

Interpersonal Communication within the Healthcare System in the Republic of Croatia

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Abstract

The effective functioning of the healthcare system and the quality of care provision are closely linked to the level of professional communication at all levels. Digital transformation alters business processes and communication protocols, representing both progress and challenge. Alongside medical knowledge and skills, interpersonal communication - between healthcare staff and patients as well as among staff - remains a core component of successful treatment. Professional communication builds trust, enables teamwork, and contributes to improved treatment outcomes. This study aimed to assess the current state of interpersonal communication in the healthcare system and the need for additional communication education among healthcare staff. The results revealed differences in the application of communication processes and varying educational needs. The study contributes guidelines for redesigning and continuously implementing communication education in healthcare, in order to adapt to evolving communication protocols driven by digitalization and other system transformations, and to support ongoing improvements in work processes and quality of care.

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Introduction

The healthcare system is a complex network of institutions, people, resources, and activities aimed to preserve and improve public health through prevention, diagnosis, treatment, rehabilitation and the promotion of healthy lifestyles. Beyond scientific advancements, technological progress and professional competence, healthcare also heavily relies on interpersonal communication. Marojević Glibo and Topić Stipić (2019) note that many scholars view communication as a functionally essential prerequisite for any social system and a fundamental social process. Communication is a key element of human understanding, cooperation and overall functioning in society including within the healthcare system.

With the improvement of digital transformation, the way the healthcare system operates has changed. Electronic medical records, virtual consultations, apps for scheduling and tracking therapy and real-time data exchange between healthcare institutions accelerate processes but they also introduce new communication challenges. Personal interactions are increasingly replaced by digital interfaces, which can lead to detachment, reduced empathy and difficulties especially for older stakeholders, whether they are staff or patients. In today's environment where efficiency, speed and digitalization are emphasized, interpersonal communication becomes vital to maintaining humanity within the healthcare system particularly in providing individualized care. It is the foundation of understanding, cooperation and trust, all of which are essential for successful treatment.

Effective healthcare and quality care delivery depend on the level of professional communication within each healthcare institution and across all segments of the system. Daily communication occurs between healthcare professionals and patients including their families or accompaniments, among members of the healthcare team, between management and staff and between healthcare institutions and external partners. If communication at any of these levels is unclear, incomplete, untimely or inappropriate, it can result in serious consequences for individual and public health, as well as a loss of trust in the healthcare system.

The most sensitive level of communication is between healthcare providers and patients. When doctors approach patients with attention, understanding and patience, patients feel safer, more relaxed and more willing to engage in treatment. Good communication reduces anxiety, builds trust and helps patients express their needs, concerns and expectations. Likewise, nurses who communicate openly and clearly are often seen as a crucial source of support and emotional stability. Đorđević and Braš (2011) concluded that doctor-patient communication is the most important skill in medical practice, essential for diagnosis, treatment and building patient relationships. Studies show that communication and the doctor to patient relationship significantly impact patient care, treatment outcomes, satisfaction, cooperation, clinical results, quality of life, patient safety, teamwork, cultural sensitivity and the number of complaints about doctor work. In short, effective communication between healthcare providers and patients is one of the most important factors in achieving better health outcomes (Camasin et al., 2023).

In addition to communicating with patients, communication among healthcare staff is also crucial. While teamwork implies equality among members, it does not exclude the professional hierarchy that keep from responsibility and is necessary for effective team performance. Each team member must know their tasks, duties and capabilities. This clarity strengthens the team's efficiency and supports its core mission is delivering safe and high-quality healthcare services (Ležaić, 2020). Without clear and effective information exchange, misunderstandings, duplicated efforts or treatment errors may occur. Teamwork cannot succeed without strong communication that

ensures coordination, precision, and adaptability to unexpected situations. Gongola and Vuković (2023) refer to research showing that poor communication among healthcare workers is a leading cause of medical errors and patient harm. Ležaić (2020) also points out that patients often perceive ineffective communication within healthcare teams.

Communication between healthcare facility management and staff must not be overlooked. In large systems like hospitals, where decisions are made daily that directly affect working conditions, protocols and care quality, transparent, two-way communication is key to effective operations. While information exchange between management and staff is a basic factor in achieving organizational goals, few studies have researched internal communication as a core management function in hospitals. Rezaee et al. (2022) found that raising awareness, motivating, and engaging staff, fostering flexibility and providing performance feedback are becoming increasingly important aspects of internal communication. When management clearly and promptly communicates plans, changes, goals and expectations it reduces employee uncertainty and frustration. Even more important is enabling staff to share their opinions, offer suggestions and raise concerns without fear of repercussions.

It's important to note that communication is not an inborn skill but one that must be learned, developed, and continually refined. Although healthcare professionals may gain basic communication knowledge during their education, everyday practice presents many situations that require advanced skills, such as talking with terminally ill patients, people with mental health issues or grieving family members and resolving internal team conflicts. There is a constant need for improvement through basic and ongoing communication training, especially for medical staff. Better training creates healthcare workers who listen attentively and communicate clearly with their patients (Azizam & Shamsuddin, 2015).

Zumberi (2024) emphasizes that communication management requires a comprehensive approach that includes education, support, feedback, and technology. Healthcare institutions must continuously invest in developing their employee's communication skills to ensure safe, high-quality and compassionate patient care. By implementing these strategies, healthcare workers can significantly improve their communication abilities which positively affects patient experience and the systems overall efficiency. Communication training in healthcare should be the norm, not the exception. Investing in these skills proceeds numerous benefits: increased patient satisfaction, fewer complaints, more effective teamwork, improved staff well-being and better interpersonal relationships within the institution.

The aim of the research was to analyse how satisfied healthcare system stakeholders are with the current state of communication processes in healthcare and to assess the need for further staff education in communication. A key contribution of this study is that the results were used to develop guidelines for ongoing education and training of healthcare employees.

Methodology

The research was conducted among employees of the Clinical Hospital Center Split through an anonymous survey created and distributed online Google Forms. The survey was sent to employee's official email addresses and was available for completion from June 20 to July 30, 2025. For security reasons, access to the survey was restricted to hospital computers only.

The questionnaire consisted of five sections. Participants were asked to provide general and demographic information. The following sections explored their satisfaction with communication between management and staff, among colleagues within teams and between staff and patients. The final section focused on participants education and training in communication.

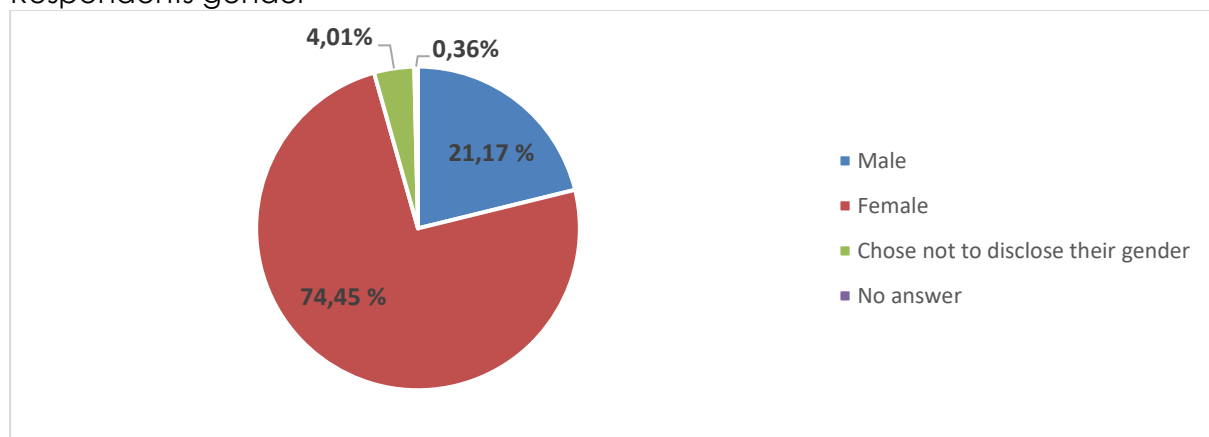
Respondents answered most questions using a Likert scale (Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree), except for the first section and part of the fifth section, where they could provide input on the formats and topics of professional communication training, they believed would be most useful in their healthcare institution.

The survey data were analysed using descriptive statistical methods with percentages calculated for various variables.

Results

274 employees completed the survey (Figure 1). Among them, 204 were women (74.45%) and 58 were men (21.17%). Eleven participants (4.01%) chose not to disclose their gender, while one participant (0.36%) did not select any response.

Figure 1
Respondents gender

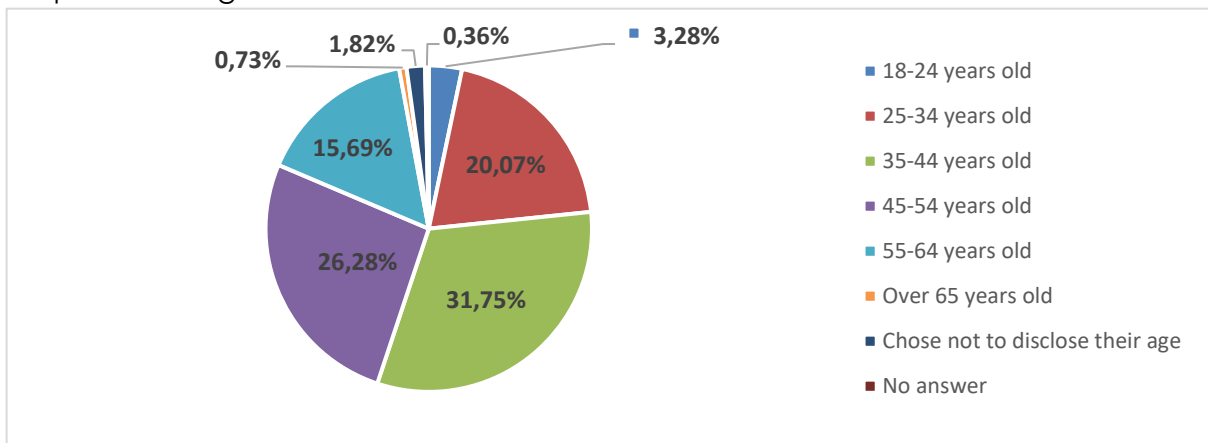


Note: Authors' illustration

Among the respondents, the largest age group was 35 to 44 years, with 87 participants (31.75%), as presented in Figure 2. This was followed by 72 participants (26.28%) aged 45 to 54. A total of 55 respondents (20.07%) were between 25 and 34 years old, while 43 (15.69%) were between 55 and 64.

Nine participants (3.28%) were aged 18 to 24 and only two (0.73%) were over 65. Five respondents (1.82%) chose not to disclose their age and one person (0.36%) did not answer this question.

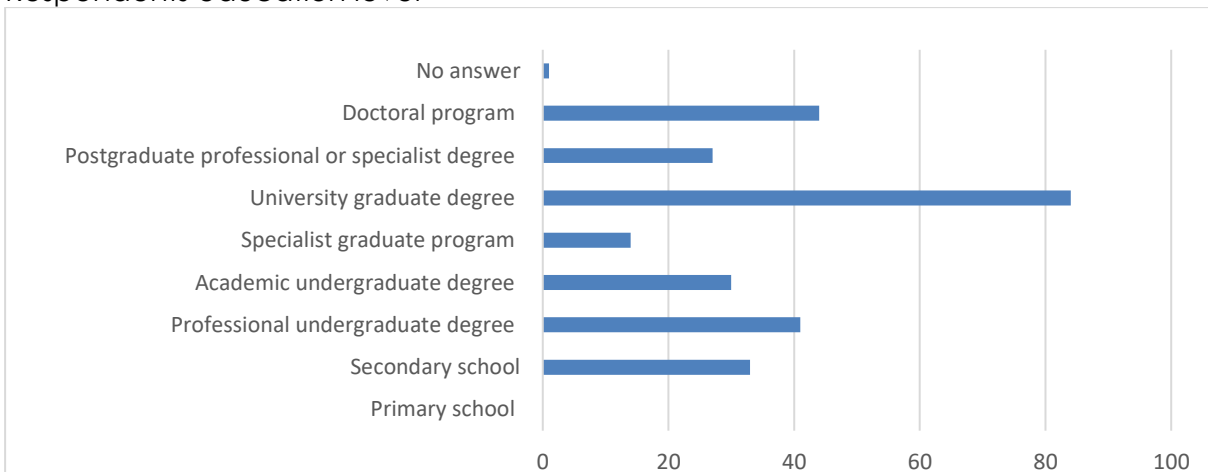
Figure 2
Respondents age



Note: Authors' illustration

None of the respondents had completed only primary school, as presented in Figure 3. A total of 33 participants (12.04%) had completed secondary school. Forty-one respondents (14.96%) held a professional undergraduate degree (professional bachelor), while 30 (10.95%) had completed an academic undergraduate degree (university bachelor). Fourteen respondents (5.11%) had completed a specialist graduate program (master's degree) and 84 (30.66%) had a university graduate degree (university master's). Twenty-seven participants (9.85%) held a postgraduate professional or specialist degree (master/specialist) and 44 (16.06%) had completed a doctoral program (PhD). One respondent (0.36%) did not answer this question.

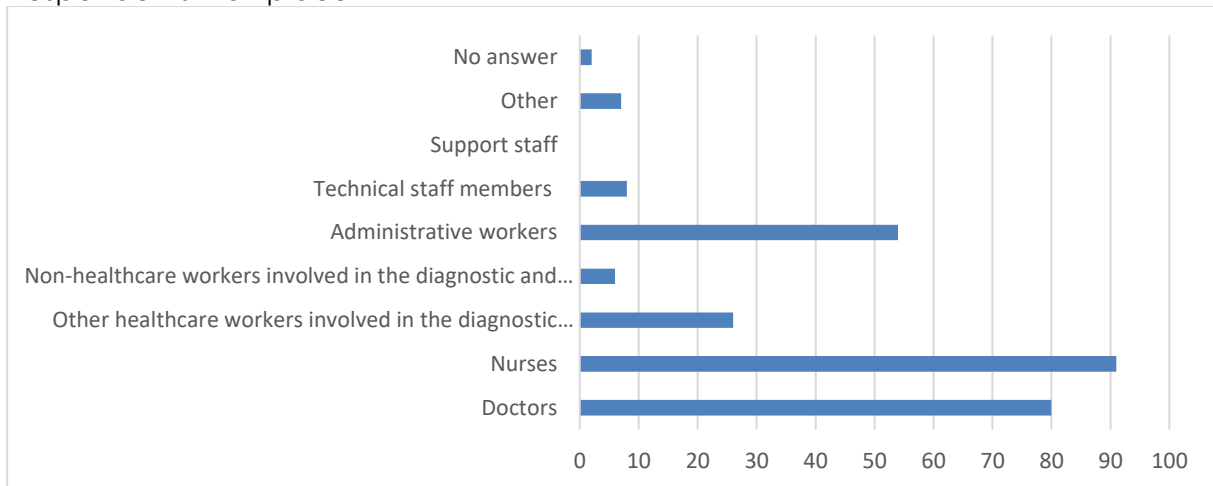
Figure 3
Respondents education level



Note: Authors' illustration

The survey included 80 doctors (29.20%), 91 nurses (33.21%), 26 other healthcare workers involved in the diagnostic and treatment process (9.49%), 6 non-healthcare workers involved in the diagnostic and treatment process (2.19%), 54 administrative workers (19.71%), 8 technical staff members (2.92%) and 7 workers (2.55%) who categorized themselves as "other." Two respondents (0.73%) did not provide an answer (Figure 4).

Figure 4
Respondents workplace



Note: Authors' illustration

Satisfaction with communication between management and employees

Respondents expressed their agreement with the statement: "I am satisfied with the quality of communication between management and employees in the institution where I am employed." The statement was completely agreed upon by 37 respondents (13.50%), agreed by 60 respondents (21.90%), neither agreed nor disagreed by 64 respondents (23.36%), disagreed by 80 respondents (29.20%) and completely disagreed by 30 respondents (10.95%). Three respondents (1.09%) did not provide an answer (Figure 5).

Figure 5
Satisfaction with communication between management and employees



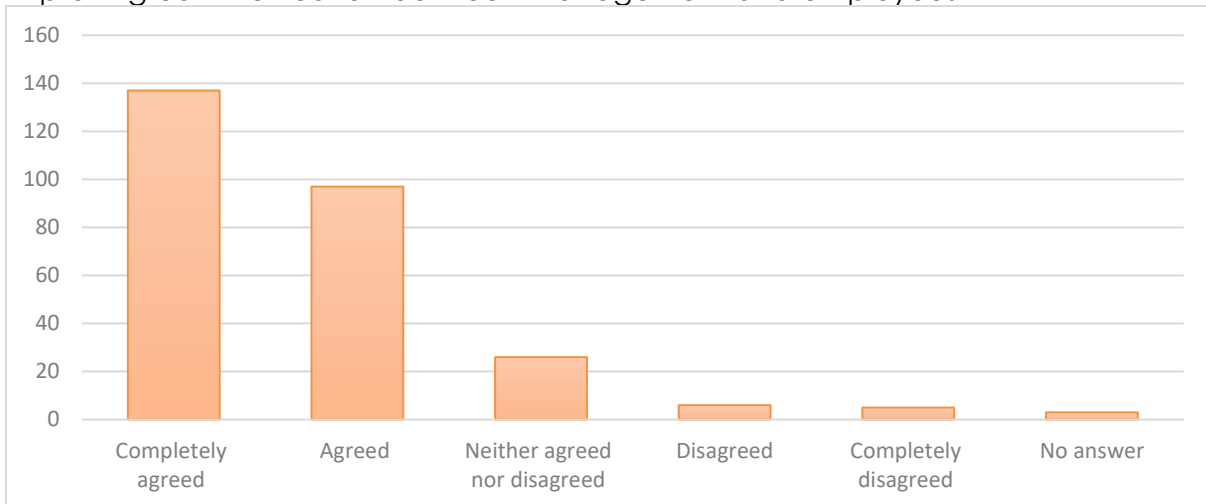
Note: Authors' illustration

Respondents also expressed their agreement with the statement: "Improving communication between management and employees would positively affect the work atmosphere and efficiency within the institution." A total of 137 respondents (50.00%) completely agrees with this statement, while 97 respondents (35.40%) agree.

Twenty-six respondents (9.49%) neither agree nor disagree, 6 respondents (2.19%) disagree and 5 respondents (1.82%) completely disagree. There were 3 respondents (1.09%) who did not provide an answer (Figure 6).

Figure 6

Improving communication between management and employees



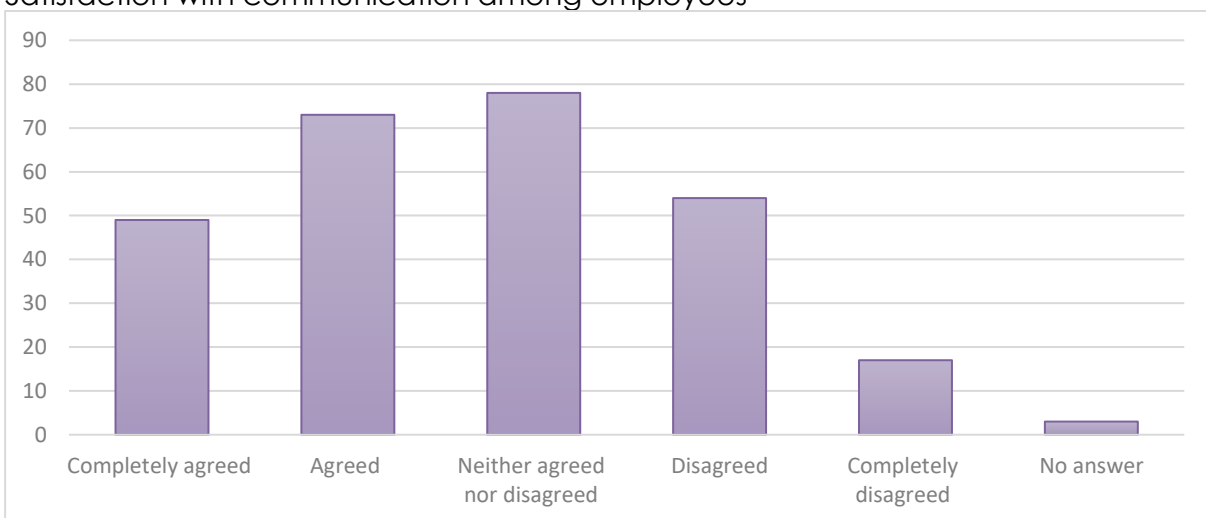
Note: Authors' illustration

Satisfaction with communication among employees

The respondents expressed their level of agreement with the following statement: "I am satisfied with the quality of communication among colleagues in the clinic, institute, department or service to which I belong." A total of 49 respondents (17.88%) completely agreed with the statement, 73 respondents (26.64%) agreed, 78 respondents (28.47%) neither agreed nor disagreed, 54 respondents (19.71%) disagreed, and 17 respondents (6.20%) completely disagreed. Three respondents (1.09%) did not answer the question (Figure 7).

Figure 7

Satisfaction with communication among employees

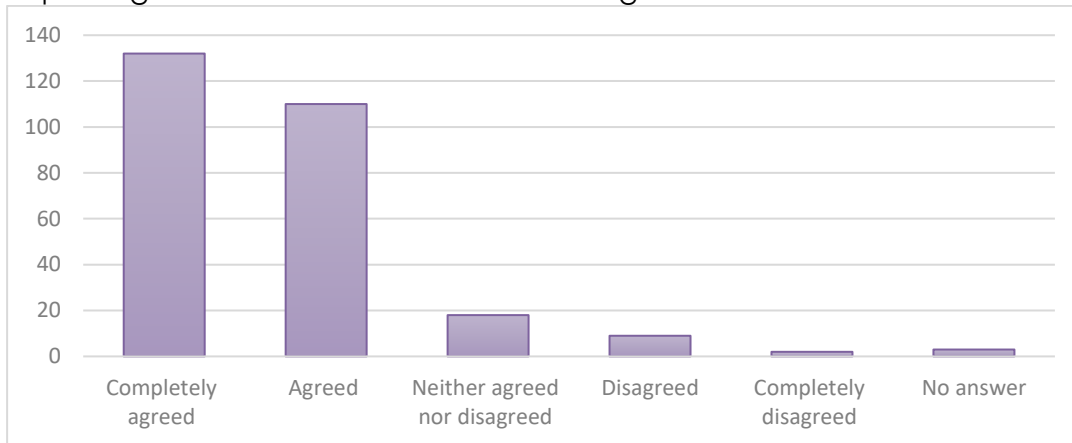


Note: Authors' illustration

Respondents also expressed their level of agreement with the following statement: "Improving communication between colleagues would have a positive impact on the

working atmosphere and the efficiency of the clinic, institute, department or service to which I belong." A total of 132 respondents (48.18%) completely agreed with the statement, 110 respondents (40.15%) agreed, 18 respondents (6.57%) neither agreed nor disagreed, 9 respondents (3.28%) disagreed, and 2 respondents (0.73%) completely disagreed. Three respondents (1.09%) did not provide an answer (Figure 8).

Figure 8
Improving communication between colleagues



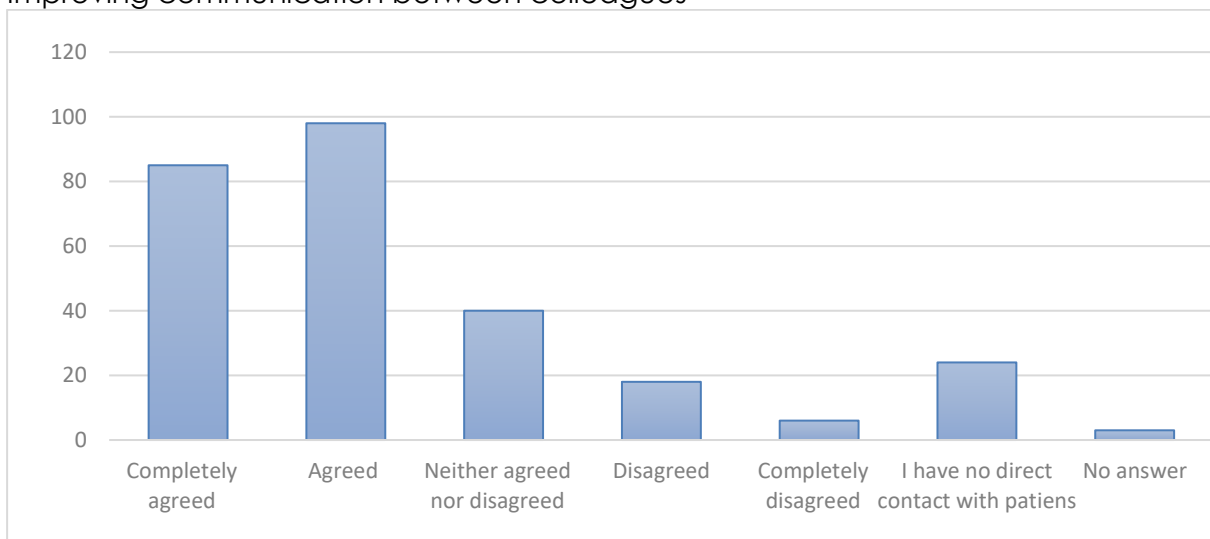
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Authors' illustration

Satisfaction with communication between employees and patients

Respondents expressed their level of agreement with the following statement: "I am satisfied with the quality of communication between myself as an employee and the patients." A total of 85 respondents (31.02%) completely agreed with the statement, 98 respondents (35.77%) agreed, 40 respondents (14.60%) neither agreed nor disagreed, 18 respondents (6.57%) disagreed, and 6 respondents (2.19%) completely disagreed. Additionally, 24 respondents (8.76%) reported having no direct contact with patients and 3 respondents (1.09%) did not provide an answer (Figure 9).

Figure 9
Improving communication between colleagues

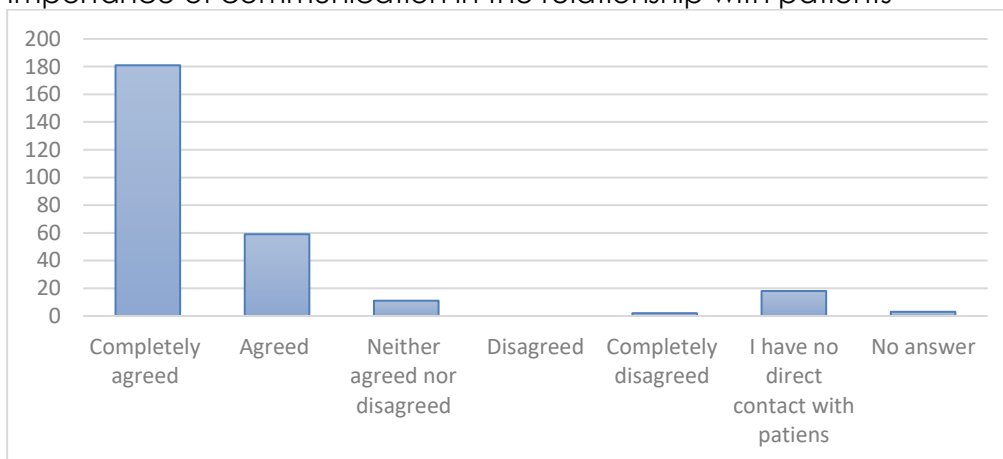


Note: Authors' illustration

Importance of communication in the relationship with patients

Respondents also expressed their level of agreement with the following statement: "I believe that quality communication is important for the relationship with patients and affects patients' satisfaction with their treatment experience." A total of 181 respondents (66.06%) completely agreed with the statement, 59 respondents (21.53%) agreed and 11 respondents (4.01%) neither agreed nor disagreed. No respondents disagreed, while 2 respondents (0.73%) completely disagreed. Additionally, 18 respondents (6.57%) reported having no direct contact with patients, and 3 respondents (1.09%) did not provide an answer (Figure 10).

Figure 10
Importance of communication in the relationship with patients

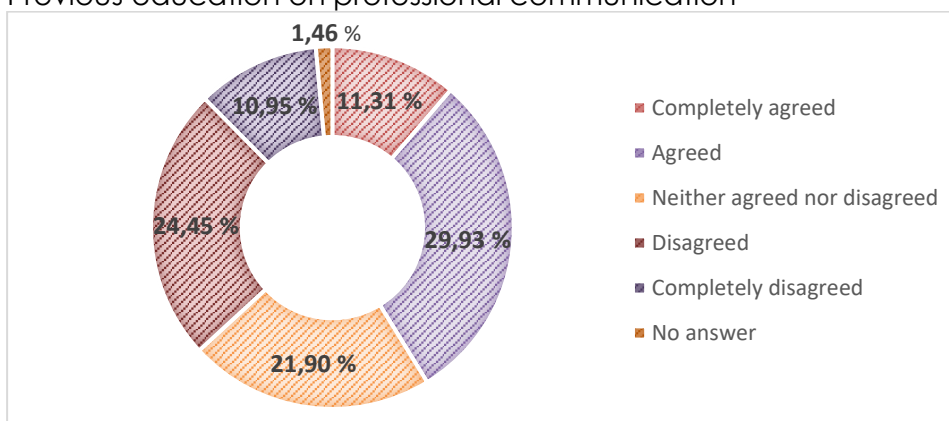


Note: Authors' illustration

Education and training in the field of communication

Respondents were also asked to express their views on additional training in professional communication in healthcare. Regarding the statement: "Through my previous education (formal and/or informal), I have been provided with sufficient knowledge about professional communication in the healthcare sector," the responses were as follows: 31 respondents (11.31%) completely agreed, 82 (29.93%) agreed, 60 (21.90%) neither agreed nor disagreed, 67 (24.45%) disagreed and 30 (10.95%) completely disagreed. Four respondents (1.46%) did not provide an answer (Figure 11).

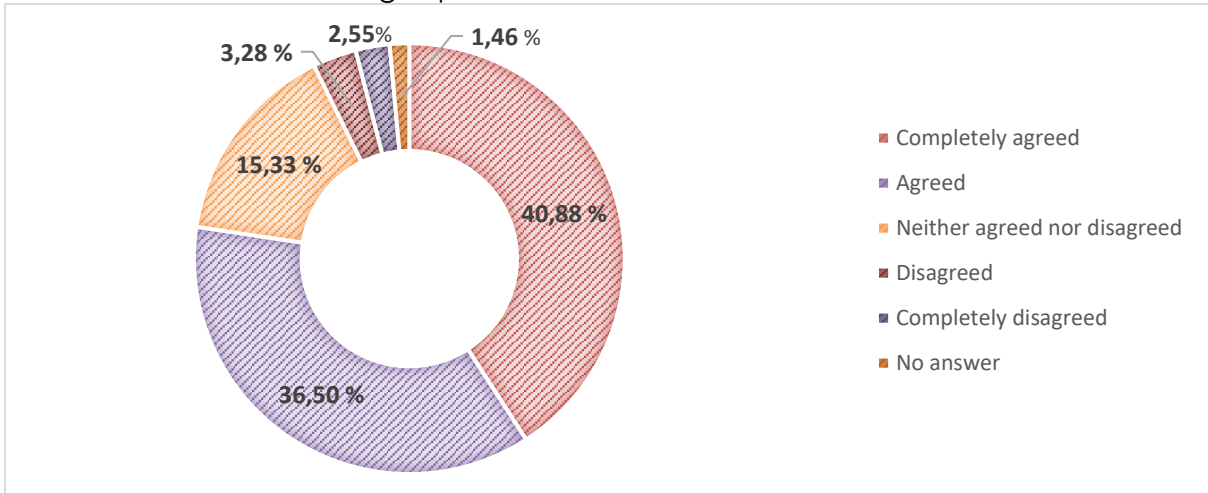
Figure 11
Previous education on professional communication



Note: Authors' illustration

Regarding the statement: "Training in professional communication in the institution where I am employed would be useful" 112 respondents (40.88%) completely agreed, 100 respondents (36.50%) agreed, 42 respondents (15.33%) neither agreed nor disagreed, 9 respondents (3.28%) disagreed and 7 respondents (2.55%) completely disagreed. Four respondents (1.46%) did not provide an answer (Figure 12).

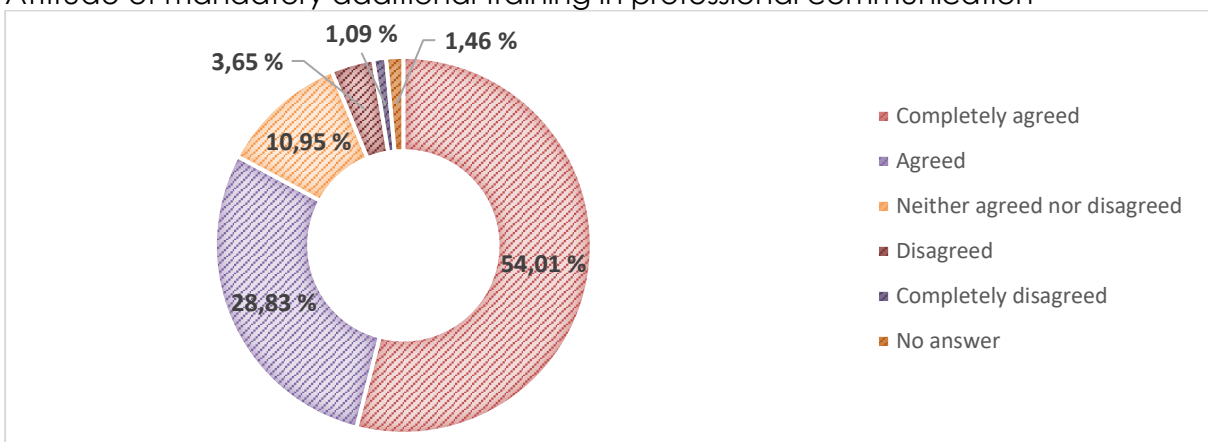
Figure 12
Need for additional training in professional communication



Note: Authors' illustration

A total of 148 respondents (54.01%) completely agreed that training in professional communication in healthcare should be mandatory for all employees. An additional 79 respondents (28.83%) agreed, 30 respondents (10.95%) neither agreed nor disagreed, 10 respondents (3.65%) disagreed, and 3 respondents (1.09%) completely disagreed. Four respondents (1.46%) did not provide an answer (Figure 13).

Figure 13
Attitude of mandatory additional training in professional communication



Note: Authors' illustration

Respondents were given the opportunity to select all communication areas they believed should be addressed through training and workshops on professional communication. The following options were offered: introduction to communication for new employees, interpersonal communication within a team, conflict prevention and resolution, communication with aggressive patients, communication with patients

in stress or pain, communication in palliative care, communication with particularly vulnerable patients (such as oncology patients, people with disabilities, pregnant women, etc.), how to deliver bad diagnoses, digital and telephone communication with patients, communication with patients families and an other" category where they could suggest additional topics. The results are presented in Table 1.

Table 1

Topics that should be covered through training and workshops

Topics	Number of Respondents	Percentage
Introduction to communication for new employees	182	10,17%
Interpersonal communication within a team	242	13,53%
Conflict prevention and resolution	217	12,13%
Communication with aggressive patients	184	10,29%
Communication with patients in stress or pain	163	9,11%
Communication in palliative care	142	7,94%
Communication with particularly vulnerable patients (such as oncology patients, people with disabilities, pregnant women, etc.)	174	9,73%
How to deliver bad diagnoses	162	9,06%
Digital and telephone communication with patients	136	7,60%
Communication with patients families	165	9,22%
Other	22	1,23%

Source: Authors' work

Under "Other," respondents listed the following suggestions: business code of conduct; how to adapt to and recover from stressful and traumatic situations; emphasizing, through training, the appropriate level and style of communication according to one's position, job description and responsibilities rather than communicating every topic at all levels (emphasis on communication in management); communication with deaf/deaf-mute patients; communication from head nurses toward other nurses; communication with the media.

Discussion

This research provided insight into the satisfaction of employees at the University Hospital Centre Split regarding communication within the institution in which they are employed, as well as their opinion on the need for additional education in the field of professional communication.

Most respondents are not satisfied with the quality of communication between management and employees and believe that improving this communication would positively affect the work atmosphere and efficiency within the institution. As previously mentioned, this segment of communication within the institution is essential for achieving organizational goals, as clear information delivery to employees, timely feedback and involving employees in dialogue reduce dissatisfaction and increase employee engagement. Therefore, the results presented to the management of UHC Split will certainly prompt a reevaluation of existing communication patterns.

It was emphasized that effective team communication is crucial for preventing misunderstandings and errors that can endanger patients and good cooperation and information exchange among healthcare system employees enable safe, high-quality and coordinated care focused on patient needs. This study showed that, regarding communication between employees, i.e., team communication, most respondents chose the neutral option, meaning they did not express a clear opinion about satisfaction with communication quality among colleagues in their clinic, institute, department or service. However, a good portion of them are satisfied with this communication aspect and a large percentage believe that improving colleague-to-colleague communication would positively influence the working atmosphere and effectiveness of the clinic, institute, department or service they belong to.

Interestingly, most employees are satisfied with the quality of communication between themselves and patients and almost all agree that high-quality communication is important for the patient relationship and affects patient satisfaction with their treatment experience. These results are encouraging, considering that good communication between patients and employees, especially healthcare staff is of significant importance for achieving better health outcomes as it positively impacts compliance, treatment satisfaction, patient safety, clinical results and overall quality of care.

Daily work in the healthcare system presents various situations requiring well-practiced communication skills that must be learned, developed and constantly improved. The research showed that most respondents believe that their formal and/or informal education has provided them with sufficient knowledge of professional communication in the healthcare sector, but that additional training in professional communication within their workplace would still be useful. They also believe that such training should be mandatory for all hospital staff. Furthermore, they expressed the greatest need for training in interpersonal team communication, conflict prevention and resolution, communication with aggressive patients and introductory communication training for new employees.

Although this research provided valuable insight into the topic, it is important to point out certain limitations that can undoubtedly affect the interpretation of the results and their broader applicability. The study was conducted on a sample of 274 employees of UHC Split. Although this number allows for a certain level of representativeness, it is significantly smaller than the total number of employees at that healthcare institution, and especially compared to the overall number of healthcare workers in Croatia. Nevertheless, the data obtained are sufficient for exploring the topic and making concrete conclusions. Research conducted on a larger sample, preferably in each of the five university hospitals in Croatia (Zagreb, Sestre milosrdnice, Rijeka, Split, and Osijek), would provide a more accurate picture of satisfaction and needs in specific research segments.

Conclusion

The research results identified differences in the implementation of interpersonal communication processes among healthcare staff, as well as varying needs for additional training in the mentioned area. However, for a clearer picture of employee satisfaction within the healthcare system, the need for education in professional communication and the success of such efforts, future research should be systematic and conducted by the healthcare institutions themselves or even by the Ministry of Health. Systematic and frequent research would enable timely recognition of potential problems and a quick response from the organizations leadership.

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