

The significance of communication as a skill in the work of nurses/technicians on the example of a general hospital in the Republic of Croatia

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ABSTRACT

This paper addresses communications skills in nursing. In highlighting this aspect, the aim is to improve patient care. Communication skills affect the quality of nursing, so it is very important to be successful. The paper aims to examine attitudes among nurses regarding their communication skills in patient care and whether they believe that they need more communication training. The method adopted in this paper is a survey in the form of a questionnaire. Analyzing questionnaire responses provided insight into the current skillset of nurses and actions necessary to increase communication skills. The purpose of the research is to see gauge whether respondent age and education affects the quality of communication. After the section on research, a discussion is presented in defining activities necessary for improving communication between nurses and patients.

Keywords: age, nursing, communication skills, self-assessment, qualifications

INTRODUCTION

Communication competence

It comes from the Latin word *competentia*, meaning competence or authority. Competence is a specific type of skill, i.e., the amount of expertise to perform a job. Some authors define competence as “*a set of related traits such as knowledge, attitudes and skills that affect a major part of one's work.*” The basic elements of competences are:

- Ability (degree of experience and professional qualifications)
- Behavior (character of the person)
- Properties (motivation for work, self-confidence)

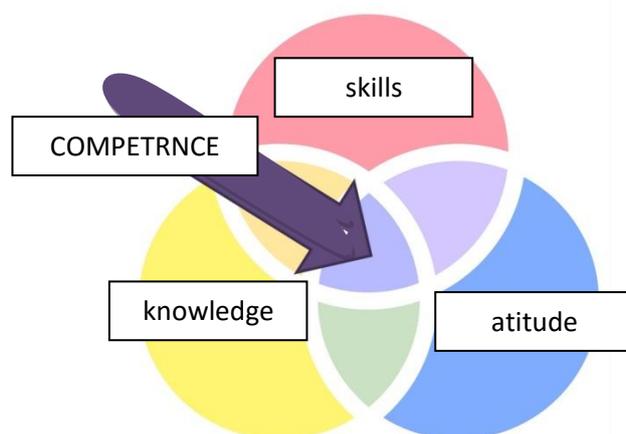


Figure 1. Elements of communication competence

Competence in people is not a constant but is always upgraded through self-improvement, receiving additional training, schooling, and independent learning. A competent person is someone who is constantly advancing their knowledge and authority. In any job, developing a model of key competencies is necessary. This specific refers to *knowledge, skills, abilities, attitudes and motivations* that employees should have in order for the organization to reach its target (Figure 1). The development of a model of key competencies aims to clearly define what is needed in order to achieve excellence in a particular job. The model of key competencies helps decision-makers decide on certain issues such as:

- Educational needs of employees,
- Facilitating assessment of employee efficiency and effectiveness,
- Unutilized talents of employees.

COMMUNICATION

Communication is a way of publicly expressing one's own thoughts, sharing thoughts with others, and influencing other people (Lucas, 2015). It relates to everyone because everyone needs to communicate with other people in our lives. In communication, there are a number of sources (Lucas, 2015), (Braš, Đorđević, 2011), (Spitzberg 2013), (Grubić, 2013) that help to avoid making a bad first impression and to overcome fear during public appearances. The topic analyzed in this paper is, among other things, the tenth edition of the book "The Art of Public Speaking" (Lucas, 2015), which in itself shows how good and generally accepted the book is in the field of media and communication. The book highlights important elements in preparing and performing a public speech and presentation. It covers the elements of a successful performance, whether giving a speech in front of a team in an office setting or a public appearance before an international conference. Moreover, the book gives a number of stories and examples of real speeches, numerous drafts of how to compose a speech, organize ideas, shape concepts, and substantiate one's own views. The book is contemporary in nature, but at the same time the author remains faithful to the traditional-stylistic dimension of the analyzed issues.

The book contains a number of practical examples and useful tips on overcoming anxiety as a universal problem among, something experienced by all speakers at all times and present in all cultures, while offering practical solutions and useful methods for building a positive attitude and self-confidence, along with a self-appraisal in adopting the proposed methods, as well as practical help.

In addition, besides the mentioned book, the paper analyzes texts concerning patient satisfaction in their communication with nurses in doctor's surgeries and family medicine clinics, and also gives the nurse a responsible approach towards patient (Krklev, 2015), (Bilajac, Sopta, 2013).

The following factors are important when communicating:

- Speech and listening,
- Communication preparation: data collection, scheduling and assembling,
- Communication performance,
- Type of communication (verbal, nonverbal).

DEVELOPMENT

Given below is a discussion as to the specific topic of the paper, the approach and statistical methods used. The results of the research are discussed later in the paper as well as additional steps needed in improving communication competence in the nursing profession.

Goal

The goal of the paper is:

- To Explore attitudes in nursing towards personal communication skills, and
- To propose measures for improving the quality of communication with patients and communication competences among nurses.

This was achieved by implementing and then analyzing a survey questionnaire which endeavored to confirm or refute the following hypotheses:

H1. There is no statistically significant difference with regard to years of service among nurses in their self-assessment of communication competence.

H2. Nurses believe that ongoing training in communication skills would improve their communication competences in working with patients.

The arithmetic mean, standard deviation for answers to unambiguous questions and the chi-square test for questions with answers shaped in the form of the Likert scale will be applied in testing the hypothesis. The greater difference between the arithmetic mean and standard deviation for unambiguous questions means that there is less probability the hypothesis will be confirmed. The chi-square test is applied for answers related to the Likert scale because the two variables are compared. As a rule, the larger the chi-square, the less justified the hypothesis, and vice versa.

RESEARCH

The research was conducted using a questionnaire for one hundred nurses with varying levels of education in order to determine the following:

- H1. There is no statistically significant difference with regard to years of work experience by nurses in self-assessment of their own communication competence.

- H2. Nurses believe that training in communication skills would improve their communication competence in working with patients.

Some of the questions seek an unambiguous answer, whereas other questions seek answers conforming to the Lickert scale. The responses will determine whether the hypotheses are confirmed or refuted. If there is a larger difference between the arithmetic mean and standard deviation, individual answers will deviate more from the arithmetic mean and the hypothesis is less likely. If the square is larger, the hypothesis is less plausible.

METHODS

The method relied on a survey questionnaire, as well as statistical analysis of the arithmetic mean, standard deviation and chi-square test.

The questionnaire consisted of twenty questions with the aim of creating a representative sample. A statistical analysis of the responses was directed to refuting or confirming the given hypotheses. The sample size was 100 respondents (58 with high school diplomas, 34 with colleges degree, 8 with university degree).

The survey was conducted online with the form given below.

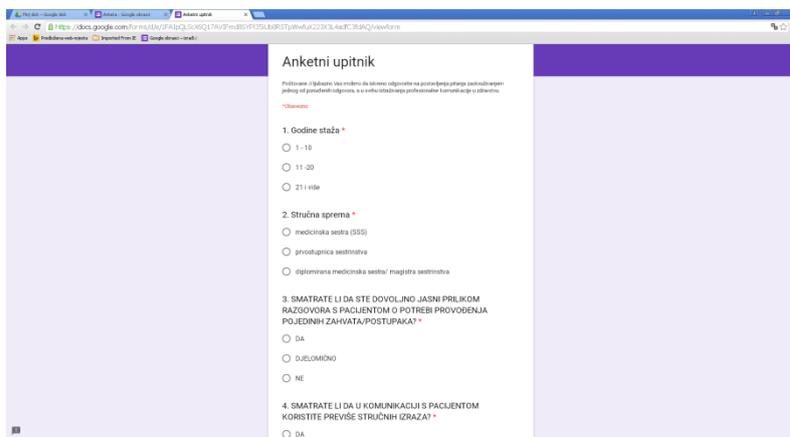


Figure 2. Example of a question in a survey

RESULTS OF THE RESEARCH AND ANALYSIS

By answering the questions, statistical analysis led to the following findings:

Table 1: Years of service, qualifications

		N	%
Years of service	1 - 10	28	28.0%
	11 -20	27	27.0%
	21 and more	45	45.0%
	In total	100	100.0%
Qualifications	Nurse	58	58.0%
	bachelor of nursing	34	34.0%
	graduate nurse / master of nursing	8	8.0%

	In total	100	100.0%
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In answering the questions, a statistical analysis provided specific findings. The data for observed *years of service*, shows that 28.0% of respondents have 1-10 years of service, 27.0% with 11-20 years of service, and 45.0% have 21 or more years of service, In terms of *education*, the results show that 58.0% of respondents are nurses (middle school diplomas), 34.0% have a bachelor's degree in nursing, and 8.0% have master 's degree in nursing.

Table 2: With which of these groups of patients does you think you do not seem to communicate very well

		N	%
Anxious-depressed	Yes	35	35.0%
	Not	65	65.0%
	In total	100	100.0%
To the mentally ill	Yes	47	47.0%
	Not	53	53.0%
	In total	100	100.0%
Drug addicts	Yes	56	56.0%
	Not	44	44.0%
	In total	100	100.0%
Elderly people with cognitive impairment	Yes	18	18.0%
	Not	82	82.0%
	In total	100	100.0%
Patients with cancer, the seriously ill, the deaf and dumb	Yes	47	47.0%
	Not	53	53.0%
	In total	100	100.0%
Which differ in ethnic, linguistic and cultural characteristics	Yes	44	44.0%
	Not	56	56.0%
	In total	100	100.0%

When asked *with which of these groups of patients does you think you do not seem to communicate very well*, it becomes clear that the largest percentage of respondents stated the group to be drug addicts (56.0%), followed by patients with cancer, the seriously ill, and deafblind (47.0%) with 47.0% stating that they are mentally ill.

Table 3: Do you think that you are clear enough when talking to patients about the need to perform certain procedures

			Years of service			In total	p *
			1 - 10	11 -20	21 and more		
Do you think that you are clear enough when talking to the patient about the need to perform certain procedures	Yes	N	19	22	33	74	0.787 th most common
		%	67.9%	81.5%	73, 3%	74.0%	
	Partially	N	8	4	11	23	
		%	28.6%	14.8%	24.4%	23.0%	
	Not	N	1	1	1	3	
		%					

		%	3.6%	3.7%	2.2%	3.0%
In total		N	28	27	45	100
		%	100.0%	100.0%	100.0%	100.0%

* Chi square test

Table 4: Do you feel that you use too many technical terms in communicating with patients?

		Years of service			In total	p *	
		1 - 10	11 -20	21 and more			
Do you find that you use too many technical terms in your communication with the patient?	Yes	N	2	0	3	0.376 th most common	
		%	7.1%	0.0%	6.7%		5.0%
	Not	N	26	27	42		95
		%	92.9%	100.0%	93.3%		95, 0%
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

Based on the test results in Tables 2 and 3, the level of significance of the Hi square test between the questions *do you think you are clear enough when talking to patients about the need to perform certain procedures*, *do you think you use too many technical terms when communicating with patients* and the observed *categories of years of experience* (1-10, 11-20, 21 and more) is more than 0.05 ($p > 0.05$), so no statistically significant difference was observed in the observed variables.

Table 5: Do you feel you are paying enough attention to the patient and the years of experience?

		Years of service			In total	p *	
		1 - 10	11 -20	21 and more			
Do you feel that you are paying enough attention to the patient	Yes	N	16	13	23	0.790	
		%	57.1%	48.1%	51.1%		52.0%
	Not	N	12	14	22		48
		%	42.9%	51.9%	48.9%		48.0%
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

Table 6: Do you start talking often before the patient completes a thought?

			Years of service			In total	p *
			1 - 10	11 -20	21 and more		
Do you start talking often before the patient finishes the thought	Always	N	1	0	1	2	0.575 th most common
		%	3.6%	0.0%	2.2%	2.0%	
	Sometimes	N	27	26	41	94	
		%	96.4%	96.3%	91.1%	94.0%	
	Often	N	0	1	3	4	
		%	0.0%	3.7%	6.7%	4.0%	
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

If you look at the test results in Tables 5 and 6, you can see how the level of significance of the chi-square test between the question of *do you think you pay enough attention to the patient, do you start talking often before the patient completes a thought* and the observed *categories of years of experience* (1-10, 11-20, 21 and more) is more than 0.05 ($p > 0.05$), so no statistically significant difference was evident in the observed variables.

Table 7: Do you make an appointment with the patient for a talk and years of experience?

			Years of service			In total	p *
			1 - 10	11 -20	21 and more		
Do you arrange a time with the patient to talk	Yes	N	5	5	6	16	0.804
		%	17.9%	18.5%	13.3%	16.0%	
	Not	N	23	22	39	84	
		%	82.1%	81.5%	86.7%	84.0%	
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

The level of significance of the chi-square test between the question of *do you make an appointment with the patient for a* and the observed *categories of years of experience* (1-10, 11-20, 21 and more) is 0.804 ($p > 0.05$), so no statistically significant difference was evident in the observed variables.

Table 8: Do you adapt your communication to the cultural characteristics of the patient and years of experience?

			Years of service			In total	p *
			1 - 10	11 -20	21 and more		
Do you adapt your communication to the cultural characteristics	Always	N	9	14	15	38	0.014
		%	32.1%	51.9%	33.3%	38.0%	
	Sometimes	N	17	10	15	42	
		%	53.9%	37.0%	33.3%	42.0%	

of the patient		%	60.7%	37.0%	33.3%	42.0%	
	Often	N	2	3	15	20	
			%	7.1%	11.1%	33.3%	20.0%
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

Furthermore, if you look at the level of significance for the question of *do you adapt your communication to the cultural characteristics of the patient*, it is evident that the value of the chi-square test is 0.014 ($p < 0.05$), which means that a statistically significant difference was evident in the observed *years of experience* (1-10, 11-20, 21 and more), with the respondents stating *sometimes* are most in the age group 1-10 years (60.7%), while those who stated always are mostly in the age group of 11-20 (51.9%).

Table 9: Do you consider yourself capable of communicating with different age groups of patients (children, adolescents, young people, adults, the elderly) and years of experience?

		Years of service			In total	p *	
		1 - 10	11 - 20	21 and more			
Do you consider yourself able to communicate with different age groups of patients (children, adolescents, young people, adults, the elderly)	Yes	N	16	22	25	0.011	
		%	57.1%	81.5%	55.6%		63.0%
	Partially	N	7	4	19		30
		%	25.0%	14.8%	42.2%		30.0%
	Not	N	5	1	1		7
		%	17.9%	3.7%	2.2%		7.0%
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

Furthermore, if you look at the level of significance for the question of *do you consider yourself capable of communicating with different age groups of patients (children, adolescents, young, adults, the elderly)*, it can be evident that the value of the chi-square test is 0.011, $p < 0.05$, which means that a statistically significant difference was observed in the observed *years of experience* (1-10, 11-20, 21 and more), with respondents stating that mostly are in the age group 11-20 years (81.5%).

Table 10: Do you think that you lack the knowledge and communication skills to work with those groups that are most represented in your work and years of experience?

			Years of service			In total	p *
			1 - 10	11 -20	21 and more		
Do you feel that you lack the knowledge and communication skills to work with those groups that are most represented in your work?	Yes	N	8	1	5	14	0.065
		%	28.6%	3.7%	11.1%	14.0%	
	Partially	N	9	11	22	42	
		%	32.1%	40.7%	48.9%	42.0%	
	Not	N	11	15	18	44	
		%	39.3%	55.6%	40.0%	44.0%	
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

Table 11: Do you give patients written recommendations and reminders and years of experience?

			Years of service			In total	p *
			1 - 10	11 -20	21 and more		
Do you give patients written recommendations and reminders in your practice	Yes	N	11	12	23	46	0.626
		%	39.3%	44.4%	51.1%	46.0%	
	Partially	N	6	6	12	24	
		%	21.4%	22.2%	26.7%	24.0%	
	Not	N	11	9	10	30	
		%	39.3%	33.3%	22.2%	30.0%	
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

If you look at the test results in Tables 10 and 11, you can see that the level of significance of the chi-square test between the questions *do you think you lack the knowledge and communication skills to work with those groups that are most represented in your work*, *do you give patients written recommendations and reminders of the observed categories of experience* (1-10, 11-20, 21 and more) is more than 0.05 ($p > 0.05$), so no statistically significant difference was observed in the observed variables.

Table 12: Do you think that communication with patients using mobile applications (sending findings, instructions, etc.) would facilitate communication with the patient in health care and years of experience?

			Years of service			In total	p *
			1 - 10	11 -20	21 and more		
Do you think that communication with patients through mobile applications (sending findings, instructions, etc.) would facilitate communication with the patient in healthcare?	Yes	N	13	9	14	36	0.392 th most common
		%	46.4%	33.3%	31.1%	36.0%	
	Not	N	15	18	31	64	
		%	53.6%	66.7%	68.9%	64.0%	
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

Table 13: Do you know enough communication techniques for the age groups of respondents and years of experience?

			Years of service			In total	p *
			1 - 10	11 -20	21 and more		
Do you know enough communication techniques according to the age groups of the respondents	Yes	N	13	12	15	40	0.762 th most common
		%	46.4%	44.4%	33.3%	40.0%	
	Partially	N	12	13	24	49	
		%	42.9%	48.1%	53.3%	49.0%	
	Not	N	3	2	6	11	
		%	10.7%	7.4%	13.3%	11.0%	
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

When it comes to testing results in Tables 12 and 13, it becomes evident that the level of significance of the chi-square test between questions *do you think that communication with patients using mobile applications (sending findings, guidelines, etc.) facilitates communication with patients in health care*, and *do you know enough communication techniques for the age groups of respondents* and the observed categories of years of experience (1-10, 11-20, 21 and more) is more than 0.05 ($p > 0.05$), so no statistically significant difference was observed in the observed variables.

Table 14: Do you think you spend enough time daily in informal conversation with patients and years of experience?

			Years of service			In total	p *
			1 - 10	11 -20	21 and more		
Do you find that you spend enough time daily in informal conversation	Yes	N	12	12	10	34	0.079
		%	42.9%	44.4%	22.2%	34.0%	
	Not	N	16	15	35	66	

with patients		%	57.1%	55.6%	77.8%	66.0%	
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

Table 15: Do you think that by talking to patients you are contributing to relieving medical work obligations and years of service?

			Years of service			In total	p *
			1 - 10	11 -20	21 and more		
Do you feel that by talking to the patient you are helping to relieve the burden of medical work responsibilities	Yes	N	6	12	15	33	0.257
		%	21.4%	44.4%	33.3%	33.0%	
	Partially	N	15	9	24	48	
		%	53.6%	33.3%	53.3%	48.0%	
	Not	N	7	6	6	19	
		%	25.0%	22.2%	13.3%	19.0%	
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

When we look at Table 15 and 16, it is evident that the level of significance of the chi-square test between questions *do you think you spend enough time in informal conversation with patients*, and *do you think that by talking with patients you contribute to relieving medical work obligations* and observed *categories of years of experience* (1-10, 11-20, 21 and more) is more than 0.05 ($p > 0.05$), so no statistically significant difference was observed in the observed variables.

Table 16: Do you consider yourself competent enough to communicate with the patient's family members and years of experience?

			Years of service			In total	p *
			1 - 10	11 -20	21 and more		
Do you consider yourself competent enough to communicate with the patient's family members	Yes	N	9	8	18	35	0.773 th most common
		%	32.1%	29.6%	40.0%	35.0%	
	Partially	N	16	15	24	55	
		%	57.1%	55.6%	53.3%	55.0%	
	Not	N	3	4	3	10	
		%	10.7%	14.8%	6.7%	10.0%	
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

Table 17: Do you know techniques for conveying bad news (e.g., deteriorating health of a patient or the death of a patient to their family members) and years of experience?

	Years of service	In total	p *
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			1 - 10	11 -20	21 and more		
Do you know the techniques of communicating bad news (about the deteriorating health of patients or about the death of patients to their family members)	Yes	N	6	5	8	19	0.989
		%	21.4%	18.5%	17.8%	19.0%	
	Partially	N	17	16	27	60	
		%	60.7%	59.3%	60.0%	60.0%	
	Not	N	5	6	10	21	
		%	17.9%	22.2%	22.2%	21.0%	
In total		N	28	27	45	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

Furthermore, if you look at the test results in Tables 16 and 17, you can see that the level of significance of the chi-square test between the questions *do you think you are competent enough to communicate with family members of the patient, do you know techniques for conveying bad news or the death of patients to their family members*) and the observed *categories of years of experience* (1-10, 11-20, 21 and more) is more than 0.05 ($p > 0.05$), so no statistically significant difference was evident in the observed variables.

Table 18: Do you think that the quality of patient care and years of experience significantly depend on your way of communicating with patients?

			Years of service			In total	p *	
			1 - 10	11 -20	21 and more			
Do you think that the quality of patient care significantly depends on your way of communicating with patients	Yes	N	24	24	34	82	0.302	
		%	85.7%	88.9%	75.6%	82.0%		
	Not	N	4	3	11	18		
		%	14.3%	11.1%	24.4%	18.0%		
	In total		N	28	27	45		100
			%	100.0%	100.0%	100.0%		100.0%

* Chi square test

Table 19: Do you consider it necessary to organize workshops to improve your communication skills and years of experience

			Years of service			In total	p *	
			1 - 10	11 -20	21 and more			
Do you consider it necessary to organize workshops to improve your communication skills	Yes	N	17	20	32	69	0.648	
		%	63.0%	74.1%	71.1%	69.7%		
	Not	N	10	7	13	30		
		%	37.0%	25.9%	28.9%	30.3%		
	In total		N	27	27	45		99
			%	100.0%	100.0%	100.0%		100.0%

* Chi square test

Furthermore, if you look at the test results in Tables 18 and 19, you can see that the level of significance of the chi-square test between the questions *do you think that the quality of patient care significantly depends on your way of communicating with patients* and *do you consider it necessary to organize workshops to improve your communication skills* of the observed categories of years of experience (1-10, 11-20, 21 and more) is more than 0.05 ($p > 0.05$), so no statistically significant difference was observed in the observed variables.

Testing with regard to the education of respondents

Furthermore, testing will be conducted on the following pages with regard to the qualifications of respondents and observed issues, testing will be conducted through the chi-square test.

Table 20: Do you think that you are clear enough when talking to patients about the need to perform certain procedures and qualifications?

			Qualifications			In total	p *
			Nurse (high school)	bachelor of nursing	graduate nurse / master of nursing		
Do you think that you are clear enough when talking to the patient about the need to perform certain procedures / procedures	Yes	N	43	24	7	74	0.470
		%	74.1%	70.6%	87.5%	74.0%	
	Partially	N	12	10	1	23	
		%	20.7%	29.4%	12.5%	23.0%	
	Not	N	3	0	0	3	
		%	5.2%	0.0%	0.0%	3.0%	
In total		N	58	34	8	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

The level of significance of the chi-square test between the question *do you think you are clear enough when talking to patients about the need to perform certain procedures* and the observed qualifications is 0.470 ($p > 0.05$), so no statistically significant difference was observed in the observed variables.

Table 21: Do you find that you use too many technical terms and qualifications in communicating with patients?

			Qualifications			In total	p *
			Nurse (high school)	bachelor of nursing	graduate nurse / master of nursing		
Do you find that you use too many technical terms in your communication with the patient?	Yes	N	3	0	2	5	0.014
		%	5.2%	0.0%	25.0%	5.0%	
	Not	N	55	34	6	95	
		%	94.8%	100.0%	75.0%	95.0%	
In total		N	58	34	8	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

Furthermore, if you look at the level of significance in the question of *do you think that you use too many technical terms in communicating with patients*, it becomes evident that the

value of the chi-square test is 0.014 ($p < 0.05$), which means that a statistically significant difference was observed in the observed *qualifications*, where the respondents who stated that most of them have a *bachelor's degree in nursing / master's degree in nursing* (25.0%).

Table 22: Do you think it is necessary to organize workshops to improve your communication skills and education

			Qualifications			In total	p *
			Nurse (high school)	bachelor of nursing	graduate nurse / master of nursing		
Do you find that you use too many technical terms in your communication with the patient?	Yes	N	3	0	2	0.014	
		%	5.2%	0.0%	25.0%		5.0%
	Not	N	55	34	6		95
		%	94.8%	100.0%	75.0%		95.0%
In total		N	58	34	8	100	
		%	100.0%	100.0%	100.0%	100.0%	

* Chi square test

DISCUSSION

Competent communication (Kičić, 2014; Jalšovec, 2017; Kozić, 2015) between patients and nurses is a complex verbal and non-verbal process during which a therapeutic relationship develops. An empathic approach is important here, in which the nurse assesses the patient's needs, gives them necessary information and presents treatment options. Using competent communication, good nurses create meaningful and quality relationships with patients and set the foundations for a relationship based on trust, mutual understanding and respect for the dignity of the patient.

Communication competence between nurses and patients is a complex phenomenon and today “human-oriented medicine” is returning instead of “disease-oriented medicine”. Human-oriented medicine advocates equal opportunities for all in terms of access to treatment and medical care. Here, communication skills are important in order to better explain to patients their condition, to better understand their needs and ultimately provide them with the best possible medical care.

The research concluded that:

- There is a significant difference in years of experience and self-assessment of communication competences,
- Nurses believe that communication workshops improve their communication competencies.

Nurses with more years of experience are not inclined to change and increase their own competencies because it requires additional effort in terms of defining:

- Clear and challenging goals
- Clear structure (e.g., roles of individual members)
- Competent team members
- Team goals ahead of individual goals
- Effective leadership
- External support and team quality recognition
- Clear standards of excellence (quality),

and those who are older are not ready for it.

On the other hand, young people and survey respondents are ready to accept two concepts: *intercultural communication* and *team communication*, as something that is very important for competent communication between medical staff and patients.

Competent communication (Bagarić, Djigunović, 2007), (Erasmus+, 2015), (Kelemenčić, 2016) with patients contributes to quality treatment outcomes. The problem is that there is no single answer to what “quality communication” actually means. Every hospital, clinic professional association, research team and health care specialist have different approaches to defining quality communication with patients. The goal is to define a way of effectively and efficiently communicating with patients for an optimal treatment result.

Competent communication intends to motivate, use persuasion skills, communicate in a given context and meet the listener’s expectations. Competent speakers have a wide range of behaviors, and choose the most appropriate behavior towards their interlocutor, while communicating skillfully, exhibiting empathetic feelings, and the ability to observe the problem from different angles and assert self-control.

Adequate communication (Nevjestić, 2016, Dvorski, 2017) between medical professionals and patients is extremely important for treatment purposes. Moreover, communication between team members during treatment must not be forgotten. It is important to emphasize that competent communication can be learned and it must be constantly improved. Communications skills should be formally included in graduate and postgraduate medicine programs.

Communication is a process that should be cooperative - participants in the communication process should be equal. In the communication process, the relationship between communicators is important. This is especially evident in healthcare, where in addition to verbal communication, the relationship between communicators is also important, which should be empathetic (compassionate and full of understanding).

When reporting bad news, the healthcare worker should be:

- Assertive, and
- Empathetic

Express condolences in every possible way:

- Body motion,
- Facial expressions,
- Handshaking

In communication with patient's, nurses should endeavour to be nice, have a convincing attitude, be benevolent, assertive (Vaupot, Zeleznik 2018) and industrious (in the sense that their work, non-verbal gestures provide confidence to patients).

CONCLUSION

The art of communication is the basic art of humans that enables interaction with others, either verbally or non-verbally. There are many examples and analyses of all relevant modern knowledge related to preparing and presenting a speech and, generally, for effective and efficient communication.

Furthermore, a multitude of literature has shown that a large number of proposals, recommendations and specific examples enable the adoption of approaches to a public / audience in addition to developing specific concepts of communication.

The skills of a good communicator are based on thinking as the most important element of a good and effective talk. It is always necessary to analyze the ability of critical thinking as an important determinant of modern living and making the connection to skills in public speaking along with the necessary skill of thinking and reflecting.

Communication in nursing must be competent (primarily through public speaking) and the need for social interaction should be expressed. The components of competent communication are knowledge, i.e., manner of thinking, skills or abilities, and the feelings or attitudes we have in our communication with others.

Intercultural communication is also extremely important in communication. Listeners and the speaker or speakers may be members of different nations living in a different cultural context where some gestures, skills, feelings may be misunderstood. There is a need for adjustment in communication between participants who belong to different cultural patterns (*Communication and Culture: Intercultural Communications; Faculty of Economics in Osijek, 2016/2017*).

The main components of communication are:

- What has been said: content - verbal communication,
- How is it said: tone or characteristics of the voice – paraverbal,
- What follows the spoken words: context - non-verbal.

The skills required in intercultural communication are:

1. An awareness of one's own culture,
2. Learning from foreign cultures,
3. Having a sense of curiosity,
4. Listening and observing, and
5. Experiencing new cultures

In addition to intercultural communication, team communication is also very important.

Communication in the team contributes significantly to competent communication because it increases knowledge, skills and abilities. When communicating in a team, the concept of the role is very important. A role is a set of expected patterns of behavior that describe someone's position on a team. Each role has an identity, i.e., certain attitudes and behaviors related to the role. In a team, what matters is the perception of one's own role in the team (the manner in which each team member understands their role). For successful communication in a team, there should be no conflict of roles (the content of each role should be precisely defined, available at: [https://www.fer.unizg.hr/download/repository/Vjekom_staro/slajdovi_grupa\[1\].ppt](https://www.fer.unizg.hr/download/repository/Vjekom_staro/slajdovi_grupa[1].ppt) retrieved: 28 February 2019)

For a team to be competent and effective in communication, it should have the following characteristics:

- Clear and challenging goals,
- Clear structure (e.g., roles of individual members),
- Team members need to be competent,
- Team goals ahead of individual goals,

- Effective leadership,
- External support and team quality recognition,
- Clear standards of excellence (quality).

The concept of *intercultural communications* and *communication in a team*, is very essential for competent communication between speakers and listeners or between people in general.

Communication, namely competent communication in nursing, is necessary for effective and efficient cooperation with patients and is an important factor in treatment.

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