are easily frustrated when orders are not followed on time, and unclear communication also contributes to their job dissatisfaction. This negatively affects the quality of care and patient (Noviyanti, 2021).

Collaboration is a complex process that requires intentional knowledge sharing and shared responsibility for patient care. It can occur in long-term relationships between healthcare professionals. Within long-term relationships, collaboration follows a developmental trajectory that evolves over time as team members leave or join the group and/or organizational structures change. In other settings, collaboration between nurses and physicians may involve fleeting encounters in outpatient settings. In these settings, there is no second chance for effective collaboration, and a given interaction may leave lasting positive or negative impressions on those involved or on those who witness a particular nurse-physician interaction (Elsou et al., 2017).

As frontline workers in healthcare, physicians, nurses, and administrators all have specific duties and responsibilities, but they are expected to work together for the benefit of the patients. Therefore, patient care plans that will make nurses and physicians aware of what is expected will improve communication between them. Additionally, one of the most important factors directly linked to medical errors is a lack of collaboration and communication. Therefore, identifying different strategies that could lead to effective communication between healthcare teams can help improve patient outcomes (Daheshi et al., 2023).

## **1.2 Research Problem**

Communication between physicians, nurses, and managers within the medical team has always been a significant focus for healthcare workers and is a crucial concept in nursing theory. Effective communication during daily shifts can enhance mutual trust, facilitate the

provision of timely and appropriate medical services to patients, reduce adverse events, and enhance patient safety (Johnson et al., 2020; Li et al., 2020).

The communication between physicians, nurses, and managers is an invaluable asset in any healthcare service. Nursing and medicine are intricately interconnected in the context of hospital care. The delivery of good hospital care relies not only on the physician's expertise in diagnosis and treatment but also on the continuous observation of nurses and their skill in effectively communicating the right information to the appropriate professional partners. However, it is worth noting that management specialists and the management literature often emphasize the decisive role played by the methodological component of management. This includes managerial tools, design methodologies, reengineering, and support of functional management systems, which contribute to the effectiveness of managers' work (Folorunso, 2020).

The subject of nurse-physician communication in a hospital care setting is an important asset that every healthcare manager, hospital administrator, policy maker, and reasonable government would want to embrace. Recognizing and improving communication between nurses, physicians, and managers can have a significant impact on healthcare outcomes, patient satisfaction, and overall organizational performance (Elsou et al., 2017; Folorunso, 2020).

While face-to-face communication provides the greatest opportunity for shared understanding of a situation, medical teams are rarely together in the same space and time due to various factors such as workload, scheduling, and the decentralized nature of healthcare delivery. Consequently, healthcare professionals often rely on a variety of communication mediums, such as electronic health records, pagers, and cell phones. It is

important to acknowledge that the choice of communication medium can influence how a message is understood and acted upon. Factors such as how a nurse and manager frame or package an outgoing message, how a physician receives and interprets the message while being engaged in other activities, and the specific communication medium used can all impact the delivery of healthcare services (Manojlovich et al., 2021).

The quality of communication within healthcare teams is pivotal for delivering effective and patient-centered care. Nurses, as frontline caregivers, encounter a multitude of experiences that shed light on the challenges inherent in the communication triad involving nurses, physicians, and managers. Real-life experiences of nurses in the Palestine Health Organization often reveal a complex interplay of factors hindering effective communication. For instance, nurses report instances where critical patient information is not adequately conveyed to physicians, leading to delayed interventions and potential patient harm. Additionally, nurses may encounter hierarchical barriers that impede open and collaborative communication with managers, inhibiting their ability to advocate for patient needs or provide input on resource allocation.

These experiences are consistent with the findings of a study conducted by L. Gleeson et al., (2023), which emphasizes the need for interprofessional communication training programs to foster effective collaboration among nurses, physicians, and managers. This recommendation aligns with the experiences reported by nurses in the Palestine Health Organization, suggesting that targeted interventions can mitigate communication difficulties (L. Gleeson et al., 2023).

The study by Race et al., 2020, also recommends the implementation of regular team meetings, clear communication protocols, and an open-door policy with managers. These

strategies have been shown to foster a culture of open communication, as desired by nurses in Palestine who seek a conducive environment for effective interdisciplinary dialogue (Race et al., 2020).

### **1.3 Research Significance and Justifications**

#### **1.3.1 Theoretical Importance**

It contributes to understanding the nature and importance of communication between nurses, physicians, and managers in the context of Palestinian healthcare. By understanding the nurses' perspective in the PMC on the quality of this communication, we can develop ways to improve and enhance it.

Effective communication between nurses, physicians, and managers in the PMC can have many benefits, including:

- Improving the quality of care provided to patients.
- Reducing medical errors.
- Improving patient safety.
- Increasing patient satisfaction.
- Improving the work environment in Palestinian hospitals.

Previous studies have shown that effective communication between nurses, physicians, and managers is important for ensuring the quality of care. However, there is a need for further research to understand how to improve this communication in the Palestinian context. This research therefore provides insights into how nurses in Palestine assess the quality of communication between these professional groups. This information can therefore help in developing new policies and practices to improve communication in this context.

### **1.3.2 Practical Importance**

It can help develop new policies and practices to improve communication between nurses, physicians, and managers in Palestine. For example, the results of this study could lead to the development of training programs to improve communication skills among nurses, physicians, and managers. It could also lead to the development of new communication systems, such as electronic reporting systems, which could help improve coordination between these professional groups.

This study can help improve the quality of healthcare in Palestine by identifying communication barriers and working to improve the communication process between nurses, physicians, and managers at the PMC.

## **1.4 Research Objectives**

### **1.4.1 General Objective**

This study aimed to discover the perception of nurses about the quality of communication between nurses, physicians, and managers at the PMC in the WB.

### **1.4.2 Specific Objective**

1. To determine the level of nurses' perception of the quality of communication between nurses, physicians, and managers at the PMC in the WB.
2. To identify the role of some variables such as (gender, age, marital status, educational level, years of experience, and Job position) on nurses' perception of the quality of communication between nurses, physicians, and managers at the PMC in the WB.

3. To elucidate the impact of the variables (gender, age, marital status, educational level, years of experience, and type of department) on nurses' perception of the quality of communication between nurses, physicians, and managers at the PMC in the WB.

## **1.5 Research Questions**

1. What is nurses' perception of the quality of communication between nurses, physicians, and managers in the PMC in the WB?
2. What is the level of nurses' perception of the quality of communication between nurses, doctors, and managers at the PMC in the WB?
3. Does the perception of nurses about the quality of communication between nurses, doctors, and managers at the PMC in the WB vary depending on the variables (gender, age, marital status, educational level, years of experience, and Job position)?
4. Do the variables (gender, age, marital status, educational level, years of experience, and Job position) have an impact on the nurses' perception of the quality of communication between nurses, doctors, and managers at the PMC in the WB?

## **1.6 Hypotheses**

### **1.6.1 Null Hypothesis (H<sub>0</sub>) #1**

There were no statistically significant differences at the significance level ( $\alpha \leq 0.05$ ) in nurses' perception of the quality of communication between nurses, physicians, and managers in the PMC in the WB attributed to the variables of gender.

**1.6.2 Null Hypothesis (H0) #2**

There were no statistically significant differences at the significance level ( $\alpha \leq 0.05$ ) in nurses' perception of the quality of communication between nurses, physicians, and managers in the PMC in the WB attributed to the variables of age.

**1.6.3 Null Hypothesis (H0) #3**

There were no statistically significant differences at the significance level ( $\alpha \leq 0.05$ ) in nurses' perception of the quality of communication between nurses, physicians, and managers in the PMC in the WB attributed to the variables of marital status.

**1.6.4 Null Hypothesis (H0) #4**

There were no statistically significant differences at the significance level ( $\alpha \leq 0.05$ ) in nurses' perception of the quality of communication between nurses, physicians, and managers in the PMC in the WB attributed to the variables of educational level.

**1.6.5 Null Hypothesis (H0) #5**

There were no statistically significant differences at the significance level ( $\alpha \leq 0.05$ ) in nurses' perception of the quality of communication between nurses, physicians, and managers in the PMC in the WB attributed to the variables of years of experience.

**1.6.6 Null Hypothesis (H0) #6**

There were no statistically significant differences at the significance level ( $\alpha \leq 0.05$ ) in nurses' perception of the quality of communication between nurses, physicians, and managers in the PMC in the WB attributed to the variables of Job position.

### **1.6.7 Null Hypothesis (H0) #7**

There were no statistically significant differences at the significance level ( $\alpha \leq 0.05$ ) in nurses' perception of the quality of communication between nurses, physicians, and managers in the PMC in the WB attributed to the variables of working hours.

### **1.6.8 Null Hypothesis (H0) #8**

There is no statistically significant effect of the socio- demographic variables (gender, age, marital status, educational level, years of experience, and Job position) on the nurses' perception of the quality of communication between nurses, doctors, and managers in the PMC in the WB, at the significance level ( $\alpha \leq 0.05$ ).

## **1.7 Conceptual Framework**

The conceptual framework emphasizes how various independent variables (Mutual Understanding, Openness, Frustration with Interaction and Relevance and Satisfaction) shape nurses' perceptions of communication quality (dependent variables). It also recognizes that contextual and individual differences moderate how communication is experienced. Figure (1.1) illustrates the conceptual framework.

### **1.7.1 Conceptual Definitions**

#### **1.7.1.1 The Quality**

The quality is defined as: "Care that is effective, safe and provides as positive an experience as possible by being caring, responsive and person-centered" (Jones et al., 2021).

### **1.7.1.2 Communication**

Communication is the successful transfer of a message and meaning from one person or group to another. This requires both parties to agree on the meaning of the message, taking into account possible physical limitations or cultural differences (Mc corry & Mason, 2011).

### **1.7.1.2 Nursing**

Nursing is a profession that encompasses the care of individuals, families, and communities of all ages, whether sick or well, in all settings. Nursing includes the promotion of health, the prevention of illness, and the care of ill, disabled, and dying people. Nursing also includes advocacy, the promotion of a safe environment, research, participation in shaping health policy, and in patient and health systems management (Fukada et al., 2018).

### **1.7.1.3 Physicians**

"Specifically a health-care professional (such as a dermatologist, internist, pediatrician, or urologist) who has earned a medical degree, is clinically experienced, and is licensed to practice medicine as usually distinguished from surgery : a doctor of medicine or a doctor of osteopathic medicine" (Merriam-Webster, 2023).

### **1.7.1.4 Managers**

A manager is someone who oversees or manages household, business, or professional operations, according to Merriam-Webster. This entails managing resources, making choices, and inspiring groups of people to accomplish particular objectives. Supervisors oversee personnel in a variety of business settings and also direct athletes. To guarantee seamless and

efficient results in various sectors, the position requires both operational management and leadership (Merriam-Webster, 2023).

#### **1.7.1.5 Perception**

It is the process of interpreting sensory information to form a meaningful understanding of the world around us (AlAsaly, 2022).

#### **1.7.2 Operational Definitions**

The researcher defines quality of communication operationally as follows: the degree of appropriateness of information exchange between healthcare providers and its impact on meeting patient needs. It is operationally expressed by the level of scores obtained by the study sample on the nurses' perception regarding the quality of communication between nurses, physicians and managers in the PMC in the WB scale, which was used and prepared for this purpose. The researcher defines perception operationally as the degree to which the sample gets the scale used in the study.

**Managers** are defined operationally as: In a hospital context, managers are responsible for the operational supervision of departments, guaranteeing the effective delivery of healthcare services. Staff management, interdepartmental coordination (between nursing, medical, and administrative departments), resource allocation, budgeting, and regulatory compliance with healthcare are among their duties. They also focus on establishing operational goals, enhancing the caliber of patient care, and resolving problems when they come up. Hospital administrators are essential to keeping the institution's operations in line with its strategic goals in order to provide high-quality healthcare.

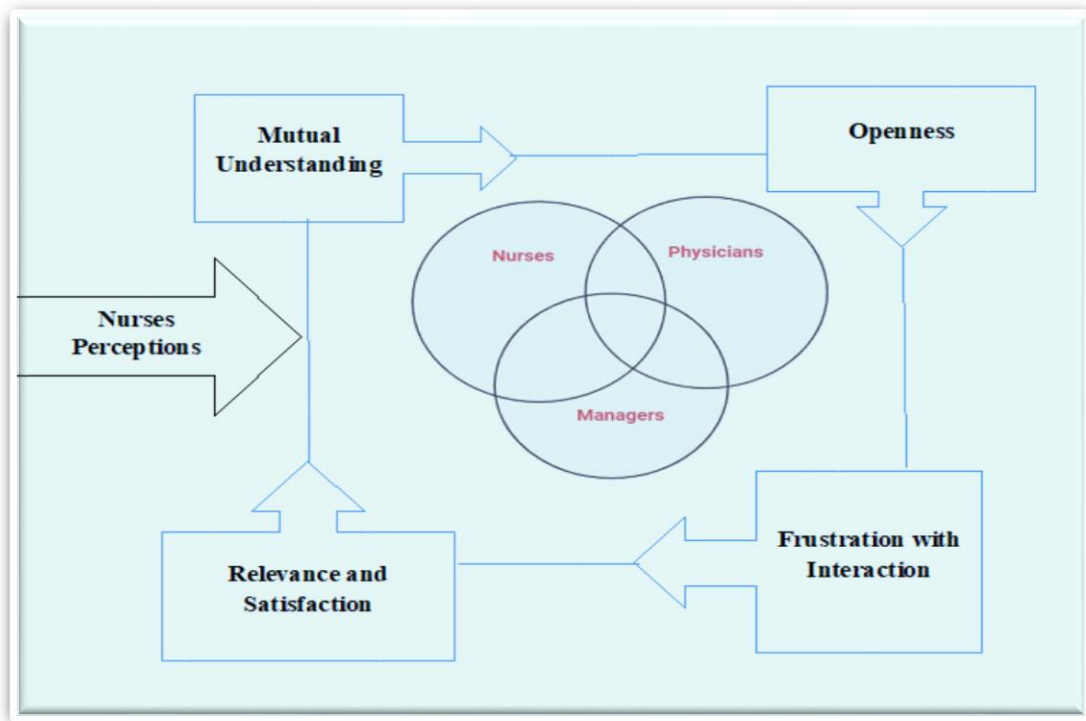


Figure 1.1. The Conceptual Framework

## **Chapter Two: Literature Review**

### **2.1 Introduction**

This section presents a review of the related previous studies that were found through a review of the theoretical framework. These studies addressed the study variables, with some directly addressing the quality of communications, while others addressed the quality of communications indirectly through one of its dimensions. These studies have been arranged from the most recent to the oldest.

### **2.2 Review of Relevant Local and International Studies**

A study was to find out how well nurses felt about the quality of communication between them and doctors in the emergency rooms of a few Saudi Arabian government hospitals, as well as the factors that influence such communication. Using self-administered questionnaires, a cross-sectional study was carried out on a convenience sample of 250 nurses in order to meet the study's objectives. The average score across all dimensions of nurses' assessments of the level of communication between nurses and doctors in emergency rooms was 60.14 out of 90 points, according to the research. The openness domain had the highest mean score, with mean percentages of 71.65% and 71.60%, respectively, closely followed by relevance and satisfaction. Additionally, the investigation revealed that the mean scores did not differ in a way that was statistically significant ( $p < 0.05$ ) (Daheshi et al. , 2023).

To explore the patients' experience in communicating with the medical team in order to discover whether there are some objective factors that may affect their perception. A prospective cross-sectional study in two hospitals: an urban, academic trauma center and a small city hospital. To achieve the objectives of the study, adult patients who were discharged

from the emergency department in October 2021 were consecutively included. Through a questionnaire, the Communication Assessment Tool for Teams (CAT-T), to assess communication perception. Additional data about the participants were collected by the physician in a dedicated tab to assess whether there were objective factors affecting the patient's perception of the medical team's communication skills. Then a statistical analysis was performed. 394 questionnaires were analyzed. The average score for all items exceeded four (good). Younger patients and patients who were conveyed by ambulance received lower scores than other groups ( $p$  value  $< 0.05$ ) (Degabriel et al., 2023).

To generate more knowledge about how nurses and doctors experience interprofessional collaboration in the observation and treatment of patients in the surgical ward. To achieve the study objectives, an exploratory qualitative design was used, based on four semi-structured focus group interviews. The participants were 11 nurses and seven doctors with experience in different surgical specialties and employed in three different surgical wards in a Norwegian hospital. The data were analyzed using systematic text condensation. The study revealed the following three main categories, each with two subcategories: Organization and culture: a lack of interprofessional meeting places and a hierarchy based on experience. Communication: use of communication tools and little room for professional discussions. Trust and respect: dependence and recognition and a blurred distribution of responsibility ( Vatn & Dahl, 2022).

A study was done to assess nurses' opinions on the practice in medical departments of government hospitals in the Gaza Strip in order to ascertain the effect of nurse-physician collaboration on the quality of healthcare services. A sizable sample size of 193 nurses were

subjected to it. The study showed a high level of nurse/physician collaboration. It also revealed a high level of quality health care in the medical departments (AlAsaly, 2022).

A study Jin et al., (2022) aimed to examine nurses' perception and performance on communication with physicians in clinical deterioration situations in the ward. To achieve the objectives of the study, a descriptive research design was used with a survey of 250 ward nurses working in two tertiary hospitals. The study showed that nurses' perception was highest for timeliness, followed by accuracy, understanding, satisfaction, and openness. Their performance was highest for preparation, followed by the situation, background, assessment, and recommendation.

A study sought to determine what matters to bedside nurses and their perceptions of effective nurse-physician communication (NPC) interactions and actions, a crucial step in improving NPC. To achieve the study's objectives, qualitative content analysis was employed to identify themes and associated quotes. A focus group interview tool was used on a purposive sample of 19 medical unit nurses across two hospitals in a single academic medical center in the United States. The study revealed that direct communication between physicians and nurses was identified as a top priority and perceived as very important by nurses (Kato, 2022).

Another research sought to explore the factors contributing to nurse-physician collaboration in critical care. A qualitative descriptive design was employed, involving in-depth interviews with intensive care unit physicians and nurses. Data analysis was conducted iteratively after each interview, and Lincoln & Guba's trustworthiness criteria were used to ensure validity. The results indicated that all participating nurses and physicians emphasized

the importance of communication and linked effective collaboration to improved patient outcomes (Boev et al., 2022).

Another sought to assess how well doctors and nurses communicated when providing patient care in public hospitals in Eastern Ethiopia's Dire Dawa City Administration and Harari Regional State. A mixed-method multicenter study that combined a qualitative phenomenological investigation with a quantitative cross-sectional study was carried out in order to meet the study's aims. A sample size of 440 nurses and doctors was chosen using a straightforward random sampling procedure. A questionnaire that participants self-administered was used to gather quantitative data. Using a semi-structured questionnaire, ten key informants provided qualitative data. According to the study, there was an average of 53.2% [95% CI (48.9-58.0)] of communication between nurses and doctors when providing patient care. The study also discovered that unappealing work environments and unfavorable professional attitudes are obstacles to communication between nurses and doctors in patient care in the multivariable analysis final model (Jemal et al., 2021).

The purpose of the study was to examine the methods, approaches, and strategies that hospital unit nurse managers used to improve nurse satisfaction and retention. The study used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) for the literature search and review in order to accomplish this goal. Additionally, the Johns Hopkins Evidence-Based Practice Model and Guidelines were employed for critical analysis and evidence leveling. The findings revealed that leaders exhibiting superior communication competencies significantly increased nursing staff satisfaction and retention. A prominent theme emerged, indicating that staff nurses' desire more open, timely, and transparent

communication with leadership, which subsequently led to higher job satisfaction and retention among team members (Periut, 2021).

The purpose of a study was to examine the connection between hospital patient safety cultures and nurse communication satisfaction. Data from 51 nurses were gathered using a cross-sectional study design and the proportional random sampling method in order to meet the study's objectives. With one to five years of work experience, the most of the nurses were female and between the ages of twenty and thirty. The study's findings demonstrated a statistically significant correlation between the standard of patient safety culture and nurse communication satisfaction. Moreover, there is a positive correlation ( $r = 0.338$ ) between the implemented quality of patient safety culture and the nurses' satisfaction with communication (Noviyanti et al., 2021).

A study expanded on previous research by examining the relationship between communication skills, transformational leadership style of First-Line Nurse Managers (FLNMs), and nurse job satisfaction. The study also investigated the moderating effects of three variables: management practices, span of control, and psychosocial work factors. These moderators were selected based on theoretical frameworks, and management practices were particularly relevant due to Slovak legislation. A descriptive research design was employed, using a questionnaire administered to a sample of 132 FLNMs from five Slovakian university hospitals. Data was analyzed using SPSS 24. Results indicated a strong direct relationship between communication skills, transformational leadership style, and nurse job satisfaction (Jankelová & Joniaková's , 2021).

A study by Li et al., (2020) explored the general phenomenon and psychological experience of the special background communication in night shift medical staff and provides

better reference for night shift communication between doctors and nurses. To achieve the study objectives, a qualitative study was conducted. The descriptive phenomenology method of Husserl and semi-structured in-depth interviews were used to collect data from 8 nurses and 5 doctors. Colaizzi's method was used to analyze the data using MAXQDA 12. The study showed the need to achieve goals in night-time physician-nurse communication; hidden obstacles in night-time physician-nurse communication; and relationship culture in night-time physician-nurse communication. The study recommended that managers should form a good night shift communication process and regularly train doctors' and nurses' related communication skills

A study aimed to evaluate the communication process during crises and disasters at the European Gaza Hospital from the perspective of healthcare providers. A descriptive-analytical approach was employed, using a questionnaire administered to a random sample of 98 participants. The results revealed no statistically significant differences in the level of perception and knowledge regarding communication during crises and disasters based on gender, age, years of experience, or educational qualifications (Abuhashem, 2020).

To introduce an evidence-based strategy to engage relevant stakeholders in improving communication skills, stemming from the results of a hospital job satisfaction survey. The study also outlined individual steps to enhance job satisfaction as part of the long-term goals of top hospital management teams. To achieve these objectives, a quantitative survey methodology was employed, utilizing the Gallup questionnaire. Additionally, managerial communication competencies were measured using the Dewhurst and FitzPatrick Communication Competencies Model in a quantitative survey administered during a training workshop. The results of the job satisfaction survey led to a decision to support initiatives

aimed at improving managerial communication competencies. Furthermore, the findings revealed a discrepancy between the needs and skills of managers across all measured competencies, thereby identifying an opportunity for improvement (Holá et al., 2019).

El-sous et al.'s (2017) study sought to determine how doctors and nurses felt about working together as a team. In two large public referral hospitals in the Gaza Strip, 414 nurses and doctors participated in a cross-sectional study design using the Arabic Jefferson Scale of Attitudes about Physician-Nurse Collaboration. The study found that years of experience did not have a significant impact. Furthermore, the t-test analysis revealed significant differences in attitudes towards collaboration between physicians and nurses (t-test: 10.391;  $p < 0.001$ ).

In public hospitals in Jimma zone, southwest Ethiopia, a study was carried out to find out how doctors and nurses felt about nurse-physician communication in patient care and related aspects. A cross-sectional study was carried out within the institution with 341 nurses and 168 physicians employed there. A self-administered, pre-tested questionnaire was used to gather data. The study discovered that the perceived openness and sharing of patient information in nurse-physician communication received mean ratings of  $48.52 \pm 19.7\%$ , while the felt professional respect and satisfaction received mean scores of  $50.88 \pm 19.7\%$ . There was a statistically significant correlation between age, pay, and organizational characteristics and felt satisfaction and respect (Hailu et al., 2016).

### **2.3 Commentary on Reviewed Studies**

A review of the proposed local and international studies as previous studies for this research allows for the following commentary:

### **2.3.1 Objectives**

Most studies aimed to assess nurses' perceptions of the quality of communication between nurses and physicians, such as the study by (Daheshi et al. , 2023) which sought to evaluate nurses' perceptions of the quality of communication between nurses and physicians and the associated factors in emergency departments of some Saudi government hospitals, and the study by (AlAsaly, 2022) which aimed to assess nurses' perception towards nurse/physician collaboration in medical departments at governmental hospitals in the Gaza Strip to determine its effect on the quality of health services.

### **2.3.2 Sample**

The samples used in previous studies varied in terms of the target group, nature, and size. Samples in previous studies included nurses, patients, and physicians. This study was similar to the study by (Daheshi et al. , 2023) in the target group but differed significantly in the target group and sample size from the study by (Degabriel et al., 2023) and other studies. This study also differed from the study by (AlAsaly, 2022), which used a comprehensive sampling technique, and other studies. However, this study was distinguished from all previous studies by using a stratified random sampling technique. This study also shared similarities with some studies in using a cross-sectional study design.

### **2.3.3 Instrument**

The current study was similar to some previous studies in adopting the questionnaire as a research tool, such as the study by Jin et al. (2022), and differed from some studies in adopting the interview tool, such as the study by Li et al. (2020) which used a semi-structured in-depth interview tool to collect primary data.

### **2.3.4 Results**

This study was similar to some previous studies in reaching a moderate level of communication quality, such as the study by (Jemal et al., 2021), which found that the mean level of communication between nurses and physicians in patient care was 53.2% [95% CI (48.9-58.0)]. The results also differed from the results of the study by (AlAsaly, 2022) which showed a high level of cooperation between nurses and physicians. It also revealed a high level of quality of healthcare in the medical departments.

### **2.3.5 Rationale and Novelty of the Current Study in Light of Previous Research**

The researcher benefited from previous studies in building the theoretical framework of the current study, determining the formulation of the problem and setting its objectives and importance, in line with the development in subsequent studies. Therefore, the researcher believes that the studies related to the topic of the current study are not directly related to its topic, which prompted her to conduct this study to discover the perception of nurses about the quality of communication between nurses, physicians, and managers at the PMC in the WB. Since previous studies did not combine the variables of the current study together, the topic of this study enjoys novelty and originality, as it has not been studied before in the Palestinian community.

## **Chapter Three: Methodology**

### **3.1 Introduction**

In this chapter different items were explained: study design, place of the study, study population, period of the study, sampling process, sample size, inclusion and exclusion criteria, study tools, reliability, validity, pilot study, data collection, data management ethical and administrative consideration and limitation of the study.

### **3.2 Study Design**

This design was implemented through a descriptive cross-sectional analytical study to determine the nurses' perceptions of the quality of communication between nurses, physicians, and managers in the PMC in the WB. A cross-sectional study was chosen because it is appropriate for describing the state of phenomena or for describing the relationships between phenomena at a fixed point in time.

### **3.2 Study Setting**

This study was conducted in all departments of the PMC in the WB. The total number of departments in the PMC in the WB is 14. The researcher selected all departments in the complex. The departments were: Intensive Care Unit (ICU), Cardiac ward, Cardiac critical Unit (CCU), Medical ward, Gynecological Ward, Surgical Ward, Emergency Department(adult), Orthopedics Ward, Day Care, Pediatric Emergency Department, Pediatric (ICU), Neonatal critical Unit, Pediatrics Ward, and Dialysis Unit.

### 3.3 Study Population

This study included all male and female nurses working in all departments of the PMC in the WB during the academic year (2023-2024). The study population was 420 nurses. Table (3.1.) shows the distribution of study population.

Table 3.1. Distribution of Study Population by Job Position and Gender

Variable	Level	Gender		Total
		Male	Female	
Job Position	Nursing Supervisor	3	3	6
	Head nurse	11	10	21
	Nurse	206	187	393
	<b>Total</b>	220	200	420

### 3.4 Sampling Method and Sample Size

Bushmani (2014) argues that the sample size from the population must be determined by a statistical equation as shown in (Figure 1.3). Where  $(1-p)p$  is the variance of the population proportion, if  $p$  is unknown, it is also treated as the maximum value of  $(1-p)p$ , which is  $0.25 = (0.50) * (0.50)$ . It is treated the same in any formula in which it appears if  $p$  is unknown.

$$n = \frac{N \times p(1-p)}{\left[ \left[ N - 1 \times (d^2 \div z^2) \right] + p(1-p) \right]}$$

Figure 3.1. Stephen Thompson's equation

- N** Population Size
- Z** The z-score corresponding to a significance level of 0.95 is 1.96
- D** Margin of error is equal to 0.05
- P** The proportion of property availability and neutrality is equal to 0.50

As shown in (Table 3.2), the study sample consisted of (202) nurses from the Palestine Medical Complex in the West Bank during the academic year 2023/2024. The sample size was determined using the Stephen Thompson equation with a ratio of (0.478571) from the population of nurses distributed over all departments. The sample was also selected using the stratified random sampling method. The following table shows the characteristics of the study sample according to the variables of department and gender.

Table 3.2. Distribution of Research Sample Members by Directorate and Gender Variables

Variable	Level	Gender		Total
		Male	Female	
Job Position	Nursing Supervisor	2	2	4
	Head nurse	5	5	10
	Nurse	94	94	188
	<b>Total</b>	101	101	202

### 3.5 Eligibility Criteria

#### 3.5.1 Inclusion Criteria

The study included any nursing staff working at any department at the Palestine Medical Complex.

#### 3.5.2 Exclusion Criteria

Nurses under these categories (volunteers, internships or on job creation program). Nurses were not available during the study period. Newly employed nurses with less than 6 months of experience.

### **3.6 Study Period**

This study was conducted between June 2023 and February 2024 as a proposal from the College of Health Professions. Data collection took place from August 1<sup>st</sup> to October 1<sup>st</sup>, 2023. The data analysis and discussion phase were completed by the end of November 2023. In total, the study spanned approximately nine months.

### **3.7 Study Instruments**

The questionnaire consists of two parts (see Appendix D). The first part relates to the demographic characteristics of the participants: age, gender, educational level, marital status, working hours per day, and years of experience in their job position. The second part is a standardized questionnaire adapted from (Daheshi et al. , 2023) to assess the quality of communication between nurses and physicians.

This questionnaire included 31 items across four dimensions: Mutual Understanding (2 items), Openness (5 items), Frustration with Interaction (4 items), and Relevance and Satisfaction (20 items). All items were measured on a five-point Likert's scale ranging from 1 = Not at all, never, or extremely difficult to 5 = Very much, always, extremely, or extremely easy. Therefore, the total questionnaire scores ranged from 31 to 155. The questionnaire underwent validity and reliability testing, with a Cronbach's alpha coefficient of 0.963.

### **3.8 Validity of the Scale**

Two types of validity were employed:

#### **3.8.1 Face Validity**

To ensure face validity, or expert judgment validity, the initial version of the scale was presented to a panel of 10 experts holding doctoral degrees, as listed in Appendix (B).

The initial scale consisted of 31 items (see Appendix A). An agreement criterion of 80% was adopted as the minimum threshold for accepting an item. Based on the experts' feedback, the proposed modifications were made, such as revising the wording of some items and deleting three items, resulting in a final scale of 32 items (see Appendix C).

### **3.8.2 Construct Validity**

To assess the construct validity of the study scale, the researcher also employed construct validity on a pilot sample of 35 nurses from the Palestine Medical Complex, outside the target study sample. To achieve construct validity, factor analysis was used through Pearson correlation coefficients to extract the correlation values of the scale items with the dimension to which they belong and with the total score of the scale, as well as the correlation coefficients of each domain with the total score of the scale. As shown in (Table 3.3), the correlation coefficient between item (3) of the first dimension and the total score was found to be non-significant. Therefore, this item was excluded from the scale. However, the remaining items showed significant correlation coefficients. Abu Samra and al-Tayti (2019:68) stated that researchers typically rely on items with significant correlation coefficients. Consequently, no other items were removed from the scale.

Table 3.3. Correlation Coefficients of the Items with the Dimensions of Instrument

Item	(r) with Dimension	(r) with Total	Item	(r) with Dimension	(r) with Total	Item	(r) with Dimension	(r) with Total	Item	(r) with Dimension	(r) with Total
<b>Mutual Understanding</b>			<b>Openness</b>			<b>Frustration with Interaction</b>			<b>Relevance and Satisfaction</b>		
1	0.828	0.317	1	0.759	0.559	1	0.908	0.219	1	0.719	0.716
2	0.870	0.319	2	0.496	0.521	2	0.903	0.268	2	0.361	0.232
3	0.732	-0.32	3	0.205	0.205	3	0.877	0.265	3	0.617	0.649
			4	0.854	0.643	4	0.904	0.267	4	0.632	0.587
			5	0.804	0.597				5	0.545	0.569
									6	0.429	0.460
									7	0.152	0.032
									8	0.435	0.339
									9	0.643	0.671
									10	0.510	0.558
									11	0.233	0.154
									12	0.513	0.524
									13	0.534	0.546
									14	0.466	0.436
									15	0.316	0.265
									16	0.485	0.412
									17	0.662	0.644
									18	0.623	0.630
									19	0.676	0.703
									20	0.146	0.057
	<b>Dimension total score</b>	0.387		<b>Dimension total score</b>	0.797		<b>Dimension total score</b>	0.845		<b>Dimension total score</b>	0.981

(r) = Correlation

### 3.9 Reliability of Study Instruments

The questionnaire reliability was measured by applying Cronbach's Alpha test on the questionnaire dimensions. This test is used to measure the reliability of the questionnaire dimensions and the mean of the whole dimensions of the questionnaire. The value of Cronbach's Alpha coefficient lies between (0-1), the higher the value of Cronbach's Alpha coefficient the higher the reliability of the measured items. The resultant value of Cronbach's Alpha coefficient of each dimension is as shown in Table (4.3): Cronbach's Alpha for each dimension of the questionnaire and the entire. The values of Cronbach's Alpha coefficient range from 0.678 to 0.961, while the total score for the scale was 0.775, which is considered relatively high values reflecting high reliability of questionnaire paragraphs. This indicates excellent reliability value for the entire questionnaire.

Table 3. 4. Cronbach's Alpha for Each Dimension of the Questionnaire and the Entire Field

<b>Dimension</b>	<b>Items (n)</b>	<b>Cronbach's Alpha</b>
Mutual Understanding	3	0.714
Openness	5	0.670
Frustration with Interaction	4	0.918
Relevance and Satisfaction	20	0.797
<b>All items</b>	<b>32</b>	<b>0.775</b>

### 3.10 Data Collection

After completing the pilot study, the researcher contacted the head of nurses at the PMC in the WB to encourage nurses to participate. The researcher then approached nurses and invited them to complete the questionnaire. Additionally, the questionnaires and informed consent were distributed during nurses' break time after outlining the study's goals.

Additionally, questionnaires were distributed to participants during their break time. During data collection, an explanation of the study tool was offered to participants to allay any concerns about the study questions. Nurses were asked to return the completed questionnaire to the department heads. Data were collected between January and June 2022.

### **3.10.1 Response Rate**

The total number of the target population was 202 nurses. 202 of them are positively responded with an average of 100%. These response rates are considered satisfactory.

### **3.10.2 Response Value**

The researcher has used a questionnaire to measure the responses of questionnaire's items as in the following: 5 represented "the lowest scale" and 1 represented "the highest scale", as the case might be. For the purpose of interpreting the arithmetic means and to determine the level of nurses' perception regarding the quality of communication between nurses, physicians, and managers in Palestinian medical complexes in the West Bank, the score was converted according to a scale ranging from (1-5) degrees and classified into three levels: high, medium, and low, according to the following equation:

$$\text{Class Interval} = (\text{Upper Limit} - \text{Lower Limit}) / \text{Number of Assumed Levels}$$

Based on this, the response levels to the questionnaire will be as shown in (Table 3.5).

Table 3.5. Calculated Scores of Nurses' Perception Regarding the Quality of Communication between Nurses, Physicians and Managers in PMC in WB

<b>Dimension</b>	<b>Items (n)</b>	<b>Lower Limit</b>	<b>Upper Limit</b>	<b>Low Satisfaction</b>	<b>Medium Satisfaction</b>	<b>High Satisfaction</b>
Mutual Understanding	3	3	15	3 - 7	8 - 12	13 - 15
Openness	5	5	25	5 - 11.67	11.68 - 18.35	18.36 - 25
Frustration with Interaction	4	4	20	4 - 9.33	9.34 - 14.67	14.68 - 20
Relevance and Satisfaction	20	20	100	20 - 46.67	46.68 - 73.35	73.36 - 100
<b>All items</b>	<b>32</b>	<b>32</b>	<b>160</b>	<b>32 - 74.67</b>	<b>74.68 - 117.35</b>	<b>117.36 - 160</b>

### 3.11 Data Analysis

SPSS version 24 (IBM, Chicago, IL, USA) was used to analyze the data. After data collection was completed, the data were coded and transferred to SPSS. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to describe participants' characteristics. The normality of distribution was assessed using the Kolmogorov-Smirnov test. The results indicated that the p-value was greater than 0.05, which means that the data were normally distributed. Consequently, parametric statistics were used in this study.

Independent sample t-tests, one-way ANOVA and post hoc were used to determine the factors affecting nurses' perceptions of the quality of communication between nurses, physicians, and managers in all departments of the Palestinian Medical Complex. Independent sample t-tests were used to determine differences in the mean scores of questionnaire items with two categories, such as gender and working hours (more or fewer than eight hours per day), while one-way ANOVA was used to determine differences in the mean scores of questionnaire items with categorical independent variables that involved

more than two categories: age, level of education, years of experience, job position, and marital status.

Eta Squared was employed to determine the effect size of the educational level variable on all dimensions of the dependent variable, using the following classification: 0.01 for a small effect, 0.06 for a medium effect, and 0.14 for a large effect. Additionally, Pearson correlation was used to assess the validity of the questionnaire, and Cronbach's alpha was used to measure the reliability of the questionnaire.

### **3.12 Ethical and Administrative Considerations**

All participants provided written consent, confirming to their knowledge of the goals, protocols, risks, and advantages of the study. All participant personal information was anonymised to protect their privacy. The study team was the only ones with access to the collected data, which were kept in a safe location and utilized only for research. Participants were made aware of their free withdrawal policy, which they might exercise at any moment. The research made sure that volunteers wouldn't experience any damage or discomfort before, during, or after data collection.

The researcher adhered to all ethical and administrative requirements to conduct this study. Academic approval was obtained from the Scientific Research Committee and subsequently from the Ministry of Health to begin data collection. Content validity, which addresses the representation and comprehension of the items in the scale, was ensured by examining the process by which the scale items were generated. The content validity in this study is considered relatively acceptable since the various parts of the questionnaire were based on a comprehensive literature review and the opinions of several experts who examined the items.

## Chapter Four: Results

### 4.1 Introduction

The statistical analysis is shown in this chapter together with descriptive statistics that highlight the sociodemographic features of the study sample. Basic statistics including frequencies, means, and percentages were used by the researcher. Advanced techniques were also applied to investigate relationships and differences in the data, such as multiple linear regression, post hoc (LSD) analysis, One-way ANOVA, and independent sample t-test.

### 4.2 Socio-Demographic Characteristics of Participants

According to the sample's demographic data (N=202), 41.1% of participants were under 30 years old and 44.1% were between 30 and 35 years old. Female participants were equal to males (50%). 39.1% of people were married, compared to 60.9% of unmarried people. These distributions are consistent with global trends in the nursing profession, indicating a relatively young workforce with a higher percentage of women. Table (4.1) and Figure (4.1) show socio-demographic characteristics of participants.

Table 4.3. Socio-Demographic Characteristics of Nurses (N=202)

Variable	Categories	F	%
<b>Gender</b>	Male	101	50
	Female	101	50
<b>Age</b>	<30	83	41.1
	30–35	89	44.1
	≥36	30	14.9
<b>Marital Status</b>	Single	118	58.4
	Married	79	39.1
	Divorced	5	2.5

Data were based on Frequencies (F) and Percentages (%)

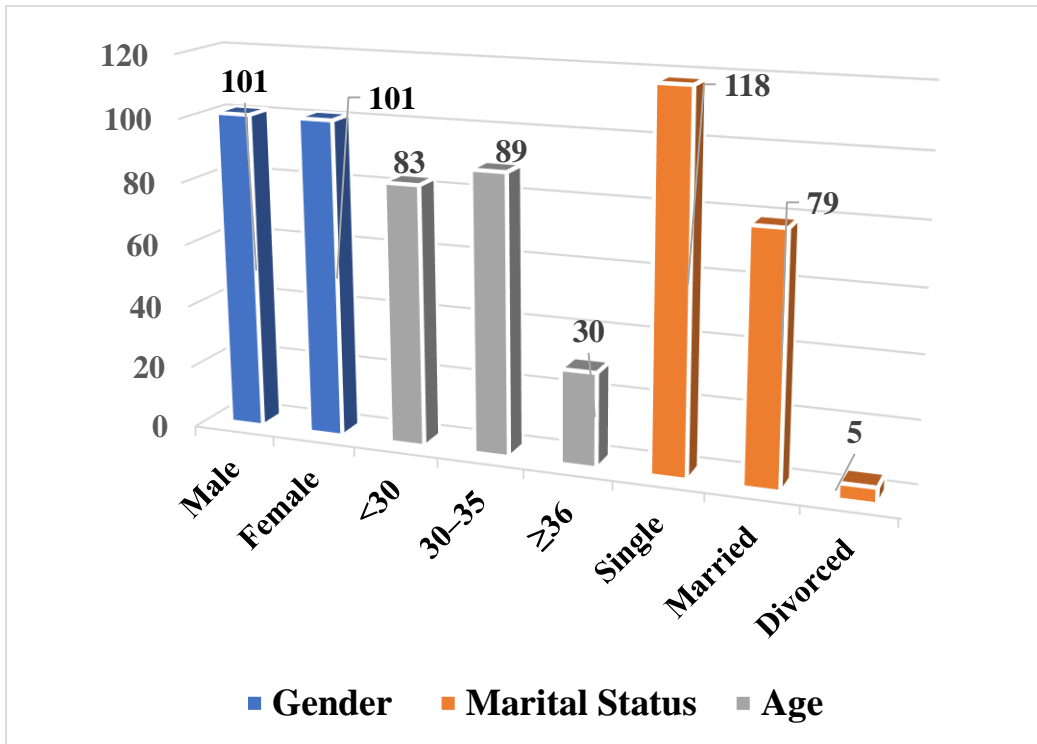


Figure 4.1. Socio-Demographic Distribution of Participants (N=202)

### 4.3 Working Characteristics of Participants

A 93 % of the sample were nurses. Nursing Supervisors (2%) and Head Nurses (5%) made up a lesser percentage. A 67.3% of nurses were bachelor's degree holders. 22.3% of people had a diploma. There wasn't much advanced education—Master's and Ph.D. levels, at 7.9% and 2.5%, respectively. 57.4% of nurses have worked for one to five years. 18.3% had more than ten years of experience, compared to 24.3% who had six to ten years. The typical workday for nurses is eight hours or less, and 78.7% of them worked that long. 21.3% of nurses worked nine or more hours. Table (4.2) and Figure (4.2) present the working characteristics of participants.

Table 4.4. Working Characteristics of Nurses (N=202)

Variable	Options	F	%
<b>Job Position</b>	Nurse	188	93
	Head Nurse	10	5
	Nursing Supervisor	4	2
<b>Education Level</b>	Diploma	45	22.3
	Bachelor	136	67.3
	Master	16	7.9
	Ph.D.	5	2.5
<b>Years of Experience</b>	1-5 years	116	57.4
	6-10	49	24.3
	More than 10 years	37	18.3
<b>Working Hours</b>	Less or equal 8 hours	159	78.7
	More or equal 9 hours	43	21.3

Data were based on Frequencies (F) and Percentages (%)

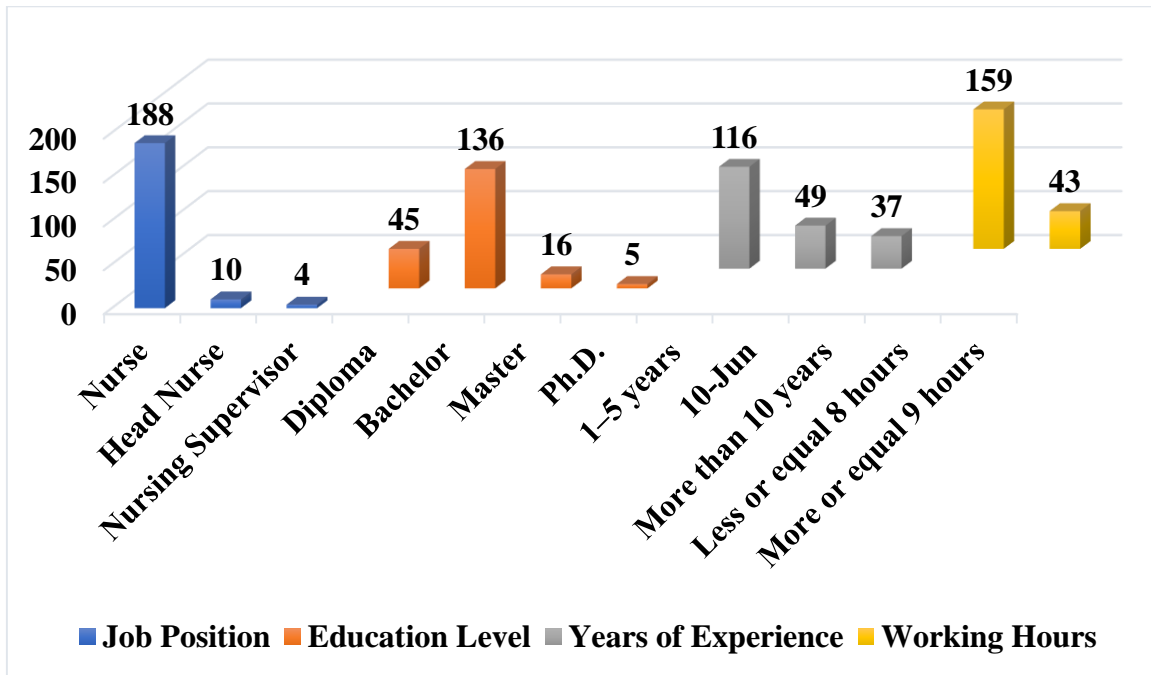


Figure 4.2. Distribution of Participants According to Working Characteristics (N=202)

#### **4.4 Level of Nurses' Perception of the Quality of Communication between Nurses, Doctors, and Managers at PMC in WB**

Table (4.3 & 4.4) attempt to answer the research question one that claimed as what is the level of nurses' perception of the quality of communication between nurses, doctors, and managers at the PMC in the WB?

##### **4.4.1 Mutual Understanding**

The majority of nurses (88.1%) showed a medium level of perception of mutual understanding, with a mean score of  $(8.401 \pm 1.556)$ . The percentage of respondents with high levels was only (2%).

The results showed that most respondents (79.2%) said nurses sometimes experienced problems understanding what doctors were attempting to communicate. Only 6.4% of respondents indicated it always happens and 3.5% said it never does.

Similarly, physicians appeared to have difficulty understanding nurses. A noteworthy 84.7% of respondents said that these difficulties arise sometimes. Interestingly, only 1.5% of respondents said that doctors always had difficulties in understanding nurses.

The majority of respondents (54.5%) thought that managers rarely had trouble understanding doctors and nurses. Nonetheless, many people (36.6%) stated that these communication problems do sometimes arise. The percentage of participants who said managers always have trouble understanding was just 1%.

#### 4.4.2 Openness

Responses were fairly balanced between medium level of openness (46.0%) and high levels (48.5%), with a mean score of  $(17.144 \pm 2.907)$ . The percentage of respondents with low levels was only (5.4%).

According to nearly half of the participants (46.5%), having an open conversation with doctors was always simple for them. Relatively more people (28.7%) said that this openness only happens sometimes. An 11.9% of nurses reported rarely or never-open talks, while 12.9% report open communication often.

The majority of respondents (78.7%) believed that they occasionally get appropriate information or guidance from doctors. Only 4.5% of individuals said they always obtain accurate information, compared to 10.9% who said they do so often. Nonetheless, the fact that 5.9% of participants (those who responded rarely or never) were present indicates that misinformation or poor communication may still be an issue in certain situations.

The majority of participants (55.9%) thought that managers hardly ever pushed physicians to actively listen to nurses. According to 33.7% of respondents, managers sometimes encourage this conduct, but only 5.5% stated that it occurs often or always.

With 55.4% of participants responding that openness occurs often and 30.2% reporting that it occurs sometimes, the findings indicate that communication between these groups is generally helpful. Nonetheless, a little percentage (9.9%) said that open communication happens rarely or never, indicating that obstacles may still be present for certain people or groups.

While 28.2% of respondents thought this was sometimes, the majority of respondents (58.9%) strongly agreed that open communication is crucial for delivering high-quality

treatment. Rare or never agreement was indicated by the small percentage of participants (6.5%) who expressed less certainty.

#### **4.4.3 Frustration with Interaction**

An 81.2 % of people reported feeling moderately frustrated with interactions, with a mean score of  $(11.535 \pm 2.390)$ . High frustration was reported by fewer people (4.5%). The majority of participants (78.2%) stated that they were sometimes angry. Just 7% of respondents indicated they were angry often or usually, while 14.9% claimed they were angry rarely or never. Similarly, the majority (77.7%) indicated they sometimes feel frustrated after interactions, reflecting that these experiences can be emotionally taxing. However, 13.4% of participants reported rarely or never feeling frustrated, while a (6.5%) stated they often or always do. After interacting with doctors and managers, 80.2% of respondents said they sometimes felt misunderstood, highlighting persistent difficulties in understanding one another. 6.5% claimed they often or always feel this way. However, 13.4% of nurses rarely or never feel this manner of feeling. Most participants (78.2%) indicated they sometimes felt dissatisfied after interactions with physicians and managers. However, 10.3% reported experiencing dissatisfaction often or always. Conversely, 14.8% said they rarely or never felt dissatisfied.

#### **4.4.4 Relevance and Satisfaction**

A majority of respondents often felt respected (53.5%) and satisfied (54%) in their interactions with physicians and managers but rarely felt pleased (55.9%). While 78.7% reported some level of understanding with physicians and managers, and 78.2% found it somewhat easy to seek their advice, 15% rarely or never enjoyed these interactions. Most

participants (46.5%) often found joy in conversations, though 34.2% experienced it only occasionally. Nearly half (45%) noted their education lacked teamwork between medical and nursing students, highlighting a gap in interprofessional training. Still, 63.4% agreed that professional relationships among managers, physicians, and nurses should be part of education. Additionally, 56.9% supported the idea of nurses as collaborative partners, signaling a shift toward team-based care. Almost half (48%) acknowledged overlapping responsibilities among healthcare roles, though 40.6% said managers rarely train physicians to collaborate with nurses.

Most respondents believed managers should encourage physician-nurse collaboration during patient discharge (47%) and help nurses monitor treatment outcomes (51%). Half (50.5%) felt nurses are qualified to meet patients' physiological needs, and 54% supported recognizing nurses' expertise in patient education. However, 33.7% reported limited involvement in decisions about working conditions, and 26.7% felt excluded.

Participants emphasized nurses' role in hospital decision-making, with 55.4% advocating collaboration with administrators on support services. Additionally, 58.4% believed nurses should be accountable to patients for their care. Finally, 59.9% opposed the idea that managers should reinforce doctors' dominance, reflecting a preference for collaborative healthcare dynamics.

#### **4.4.5 Total Perception of Quality of Communication**

The majority of respondents (89.6%) had a medium perception of quality of communication between nurses, doctors, and managers at PMC in WB with mean score of (103.545 ± 12.458), whereas only 5.9% had a high perception overall.

Table 4.3 Perception of Quality of Communication between Nurses, Doctors, and Managers at PMC in WB (n=202)

Dimensions		F	%	M	SD	Level of Perception
<b>Mutual Understanding</b>	3 - 7 Low	20	9.9	8.401	1.556	Medium
	8 - 12 Medium	178	88.1			
	13 - 15 High	4	2.0			
<b>Openness</b>	5 - 11.67 Low	11	5.4	17.144	2.907	Medium
	11.68 - 18.35 Medium	93	46.0			
	18.36 - 25 High	98	48.5			
<b>Frustration with Interaction</b>	4 - 9.33 Low	29	14.4	11.535	2.390	Medium
	9.34 - 14.67 Medium	164	81.2			
	14.68 - 20 High	9	4.5			
<b>Relevance and Satisfaction</b>	20 - 46.67 Low	7	3.5	66.465	9.796	Medium
	46.68 - 73.35 Medium	171	84.7			
	73.36 - 100 High	24	11.9			
<b>Total Perception</b>	32 - 74.67 Low	9	4.5	103.545	12.458	Medium
	74.68 - 117.35 Medium	181	89.6			
	117.36 - 160 High	12	5.9			

Data Were Based on Mean (M), Standard Deviation (SD), Frequencies (F) and Percentages (%)

Table 4.4. Items of Dimensions of Perception of Quality of Communication between Nurses, Doctors, and Managers at PMC in WB (n=202)

Items	Never		Rare		Sometimes		Often		Always	
	F	%	F	%	F	%	F	%	F	%
<b>Mutual Understanding</b>										
Nurses' difficulties in understanding what physicians mean	7	3.5	13	6.4	160	79.2	9	4.5	13	60.4
Physicians' difficulties in understanding what nurse's means	7	3.5	14	6.9	171	84.7	7	3.5	3	1.5
Manager's difficulties in understanding what nurses and physician's means	8	4.0	110	54.5	74	36.6	8	4.0	2	1.0
<b>Openness</b>										
Difficult or easy talking openly with physicians	4	2.0	20	9.9	58	28.7	26	12.9	94	46.5
Receiving correct information or advice from physicians	1	.5	11	5.4	159	78.7	22	10.9	9	4.5
Managers encourage doctors to listen to nurses	10	5.0	113	55.9	68	33.7	5	2.5	6	3.0
Communication openness between nurses, physicians and managers.	6	3.0	14	6.9	61	30.2	112	55.4	9	4.5

Open communication between nurses, physicians, and managers is essential to providing quality care	6	3.0	7	3.5	57	28.2	13	6.4	119	58.9
<b>Frustration with Interaction</b>										
Feeling angry after interaction with physicians and managers.	10	5.0	20	9.9	158	78.2	8	4.0	6	3.0
Feeling frustrated after interaction with physicians and managers	12	5.9	20	9.9	157	77.7	7	3.5	6	3.0
Feeling misunderstood after interaction with physicians and managers	10	5.0	17	8.4	162	80.2	10	5.0	3	1.5
Feeling dissatisfied after interaction with physicians and managers	15	7.4	15	7.4	158	78.2	11	5.4	3	1.5
<b>Relevance and Satisfaction</b>										
Feeling respected after interaction with physicians and managers	1	0.5	15	7.4	66	32.7	108	53.5	12	5.9
Feeling pleased after interaction with physicians and managers	3	1.5	113	55.9	63	31.2	16	7.9	7	3.5
Feeling satisfied after interaction with physicians and managers	5	2.5	15	7.4	66	32.7	109	54.0	7	3.5
Level of understanding between nurses and physicians and managers	4	2.0	11	5.4	159	78.7	20	9.9	8	4.0
Difficulty or easy to ask physicians for advice and managers	5	2.5	13	6.4	158	78.2	21	10.4	5	2.5
Joyfulness of talking to physicians and managers	15	7.4	15	7.4	69	34.2	94	46.5	9	4.5
During their education, the administration involves medical and nursing students in teamwork to understand their respective roles	91	45.0	16	7.9	64	31.7	18	8.9	13	6.4
The professional relationship between managers, physicians, and nurses should be included in their educational program	13	6.4	61	30.2	62	30.7	39	19.3	27	13.4
Nurses should be viewed as collaborative partners with physicians and managers, not just assistants	2	1.0	14	6.9	57	28.2	14	6.9	115	56.9
There are many overlapping areas of responsibility between physicians, Nurses, and managers	11	5.4	11	5.4	64	31.7	19	9.4	97	48.0
Managers train physicians to establish collaborative relationships with Nurses	82	40.6	20	9.9	59	29.2	15	7.4	26	12.9
Managers should facilitate the contribution of physicians and nurses in the hospital discharge process for patients	12	5.9	12	5.9	63	31.2	20	9.9	95	47.0
Managers should also help nurses to have the responsibility to monitor the effects of medical treatment	8	4.0	11	5.4	62	30.7	18	8.9	103	51.0
Nurses are qualified to assess and respond to the physiological aspects of patients' needs.	9	4.5	7	3.5	102	50.5	23	11.4	61	30.2
The administration engages nurses in decision-making about their working conditions	54	26.7	27	13.4	68	33.7	22	10.9	31	15.3
Nurses have specialized expertise in patient education and physiological counseling	17	8.4	12	5.9	109	54.0	26	12.9	38	18.8
Nurses should work with administration to ensure that physicians' orders are safe for patients	1	.5	8	4.0	74	36.6	23	11.4	96	47.5

Nurses should collaborate with administration in making decisions regarding hospital support services upon which their work depends	7	3.5	7	3.5	58	28.7	18	8.9	112	55.4
Nurses should be accountable to patients for the nursing care they provide	2	1.0	10	5.0	56	27.7	16	7.9	118	58.4
Managers should reinforce the authority of doctors to be the dominant authority on all health care matters.	121	59.9	6	3.0	52	25.7	9	4.5	14	6.9
Data Were Based on Frequencies (F) and Percentages (%)										

#### 4.5 Nurses' Perception of Quality of Communication Based on Socio-Demographic Distribution

Table (4.5) attempts to test the following hypothesis: There were no statistically significant differences at the significance level ( $\alpha \leq 0.05$ ) in nurses' perception of the quality of communication between nurses, physicians, and managers in PMC in the WB attributed to the variables of gender, age and marital status.

There were no a statistically significant differences in mean scores of mutual understanding regarding gender, age and marital status (p- values = 0.26, 0.26, 0.349 respectively). There were no a statistically significant differences in mean scores of openness regarding gender, age and marital status (p- values = 0.40, 0.798, 0.672 respectively). In case of frustration with interaction, there were a statistically significant differences in mean scores regarding gender in favor to female nurses (p= 0.011). On the other hand, there were no a statistically significant differences in mean scores of frustration with interaction regarding to age and marital status (p-values > 0.05). Regarding to relevance and satisfaction and total perception of quality of communication, there were no a statistically significant differences in mean scores based on gender, age and marital status (p- values for all > 0.05).

Table 4.5. Nurses' Perception of Quality of Communication Based on Socio-Demographic Distribution (N=202)

Variables	Mutual Understanding		Openness		Frustration with Interaction		Relevance and Satisfaction		Total Perception		
	M	SD	M	SD	M	SD	M	SD	M	SD	
Gender	Male	8.28	1.82	16.97	3.29	11.11	2.89	66.67	11.45	103.03	14.70
	Female	8.53	1.24	17.32	2.47	11.96	1.68	66.26	7.86	104.06	9.77
	(t)	1.131		0.846		2.567		0.301		0.586	
	(P)	0.26		0.40		0.011		0.75		0.56	
Age	<30	8.31	1.99	17.15	3.49	11.22	3.19	67.16	11.82	103.83	15.34
	30-35	8.34	1.22	17.25	2.49	11.67	1.47	66.35	8.39	103.61	10.30
	≥36	8.83	0.95	16.83	2.28	12.00	1.91	64.90	7.28	102.57	9.32
	F	1.370		0.226		1.460		0.594		0.115	
	P	0.26		0.798		0.235		0.553		0.892	
Marital Status	Single	8.38	1.66	17.25	3.11	11.40	2.66	66.32	10.60	103.36	13.40
	Married	8.37	1.43	17.04	2.66	11.63	1.94	66.92	8.75	103.96	11.31
	Divorced	9.40	0.548	16.20	1.64	13.20	1.79	62.60	4.78	101.40	6.54
	F	1.060		0.399		1.479		0.486		0.131	
P	0.349		0.672		0.230		0.616		0.877		

P values were based on Independent Samples t Test and ANOVA Test. (M= Mean, SD= Standard Deviation)

#### 4.6 Nurses' Perception of Quality of Communication Based on Working Characteristics of Participants

Table (4.6) attempts to test the following hypotheses: There were no statistically significant differences at the significance level ( $\alpha \leq 0.05$ ) in nurses' perception of the quality of communication between nurses, physicians, and managers in PMC in the WB attributed to the working characteristics of participants.

There were no statistically significant differences at the significance level ( $\alpha \leq 0.05$ ) in nurses' perception of all dimensions of the quality of communication between nurses, physicians, and managers in PMC in the WB based on job position. P-values were  $> 0.05$ , mutual understanding (0.214), openness (0.906), frustration with interaction (0.428), relevance and satisfaction (0.788), and total perception (0.578). Regarding to education level, A statistically significant difference ( $P = 0.012$ ) was found in Openness, for those who were

with diploma and bachelors. For other dimensions, no significant differences were observed. Mutual understanding ( $p=0.565$ ), frustration with interaction ( $p=0.516$ ), relevance and satisfaction ( $p=0.094$ ), and total perception ( $p= 0.056$ ).

All P-values  $> 0.05$ , indicating no statistically significant differences based on experience level. Mutual Understanding (0.080), Openness (0.764), Frustration with Interaction (0.450), Relevance and Satisfaction (0.293), and Total Perception (0.231). Also all P-values  $> 0.05$  and indicated that there were no statistically significant differences were found based on working hours. Mutual Understanding (0.600), Openness (0.510), Frustration with Interaction (0.830), Relevance and Satisfaction (0.889), and Total Perception (0.811).

Table 4.6. Nurses' Perception of Quality of Communication Based on Working Characteristics of Participants (N= 202)

Variables		Mutual Understanding		Openness		Frustration with Interaction		Relevance and Satisfaction		Total Perception	
		M	SD	M	SD	M	SD	M	SD	M	SD
Job Position	Nurse	8.38	1.58	17.14	2.93	11.52	2.41	66.36	9.79	103.39	12.36
	Head Nurse	8.30	0.82	17.00	2.94	11.20	2.10	67.30	11.21	103.80	14.59
	Nursing Supervisor	9.75	1.71	17.75	2.22	13.00	2.00	69.50	8.19	110.00	13.27
	<b>F</b>	1.554		0.099		0.851		0.238		0.550	
	<b>P</b>	0.214		0.906		0.428		0.788		0.578	
Education	Diploma	8.47	1.22	17.87	2.20	11.89	1.95	67.49	7.04	105.71	8.00
	Bachelor	8.32	1.71	17.15	3.08	11.38	2.51	66.67	10.46	103.51	13.26
	Master	8.88	1.15	16.06	2.49	12.00	2.63	65.06	9.82	102.00	13.54
	Ph.D.	8.60	0.894	14.00	2.24	11.20	1.79	56.20	8.50	90.00	13.42
	<b>F</b>	0.681		3.763		0.764		2.160		2.565	
<b>P</b>	0.565		0.012		0.516		0.094		0.056		
Experience	1-5 years	8.28	1.62	17.22	3.21	11.35	2.51	65.71	10.57	102.56	13.68
	6-10 years	8.31	1.08	16.88	2.21	11.74	1.82	66.65	7.64	103.57	9.11
	More than 10 years	8.92	1.80	17.24	2.76	11.84	2.66	68.60	9.71	106.60	12.06
	<b>F</b>	2.555		0.269		0.801		1.234		1.478	
	<b>P</b>	0.080		0.764		0.450		0.293		0.231	
Working Hours	$\leq 8$ hours	8.37	1.49	17.21	2.75	11.55	2.23	66.52	9.38	103.65	10.93
	$\geq 9$ hours	8.51	1.80	16.88	3.44	11.47	2.94	66.28	11.31	103.14	17.12
	<b>F</b>	0.275		0.435		0.046		0.020		0.057	
	<b>P</b>	0.600		0.510		0.830		0.889		0.811	

P values were based on ANOVA Test. (M= Mean, SD= Standard Deviation)

#### **4.7. The Effect Size of Independent Factors on Different Dimensions of Communication Quality**

Table (4.7) provides eta ( $\eta$ ) and eta squared ( $\eta^2$ ) values to assess the effect size of independent factors on different dimensions of communication quality. It attempts to answer the research question of Do the variables (gender, age, marital status, educational level, years of experience, and Job position) have an impact on the nurses' perception of the quality of communication between nurses, doctors, and managers at the Palestine Medical Complex in the West Bank?

Although it was still a small-to-medium effect, gender had the biggest impact on frustration with interaction ( $\eta^2 = 0.032$ ). It has little to no effect on the other factors. Age had little impact on mutual understanding and interactional dissatisfaction ( $\eta^2 = 0.014$ ), but it had no effect on openness or overall perception. Like age, marital status had little impact on most dimensions, but it had the biggest impact on interaction frustration ( $\eta^2 = 0.015$ ). Job position had no effect on other factors, but it had a small effect on mutual understanding ( $\eta^2 = 0.015$ ) and frustration with interactions ( $\eta^2 = 0.008$ ). The most significant demographic variable in this analysis is education, which has the biggest impact on openness ( $\eta^2 = 0.054$ ) and overall perception ( $\eta^2 = 0.037$ ). Experience showed minor effects on a number of variables, particularly total perception ( $\eta^2 = 0.015$ ) and mutual understanding ( $\eta^2 = 0.025$ ). In every measure, working hours consistently displayed insignificant impacts, indicating that they had little to no impact on perceptions of communication quality. Figure (4.13) shows the effect size benchmarks.



Figure 4.3. Effect Size Benchmarks

Table 4.7. The Effect Size of Independent Factors on Different Dimensions of Communication Quality

Variables	Mutual Understanding		Openness		Frustration with Interaction		Relevance and Satisfaction		Total Perception	
	Eta	η²	Eta	η²	Eta	η²	Eta	η²	Eta	η²
Gender	0.08	0.006	0.06	0.004	0.18	0.032	0.021	0.000	0.041	0.002
Age	0.117	.014	0.048	0.002	0.120	0.014	0.077	0.006	0.034	0.001
Marital Status	0.103	0.011	0.063	0.004	0.121	0.015	0.070	0.005	0.036	0.001
Job Position	0.124	0.015	0.031	0.001	0.092	0.008	0.049	0.002	0.074	0.006
Education	0.101	0.010	0.232	0.054	0.107	0.011	0.178	0.032	0.193	0.037
Experience	0.158	0.025	0.052	0.003	0.089	0.008	0.111	0.012	0.121	0.015
Working Hours	0.037	0.001	0.047	0.002	0.015	0.000	0.010	0.000	0.017	0.000
η²= Eta Squared										

Table (4.8) presents a multiple linear regression that revealed that none of the independent variables significantly influenced nurses' perceptions of the quality of communication with physicians and managers in PMC, WB, except variable of experience years.

Table 4.8. Multiple Linear Regression of Independent Factors of Nurses' Perception of the Quality of Communication between Nurses, Physicians, Managers

Factor	Standardized Coefficients	Coefficients Std. Error	(t)	P
Gender	0.38	-0.88	-0.06	0.06
Age	0.22	-1.23	-0.12	0.06
Education	0.09	-1.71	-0.16	0.06
Experience	0.03	2.21	0.23	0.05
Job position	0.63	-0.49	-0.05	0.06
Marital Status	0.96	-0.05	0.00	0.06
Working hours	0.70	-0.38	-0.03	0.07

#### 4.9 Summary of Study` Results

The study's findings showed that nurses, doctors, and management at PMC had a medium-level perception of communication difficulties. The findings indicated that mutual comprehension was frequently stretched, even though serious communication breakdowns were rare. Coordination and teamwork may be hampered by managers' seeming inability to keep up regular communication with physicians and nurses. Despite some indications of openness, particularly between nurses and doctors, there were inconsistencies and a lack of managerial backing. The majority of participants believed that there is open communication, but not always in all circumstances. There is still room for growth in the way managers promote an environment of open communication and listening.

Interactions between nurses, doctors, and administrators sometimes involve feelings of frustration, rage, and discontent. Although the majority of participants only occasionally felt these emotions, their persistent occurrence suggests underlying problems with collaboration and communication that could affect morale and teamwork.

The findings showed that although many nurses expressed satisfaction and respect in their contacts with management and doctors, there is still room for development in terms of role recognition and teamwork. The results underlined how crucial it is to involve nurses in decision-making, define overlapping roles, and incorporate interprofessional collaboration into workplace procedures and educational programs. Fostering a healthy work atmosphere and providing high-quality patient care depend on treating all healthcare professionals as partners in care rather than employees.

Based on working characteristics and sociodemographic, no statistically significant variations were detected for the majority of communication quality parameters. The only factors that significantly impacted openness and interaction frustration were gender and educational attainment. According to the findings, education had the biggest impact on the quality of communication, especially on openness and overall perception. Experience and gender also had minor effects, particularly on mutual understanding and annoyance with interaction. On the other hand, other demographic factors including age, marital status, and job position had relatively minor effects, while working hours had no effect at all.

## **Chapter Five: Discussion**

### **5.1 Introduction**

The discussion chapter provides an in-depth analysis of the study's results by comparing them with previous research findings and offering critical insights. This cross-sectional, quantitative study allowed for the clear quantification of both independent and dependent variables, specifically the perceptions of nurses, head nurses, and nursing supervisors regarding the quality of communication with physicians and managers. The use of frequencies and percentages for categorical variables, as well as means and standard deviations for scores, provided a comprehensive statistical picture. Notably, the majority of nurses scored their communication perceptions within an acceptable range of 60% to 80%, reflecting moderate satisfaction. Additionally, the design facilitated the identification of statistically significant differences in communication perceptions across demographic and professional categories.

The study's outcomes offer practical implications for improving communication between nurses, physicians, and managers within the Palestine Medical Complex. Specifically, training programs and workshops should be organized to systematically enhance communication. Future research in this setting could assess the impact of such interventions on communication quality perceptions.

The data suggests a strong presence of staff nurses, implying a workforce focused on direct patient care, with fewer individuals in supervisory or managerial roles. The majority of nurses have at least a bachelor's degree, which aligns with current trends emphasizing professionalization in nursing. However, the small percentage of higher degrees may suggest

barriers to advanced education or limited opportunities for specialized roles. According to the distribution, the workforce is primarily in their early careers, with fewer seasoned professionals. This can be a result of recent hiring patterns, substantial employee turnover, or difficulties keeping on board seasoned employees. Although the majority of nurses work regular shifts, a significant percentage put in extra hours, which may be a sign of workload issues that could compromise care quality and job satisfaction.

## **5.2 Mutual Understanding**

The findings showed that the three groups—nurses, physicians, and managers—had varied degrees of communication issues, pointing to both sporadic problems and potential opportunities for development. According to the findings, the majority of respondents (79.2%) believe that nurses sometimes have trouble understanding what doctors are trying to say. The fact that just 6.4% of respondents say this mistake happens frequently and 3.5% say it never does shows that, while not consistent, these difficulties are frequent enough to affect day-to-day interactions. In the same manner, doctors seem to have trouble understanding nurses. Significantly, 84.7% of participants said that these difficulties sometimes arise, indicating that sporadic misunderstandings are a recurring problem.

It's interesting to note that only 1.5% of respondents said doctors always have problems understanding nurses, suggesting that communication gaps are not severe but yet happen frequently enough to be worth notice. This issue were not consistent to a study conducted in medical departments of government hospitals in the Gaza Strip that showed a high level of nurse/physician collaboration (AlAsaly, 2022). There are also indications of inconsistent communication between managers and doctors and nurses. According to the

majority of respondents (54.5%), managers hardly ever have trouble understanding doctors and nurses. Nonetheless, a sizable percentage (36.6%) stated that these communication problems do occasionally arise, suggesting that managers would require improved resources or techniques to promote more transparent discourse. These results underline the necessity of multidisciplinary communication training or resources to close the gaps and facilitate easier cooperation between the center's medical staff. According to Jin et al. (2022), integrating communication tools like the SBAR (Situation, Background, Assessment, Recommendation) tool could improve communication even more.

### **5.3 Openness in Communication**

Although there are some indications of openness, particularly between nurses and doctors, the narrative analysis shows that there are inconsistencies and a lack of managerial backing. The majority of participants believe that there is open communication, although not always in all circumstances. There is still room for growth in the way managers promote an environment of open communication and listening. These results imply that in order to guarantee smooth cooperation and improved patient outcomes, more work is required to develop trust, strengthen managerial support, and improve communication techniques. In comparison to a previous study was conducted to find out how well nurses felt about the quality of communication between them and doctors in the emergency rooms of a few Saudi Arabian government hospitals, The openness domain had the highest mean score (Daheshi et al. , 2023).

#### **5.4 Frustration with Interaction**

Interactions between nurses, doctors, and administrators can involve feelings of frustration, rage, and discontent. Even while the majority of participants only occasionally feel these feelings, their persistent occurrence suggests underlying problems with collaboration and communication that could affect morale and teamwork. In order to reduce negative feelings and promote more positive interactions, the data emphasizes the necessity of improved dispute resolution techniques, communication training, and supportive managerial practices. By tackling these issues, a more positive and cooperative workplace may be established, which will eventually improve staff wellbeing and patient care. For this issue of enhancing patient care, the results indicated that all participating nurses and physicians emphasized the importance of communication and linked effective collaboration to improved patient outcomes (Boev et al., 2022). According to a study, there was an average of 53.2% of communication between nurses and doctors when providing patient care. It also discovered that unappealing work environments and unfavorable professional attitudes are obstacles to communication between nurses and doctors in patient care (Jemal et al., 2021).

#### **5.5 Relevance and Satisfaction in Communication**

The study provides information about how nurses view their working relationships with management, doctors, and the government. In addition to highlighting the need for greater cooperation, role recognition, and structural changes, it also identifies areas of respect and satisfaction.

The findings showed that although many nurses report feeling valued and content in their dealings with doctors and supervisors, there is still room for growth in terms of

teamwork and role recognition. The results highlight how crucial it is to involve nurses in decision-making, define overlapping roles, and incorporate interprofessional collaboration into workplace procedures and educational programs. Fostering a healthy work atmosphere and providing high-quality patient care depend on treating all healthcare professionals as partners in care rather than subordinates. Regarding to this issue a study discovered that the perceived openness and sharing of patient information in nurse-physician communication received mean ratings of  $48.52 \pm 19.7\%$ , while they felt professional respect and satisfaction received mean scores of  $50.88 \pm 19.7\%$ . There was a statistically significant correlation between age, pay, and organizational characteristics and felt satisfaction and respect (Hailu et al., 2016). Another study revealed the following three main categories, each with two subcategories: Organization and culture: a lack of interprofessional meeting places and a hierarchy based on experience. Communication: use of communication tools and little room for professional discussions. Trust and respect: dependence and recognition and a blurred distribution of responsibility ( Vatn & Dahl, 2022).

### **5.6 Sociodemographic and Perception of Quality of Communication**

There were statistically significant variations in mean scores between genders in favor of female nurses when it came to interaction frustration ( $p=0.011$ ). There was a statistically significant difference ( $p = 0.012$ ) in openness between individuals with a bachelor's degree and those with a diploma in terms of education level. The largest influence on communication quality, particularly on openness and general perception, came from education. Gender and experience also showed small effects, especially on mutual comprehension and interaction discomfort. However, working hours had no effect at all,

while other demographic characteristics like age, marital status, and job position had only slight effects.

For the same issue, a previous study in Saudi Arabia introduced the cultural factors such as the multinational workforce was an additional communication barriers (Daheshi et al. , 2023).

In Ethiopia found a significantly lower perception of communication quality (53.2%), indicating poor communication. Factors such as age, marital status, and salary were highlighted as influential to that issue (Jemal et al., 2021). Younger patients and patients who were conveyed by ambulance received lower scores than other groups (Degabriel et al., 2023).

Results of a previous study indicated a strong direct relationship between communication skills, transformational leadership style, and nurse job satisfaction (Jankelová & Joniaková's , 2021). A study by Li et al., (2020) explored the general phenomenon and psychological experience of the special background communication in night shift medical staff and provides better reference for night shift communication between doctors and nurses. The results revealed no statistically significant differences in the level of perception and knowledge regarding communication during crises and disasters based on gender, age, years of experience, or educational qualifications (Abuhashem, 2020).

A study found that years of experience did not have a significant impact. Furthermore, the t-test analysis revealed significant differences in attitudes towards collaboration between physicians and nurses (Elsou et al., 2017).

### **5.7 Limitations of Study**

There were several limitations to this study. First, this study used a cross-sectional design in nature, and convenience sampling was used to recruit participants, which raises the possibility of sampling bias and means that the findings may not be generalizable to other settings. Due to time constraints, the study was limited to only one setting and included a small sample size, which also minimizes the generalizability of the study. In addition, the findings were obtained from nurses' insights into the quality of communication between nurses and physicians, and it would be valuable to explore the views of physicians in future studies. Further limitations are described in the discussion.

### **5.8 Conclusion**

This study contributes valuable insights into the communication dynamics between nurses, physicians, and managers in the Palestine Medical Complex. Although the findings align with much of the international literature, they also underscore the need for targeted interventions to address specific communication challenges faced by head nurses and supervisors. Future research, particularly using mixed methods, would enhance understanding and provide further opportunities for improving healthcare communication in this setting.

### **5.9 Recommendations**

Based on the findings of this study, several recommendations can be made to enhance the quality of communication between nurses, physicians, and managers in the Palestine Medical Complex:

Hospitals ought to regularly host training sessions and workshops aimed at enhancing communication abilities. Both nurses and doctors should be the focus of these seminars, which should stress the value of courteous, honest, and transparent communication. To standardize communication procedures and enhance precision and promptness in clinical encounters, training can incorporate instruments such as SBAR (Situation, Background, Assessment, and Recommendation).

More efforts should be made to include nurses in cooperative decision-making, especially when it comes to topics like hospital administration, safety procedures, and patient care. In addition to increasing nurses' sense of respect and participation, this would raise the standard of patient care generally.

Targeted initiatives should try to lessen the administrative constraints of supervisors and head nurses, who report lower levels of communication satisfaction. This can entail hiring more support personnel to handle administrative tasks like admissions and discharges, freeing up their time to concentrate on providing direct patient care and interacting with their colleagues.

Establishing routine multidisciplinary rounds with both doctors and nurses helps promote a culture of respect, cooperation, and shared accountability. Planning and decision-making for patient care should be the main focus of these rounds, encouraging more open and honest dialogue.

Information sharing between nurses, doctors, and managers can be streamlined by implementing contemporary communication technology, such as electronic health records (EHR) with integrated communication platforms. These resources can guarantee timely updates, lessen communication problems, and enhance patient care coordination in general.

Future research should use longitudinal designs to examine how training programs affect the caliber of communication. Furthermore, a more comprehensive knowledge of the lived experiences of healthcare workers and the contextual elements influencing communication would be possible by implementing a mixed-methods approach that incorporates both qualitative and quantitative data.

Policies that stress the value of effective communication in the workplace should be given top priority by hospital administration. Clear standards for interdisciplinary collaboration, frequent assessments of communication techniques, and the encouragement of an open and encouraging work atmosphere are all examples of these policies.

## References

- Abuhashem, A. (2020). Assessment of communication between healthcare providers during crises: A case study of European Gaza Hospital (Doctoral dissertation), Islamic University of Gaza, Deanship of Scientific Research and Graduate Studies.
- Adnan, N. M. (2016). Mutual understanding determinants for effective communication in business and IT strategic alignment planning. *International Journal on Advanced Science, Engineering and Information Technology*, 6(6), 914-921.
- AlAsaly, E. J. (2022). AlAsaly, E. J. A. (2022). Nurses' Perception about Impact of Nurse/Physician Collaboration on the Quality of Health Services in Medical Departments at Governmental Hospitals in Gaza Strip (Doctoral dissertation, جامعة القدس, Al Quds University).
- Bach, S. &. (2015). *Communication and interpersonal skills in nursing*. Learning Matters.
- Bernal, L. A. (2018). Factors of Job Satisfaction in the Healthcare Industry, Master Thesis, in Sweden, Lund University.
- Boev, C. T. (2020). A qualitative exploration of nurse-physician collaboration in intensive care units. *Intensive and Critical Care Nursing*, 70, 103218.
- Boyd, C. &. (2014). *Communication skills for nurses*. John Wiley & Sons.

- Cincotta, D. R.-L. (2021). Debriefing immediately after intubation in a children's emergency department is feasible and contributes to measurable improvements in patient safety. *Emergency Medicine Australasia*, 33(5), 780-787.
- Clancy, C. &. (2022). Promote effective nurse-physician communication. *American Nurse Today*, 17(8), 6-1.
- Daheshi, N. A.-A. (2023). Nurses' perception regarding the quality of communication between nurses and physicians in emergency Departments in Saudi Arabia: a cross sectional study. *In Healthcare*, 11(5), 645.
- Degabriel, D. P. (2023). Factors influencing patients' experience of communication with the medical team of the emergency department. *Internal and Emergency Medicine*, 1-7.
- Djordjevic, B. M. (2021). The Influence of Communication Satisfaction on Job Satisfaction- The Case of Employees in the Republic of Serbia. *Ekonomski horizonti*, 23(2), 165-178.
- Ekwueme, O. (2018). Nigerian hospital-based interprofessional collaborative patterns and organizational implications (Doctoral dissertation, Walden University).
- Elsous, A. R. (2017). Nurses and physicians attitudes toward nurse-physician collaboration: A survey from Gaza Strip, Palestine. *Nursing research and practice*, 2017(1), 7406278.

- Folorunso, T. R. (2020). Nurse-Physician Collaboration: A Comparison of Attitudes of Nurses and Physicians in Nigerian Tertiary Hospital Care Settings. *West African Journal of Medicine*, 37(7), 776-782.
- Ford, P. B. (2004). Nursing assessment and older people. *A Royal College of Nursing toolkit*. London, Royal College of Nursing.
- Hailu, F. B. (2016). Perceived nurse—physician communication in patient care and associated factors in public hospitals of jimma zone, South West Ethiopia: Cross sectional study. *PloS one*, 11(9), e0162264.
- Hailu, F. B. (2016). Perceived nurse—physician communication in patient care and associated factors in public hospitals of Jimma zone, South West Ethiopia: Cross-sectional study. *PloS one*, 11(9), e0162264.
- Hamdan, R. M. (2017). Dimensions of Nurse-Physician Communication (Doctoral dissertation, Walden University).
- Hamdan, R. M. (2017). Dimensions of Nurse-Physician Communication (Doctoral dissertation, Walden University).
- Iqbal, A. (2023). *See discussions, stats, and author profiles for this publication at: [https://www. researchgate. net/publication/323614212](https://www.researchgate.net/publication/323614212) . Ovarian Leiomyoma Associated with Serous Cystadenoma-A Case Report of an Uncommon Entity.*

- Iqbal, A. (2023). *See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/323614212> Ovarian Leiomyoma Associated with Serous Cystadenoma-A Case Report of an Uncommon Entity. Ovarian Leiomyoma Associate.*
- Jankelová, N. &. (2021). Communication skills and transformational leadership style of first-line nurse managers in relation to job satisfaction of nurses and moderators of this relationship. *In Healthcare, 9(3)*, 346 MDP.
- Jankelová, N. &. (2021). Communication skills and transformational leadership style of first-line nurse managers in relation to job satisfaction of nurses and moderators of this relationship. *In Healthcare, 9(3)*, 346 MDP.
- Jemal, M. K. (2021). Nurse–physician communication in patient care and associated factors in public hospitals of harari regional state and dire-dawa city administration, eastern ethiopia: a multicenter-mixed methods study. . *Journal of Multidisciplinary Healthcare, 2315-2331*.
- Jin, B. G. (2022). Ward Nurses' Perception and Performance on Communication with Physician in Clinical Deterioration in Korea: A cross-sectional study.
- Johnson, C. M. (2020). A nurse shadowing program for physicians: bridging the gap in understanding nursing roles. *JONA: The Journal of Nursing Administration, 50(1)*, 310-313.

- Jones, B. K. (2021). *Quality improvement made simple: What everyone should know about Healthcare quality improvement: Quick guide*. Health Foundation.
- Kato, H. C. (2023). Bedside nurses' perceptions of effective nurse-physician communication in general medical units: A qualitative study. *Cureus, 14*(5).
- Kopargaonkar, A. (2021). Clinical pathways: Effect on interprofessional collaboration in a hospital setting (Doctoral dissertation, University of Saskatchewan).
- L. Gleeson, L. O. (2023). Interprofessional communication in the hospital setting: A systematic review of the qualitative literature. *Journal of Interprofessional Care, 37*(2), 203-213.
- Li, L. H. (2020). General phenomenon and communication experience of physician and nurse in night shift communication: A qualitative study. *Journal of nursing management, 28*(4), 903-911.
- Lindeke, L. L. (2005). Nurse-physician workplace collaboration. *Online J Issues Nurs, 10*(1), 5.
- Manojlovich, M. H. (2021). Factors influencing physician responsiveness to nurse-initiated communication: a qualitative study. *BMJ quality & safety, 30*(9), 747-754.
- McCorry, L. K. (2020). *Communication skills for the healthcare professional*. Jones & Bartlett Learning.

- Merriam-Webster. (2023). *Merriam-Webster.com dictionary*. Retrieved from <https://www.merriam-webster.com>
- Mohan, G. &. (2013). Openness to experience and work outcomes: exploring the moderating effects of conscientiousness and job complexity. *Great Lakes Herald*, 7(2), 18-36.
- Neilson, L. (2020). Connecting the dots: Engaging interprofessional collaboration for quality patient care (Doctoral dissertation, Royal Roads University).
- New., A. (2023). Effective communication in health and social care. *Visit on September 18, 2024*. Retrieved from online: <https://www.theaccessgroup.com/en-gb/blog/hsc-effective-communication-health-and-social-care/>
- Noviyanti, L. W. (2021). Exploring the relationship between nurses' communication satisfaction and patient safety culture. *Journal of Public Health Research*, 10(2).
- Panel, I. E. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Interprofessional Education Collaborative Expert Panel.
- Panel, I. E. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C. Interprofessional Education Collaborative.
- Peate, I. &. (2021). *The Nursing Associate's Handbook of Clinical Skills*. Companion website: [www.wiley.com/nursingassociate](http://www.wiley.com/nursingassociate).
- Periut, S. (2021). Nurse Manager Communication Associated with Staff Nurse Satisfaction or Retention.

- Race, D. A. (2020). *Nursing student perceptions of the effects of interprofessional communication and teamwork on time to rescue*. University of Missouri-Kansas City.
- Ruiters, K. W. (2017). The communication challenges between nurses and patients in an urban emergency centre in the Western Cape (Unpublished Master Degree).
- Schlagwein, D. C. (2017). "Openness" with and without Information Technology: A framework and a brief history. *Journal of Information Technology*, 32(4), 297-305.
- Sibiya, M. N. (2018). *Effective communication in nursing* (Vol. 19). Nursing.
- University, R. (2024). *Talking It Out: Improving Nurse-Physician Communication*. Visit on September 18, 2024. Retrieved from online: <https://www.rivier.edu/academics/blog-posts/talking-it-out-improving-nurse-physician-communication/>
- Vatn, L. &. (2022). Interprofessional collaboration between nurses and doctors for treating patients in surgical wards. *Journal of Interprofessional Care*, 36(2), 186-194.
- Webster., M. (2023). Physician noun.: Visit on September 18, 2024, online: <https://www.merriam-webster.com/dictionary/physician>.

## Appendices

### Appendix A: Sample Size Calculator

#### Result

Sample size: **201**

This means 201 or more measurements/surveys are needed to have a confidence level of 95% that the real value is within  $\pm 5\%$  of the measured/surveyed value.

Confidence Level: (?)

95%



Margin of Error: (?)

5

%

Population Proportion: (?)

50

%

Use 50% if not sure

Population Size: (?)

420

Leave blank if unlimited population size.

Calculate



Clear

**Appendix B: Questionnaire****Nurses' Perception Regarding the Quality of Communication between Nurses, Physicians and Managers in Palestine Medical Complex in West Bank**

Dear Employee

Good greeting

The researcher is conducting a field study entitled Nurses' Perception of the Quality of Communication between Nurses, Doctors and Managers in the Palestine Medical Complex in the West Bank, in order to complete the requirements for obtaining a master's degree from the Faculty of Graduate Studies specializing in quality. Management of a health association at the Arab American University.

Therefore, I ask you to answer all the aforementioned paragraphs with all sincerity, objectivity and honesty, knowing that the information will be in complete confidentiality and will not be used except for the purpose of scientific research, so I hope to respond to it from your point of view.

**Do you agree to participate in the study?**

1. Yes
2. No

**Gender**

1. Male
2. Female

**Age**

1. <30
2. 30–35
3. ≥36

**Education level**

1. Diploma
2. Bachelor
3. Master

4. Ph.D.

**Years of Experience**

1. 1–5 years
2. 6-10
3. More than 10 years

**Job position**

1. Nurse
2. Head nurse
3. Nursing Supervisor

**Marital status**

1. Single
2. Married
3. Divorced

**Working hours**

1. Less or equal 8 hours
2. More or equal 9 hours

<b>Mutual Understanding</b>	<b>Never</b>	<b>Rare</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
Nurses' difficulties in understanding what physicians mean					
Physicians' difficulties in understanding what nurse's means					
manager's difficulties in understanding what nurses and physician's means					

<b>Openness</b>	<b>Never</b>	<b>Rare</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
Difficult or easy talking openly with physicians					
Receiving correct information or advice from physicians					
Managers encourage doctors to listen to nurses					
Communication openness between nurses, physicians and managers.					
Open communication between nurses, physicians, and managers is essential to providing quality care					

<b>Frustration with Interaction</b>	<b>Never</b>	<b>Rare</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
Feeling angry after interaction with physicians and managers.					
Feeling frustrated after interaction with physicians and managers					
Feeling misunderstood after interaction with physicians and managers					
Feeling dissatisfied after interaction with physicians and managers					

<b>Relevance and Satisfaction</b>	<b>Never</b>	<b>Rare</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
Feeling respected after interaction with physicians and managers					
Feeling pleased after interaction with physicians and managers					
Feeling satisfied after interaction with physicians and managers					

Level of understanding between nurses and physicians and managers					
Difficulty or easy to ask physicians for advice and managers					
Joyfulness of talking to physicians and managers					
Relevance of information provided by physicians and managers					

During their education, the administration involves medical and nursing students in teamwork to understand their respective roles.				
The professional relationship between managers, physicians, and nurses should be included in their educational program.				
Nurses should be viewed as collaborative partners with physicians and managers, not just assistants				
There are many overlapping areas of responsibility between physicians, nurses, and managers				
Managers train physicians to establish collaborative relationships with nurses				
Managers should facilitate the contribution of physicians and nurses in the hospital discharge process for patients.				
Managers should also help nurses to have the responsibility to monitor the effects of medical treatment.				
Nurses are qualified to assess and respond to the physiological aspects of patients' needs.				

The administration engages nurses in decision-making about their working conditions				
Nurses have specialized expertise in patient education and physiological counseling				
Nurses should work with administration to ensure that physicians' orders are safe for patients				
Nurses should collaborate with administration in making decisions regarding hospital support services upon which their work depends				
Nurses should be accountable to patients for the nursing care they provide				
Managers should reinforce the authority of doctors to be the dominant authority on all health care matters.				

### Appendix C: Expert's Name

Expert's Name	Specialization	Place of Job
Dr. Rebhi Bsharat	PHD in Nursing	Dean of Modern University College
Dr. Mustafa Abu-Hannoud	PHD in Nursing	Lecturer in Modern University College

## Appendix D: IRB Approval Letter

Arab American University- Palestine  
Deanship of Scientific Research  
IRB committee  
Tel: 04-241-8888, ext 1196  
E-mail: [irb.aaup@aaup.edu](mailto:irb.aaup@aaup.edu)



الجامعة العربية الأمريكية - فلسطين  
عمادة البحث العلمي  
لجنة أخلاقيات البحث العلمي  
تلفون: ext 04-241-8888 1196  
البريد الإلكتروني: [irb.aaup@aaup.edu](mailto:irb.aaup@aaup.edu)

### IRB Approval Letter

**Study Title: "Nurses' Perception Regarding the Quality of Communication between Nurses, Physicians and managers in Palestine medical complex in west bank"**

**Submitted by: Hanaa Shaher Jarrar**

**Date received:** 24 July 2023  
**Date reviewed:** 17<sup>th</sup> September 2023  
**Date approved:** 05<sup>th</sup> October 2023

Your Study titled "Nurses' Perception Regarding the Quality of Communication between Nurses, Physicians and managers in Palestine medical complex in west bank" with archived number 2023/A/149/N was reviewed by the Arab American University IRB committee and was approved on the 05<sup>th</sup> October 2023.

Ahmad Ayed, PhD  
IRB Committee Member  
Arab American University of  
Palestine

Sajed Ghawadra, PhD  
IRB Committee Vice-chairman  
Arab American University of  
Palestine

Reham Khalaf-Nazzal, MD,  
PhD  
IRB Committee Chairman  
Arab American University of  
Palestine

#### General Conditions:

1. Valid for 6 months from the date of approval.
2. It is important to inform the committee with any modification of the approved study protocol.
3. The committee appreciates a copy of the research when accomplished.



لجنة أخلاقيات البحث العلمي في الجامعة العربية الأمريكية

IRB at Arab American University

## Appendix E: Research facilitation

<p>State of Palestine Ministry of Health Education in Health and Scientific Research Unit</p>		<p>دولة فلسطين وزارة الصحة وحدة التعليم الصحي والبحث العلمي</p>
<p>Ref.: .....</p> <p>Date: .....</p>		<p>الرقم: ٢٠٢١/١٠٠٠/٢٠٢١ التاريخ: ٢٠٢١/١٠/٢٠٢١</p>
<p>عطوفة الوكيل المساعد لمجمع فلسطين الطبي المحترم،،، تحية واحترام،،،</p> <p><u>الموضوع: تسهيل مهمة بحث</u></p>		
<p>يرجى تسهيل مهمة الطالبة: هناء شاهر محمد جرار - ماجستير ادارة الجودة في المؤسسات الصحية- الجامعة العربية الامريكية، بعنوان:</p> <p>"Nurses' Perception Regarding the Quality of Communication between Nurses, Physicians and managers in Palestine medical complex in west bank"</p> <p>حيث ستقوم الطالبة بجمع معلومات عن طريق تعبئة استبانة الدراسة من قبل العاملين (بعد اخذ موافقتهم)، وذلك في:</p> <p style="text-align: center;">- مجمع فلسطين الطبي</p> <p>مع العلم ان مشرف الدراسة: د. هلا اللبيدي.</p> <p>على ان يتم الالتزام بالمحافظة على اخلاقيات البحث العلمي وسرية المعلومات، وعدم التعرض للمعلومات التعريفية للمشاركين.</p> <p>على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر لحين الحصول على موافقة وزارة الصحة.</p> <p style="text-align: center;">مع الاحترام،،،</p> <p style="text-align: center;">د. عبد الله القواسمي رئيس وحدة التعليم الصحي والبحث العلمي</p> <p style="text-align: right;">نسخة: مشرف الدراسة المحترم/ الجامعة العربية الامريكية</p>		
<p>Telfax.:09-2333901</p>	<p>scientificresearch.dep@gmail.com</p>	<p>تلفاكس: 09-2333901</p>

## الملخص

الخلفية النظرية: يعد التواصل الفعال جانباً أساسياً في تقديم الرعاية الصحية في المستشفيات الفلسطينية في الضفة الغربية، بما في ذلك مجمع فلسطين الطبي. فهو يضمن التنسيق السلس وسلامة المرضى والعمل الجماعي الفعال. في مجال الرعاية الصحية، يتم التواصل بين مختلف أصحاب المصلحة في المجمع، بما في ذلك التمريض والأطباء والمديرين. يلعب التمريض، على وجه الخصوص، دوراً حاسماً في رعاية المرضى وغالباً ما يكونون في قلب عمليات تبادل الاتصالات. من المهم فهم تصورات التمريض فيما يتعلق بجودة التواصل بين الممرضات والأطباء والمديرين لتحديد الفجوات والتحديات والفرص المحتملة للتحسين. فجاءت هذه الدراسة لتضيف بيانات جديدة ومهمة ومعلومات مفيدة ولتكون مرجعاً إضافياً للجهات المتخصصة والباحثين في مجال الصحة كونها تبحث في جودة التواصل بين التمريض والأطباء والمديرين في مجمع فلسطين الطبي.

هدف الدراسة: هدفت هذه الدراسة إلى استكشاف تصورات الممرضين والممرضات فيما يتعلق بجودة التواصل بين الممرضين والأطباء والمديرين في مجمع فلسطين الطبي في الضفة الغربية.

المنهجية: تم اعتماد تصميم دراسة تحليلية وصفية مستعرضة. تم تطبيق استبيان على عينة طبقية عشوائية مكونة من 202 ممرض، من بينهم أربعة مشرفين تمريض، وعشرة رؤساء تمريض، و188 ممرض وممرضة.

النتائج: أظهرت غالبية التمريض (88.1%) مستوى متوسط في إدراك الفهم المتبادل، بمتوسط درجات (8.401 ± 1.556). متوازن إلى حد ما بين مستوى الانفتاح المتوسط (46.0%) والمستوى المرتفع (48.5%)، بمتوسط درجات (2.907 ± 17.144). صرّح 81.2% من الأشخاص عن شعورهم بإحباط متوسط تجاه التفاعلات، بمتوسط درجة (2.390 ± 11.535). غالباً ما شعر غالبية المشاركين بالاحترام (53.5%) والرضا (54%) في تفاعلاتهم مع الأطباء والمديرين ولكن نادراً ما شعروا بالسعادة (55.9%). في حين أفاد 78.7% عن مستوى معين من التفاهم مع الأطباء والمديرين، ووجد 78.2% أنه من السهل إلى حد ما طلب مشورتهم، فإن 15% نادراً ما استمتعوا بهذه التفاعلات أو لم يستمتعوا بها على الإطلاق. غالبية المستجيبين (89.6%) لديهم تصور متوسط لجودة التواصل بين التمريض والأطباء والمديرين في مجمع فلسطين الطبي في الضفة الغربية بمتوسط درجة (103.545)

±12.458)، في حين أن 5.9% فقط لديهم تصور مرتفع بشكل عام. وفي حالة الإحباط من التفاعل، كانت هناك فروق ذات دلالة إحصائية في متوسطات الدرجات فيما يتعلق بالجنس لصالح الممرضات ( $p = 0.011$ ). وفيما يتعلق بالمستوى التعليمي فقد وجد فرق ذو دلالة إحصائية ( $p = 0.012$ ) في الانفتاح لصالح أولئك الذين كانوا من حملة الدبلوم والبيكالوريوس. وكان للتعليم الأثر الأكبر على جودة التواصل، وخاصة على الانفتاح والإدراك العام. كما كان للخبرة والجنس تأثيرات طفيفة، خاصة على التفاهم المتبادل والانزعاج من التفاعل. من ناحية أخرى، كان للعوامل الديموغرافية الأخرى، بما في ذلك العمر والحالة الاجتماعية والمنصب الوظيفي، تأثيرات طفيفة نسبيًا، في حين لم يكن لساعات العمل أي تأثير على الإطلاق.

الاستنتاج: تقدم هذه الدراسة رؤية مهمة حول تصورات التمريض ورؤساء الممرضات ومشرفي التمريض فيما يتعلق بجودة التواصل مع الأطباء والمديرين في مجمع فلسطين الطبي، الضفة الغربية. تشير النتائج إلى أنه على الرغم من أن التواصل العام يُنظر إليه على أنه مُرضٍ إلى حد ما، حيث تتراوح معظم الدرجات بين 60% و80%، إلا أن هناك اختلافات ملحوظة في الإدراك عبر الأدوار المهنية.

الكلمات المفتاحية: الإدراك، الإدارة، الأطباء، التمريض، جودة الاتصال