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Perceived quality of communication between health service users and hospital administrators

OBJECTIVE The present study aimed to investigate the perceived quality of communication between health service users and public hospital administrators. **METHOD** Totally, 525 questionnaires were collected from health service recipients who visited a general hospital in Greece and contacted administrators of the emergency department, office for regular outpatient clinics, outpatient appointments and patient accounting office. The Health Care Communication Questionnaire (HCCQ) tool was used for the collection. **RESULTS** A total of 525 health service users who contacted administrators in the emergency department, office for regular outpatient clinics, outpatient appointments and patient accounting office were surveyed. The results showed that respondents seemed to be more in agreement with the view that administrators showed respect for their privacy, as well as that they were able to remain calm. To a lesser extent, they seemed to agree with expressions that the administrator they contacted addressed them with a smile. The answers varied depending on the communication segment as respondents showed varying degrees of satisfaction. The departments showed a greater degree of satisfaction at all scales office of emergency movement, office for regular outpatient clinics and patient accounting office, and less degree of satisfaction at the outpatient appointments mainly on the scales of non-verbal communication and respect. **CONCLUSIONS** The results of this research can constitute an indirect and subjective indicator of the quality of health services provided, as provided by the administrative staff of a public hospital and play an important role in decisions and administrative initiatives to improve quality.

Public health services in Greece treat an increasing rate of patients (health service users), both as hospitalized patients and as one-day patients.¹ The feedback that comes from the experience of health service users is a key element in the development of an external benchmarking program that will capture the competitive characteristics and the overall perceived quality of health services.² Nevertheless, it is argued that the expectations of health service users should be used in designing health systems assessment.³ Using a questionnaire approach and focusing on newly discharged patients, Duggirala et al⁴ examined the dimensions of perceived healthcare quality where they capture the satisfaction of health care users. The quality of communication between health service users and hospital staff had a significant impact on their perception and was one of the strong predictors of their satisfaction. Patient-centered communication has been recognized as an integral

part of effective healthcare and positively impacts patient satisfaction, compliance and health.⁵⁻⁷

Communication behaviors related to health service user satisfaction may include, but are not limited to, clear and direct communication, empathy and friendliness, nonverbal expressiveness, active listening, and other key skills, such as politeness. Health service users visiting a healthcare facility may encounter several professionals in addition to doctors and nurses who can potentially influence their experience. Such professionals are administrators, employees of the patient movement office, the accounting department and the information office. Together with healthcare professionals, all employees in a hospital are allies and work together to make the organization work effectively. Clear communication on health issues, whether written or oral, is considered a basic prerequisite for understanding and compliance of patients, especially those with health lit-

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eracy problems.^{8,9} Health professionals who have attended communication skills development programs are more empathetic. That makes the health service users to not experience feelings of insecurity and anxiety due to unclear and incorrect information.¹⁰ On the other hand, ineffective communication creates feelings of dissatisfaction, anxiety and uncertainty.^{11,12}

Several studies refer to the importance of patient communication with doctors and nurses in everyday clinical practice. Studies have shown that when physicians did not use routine closed questions, but used open-ended questions, while discussing emotional and functional issues, the way patients perceived their health status changed, while at the same time a therapeutic relationship was formed with clear roles and boundaries.¹³ Doctor-patient communication is more than just an exchange of information. Empathy allows the patient to reveal more and deeper information about themselves.¹⁴ At the same time, a correlation has been recorded between communication with nursing, medical staff and patient satisfaction.¹⁵ Ineffective nurse-patient communication can lead to a lack of trust,¹⁶ bad psychological mood¹⁷ and feeling unsatisfied.¹⁵ Similarly, effective communication between nurses and patients contributes significant benefits to the care provided, promotes patient safety,¹⁸ helps avoid adverse events¹⁹ and leads to the reduction of hospitalization time.²⁰

These studies demonstrate that communication evaluation is an important predictor of satisfaction and perceived quality of services provided by users. The importance of quality detection of health service users' communication with all stakeholders, including administrative employees, throughout their journey through the hospital is underlined.

MATERIAL AND METHOD

Participants and procedure

The study was conducted in a public general hospital of Western Greece and the participants were users of health services who visited the hospital either: (a) As an emergency, (b) as a scheduled outpatient visit and (c) as a scheduled admission. The departments that contacted administrators and took part were office of emergency department, outpatient appointments, office for regular outpatient clinics and patient accounting office. The exclusion criterion for the participants, who came from all socio-economic classes, was the lack of good knowledge of the Greek language and writing, the existence of cognitive or psychological disorders and the presence of vision or hearing problems. Confounding factors refer to various interferences from external factors such as interruptions by others, noise and fatigue of participants since the study took place within the hospital premises. The sample size was considered satisfactory following the recommendations

of the study by Hatcher's and O'Rourke's²¹ for using a minimum sample five times greater than the number of variables (total 100 individuals) followed Hatcher's and O'Rourke's recommendations for a minimum sample size of five times the number of variables aka 100 subjects.

For the use of Health Care Communication Questionnaire (HCCQ) permission was requested and obtained from the original creators Gremigni et al,²² as well as from the Department of Quality Control, Research and Continuing Education of the General Hospital of Tripoli. All participants signed their informed consent to participate in the survey and reserved the right to withdraw from the survey at any time. The protection of personal data was ensured.

Statistical analysis

For the descriptive statistics of all questions of the research tool, the mean value (M) and the standard deviation (SD) were evaluated. Correlations between queries were made. For factor analysis, questions 4, 6 and 8 had to be reversed. To examine the differentiation of the four categories of the questionnaire, depending on the demographic characteristics of the sample, the ANOVA test was used. The analyses were calculated with the Statistical Package for Social Sciences (SPSS), version 17.0.

RESULTS

The sample of this study consisted of 525 people/patients who visited the General Hospital of the Peloponnese in Greece, between October 2023 and January 2024. A percentage of 61.5% (n=323) were women and 38.5% (n=202) men. 33.1% (n=174) of them were in the 41–50 age category. Examining the marital status of the respondents, it was found that 56.4% were married, 19.4% single, 17.0% divorced and finally 7.2% widowed. Of the respondents, 39.1% had two children, 22.7% had no children, 18.5% three children, 15.6% one child and finally 4.2% more than three children. In terms of their educational level, 29.0% had completed their secondary education, 23.4% had technological education, 19.4% university education, 15.6% basic education and, finally, only 12.6% held a master's or doctoral degree. Examining the professional status of the respondents, it was found that most of them (30.9%) were civil servants, 25.9% private employees, 15.6% self-employed, 12.6% domestic employment, and approximately equal percentages pensioners and unemployed. The most important question asked by respondents was the department they contacted. It was found that most of them contacted the emergency department (31.4%), followed by the outpatient appointment department (27.1%), the clinics' regular appointments office (25.7%) and finally the patients' accounting department (15.8%).

Table 1 shows the mean (M) and standard deviation

Table 1. Descriptive questionnaire question statistics.

	Mean	SD
The healthcare provider showed respect for my privacy	4.038	1.0219
The healthcare provider showed to be able to stay calm	3.779	0.9908
I was asked questions in a clear manner	3.659	0.9650
The healthcare provider was able to manage the consultation	3.549	1.0521
I received clear and precise information	3.531	1.0140
The healthcare provider was able to resolve my problem	3.505	1.0783
I have been treated with kindness	3.469	1.0064
I felt my needs were being respected	3.404	1.0561
The healthcare provider looked at me in the eyes when I was talking	3.202	1.1245
The healthcare provider addressed me with a smile	3.029	1.1952
I have been given answers in an aggressive manner	2.090	1.2207
I have being treated in a rude and hasty manner	2.061	1.2356
I was asked questions in an aggressive manner	1.958	1.1972

SD: Standard deviation

(SD) of the questionnaire questions. The results showed that respondents seemed to agree more with the view that the employee showed respect for their privacy and that he was able to remain calm. To a significant extent they seemed to agree with the suggestions that the employee gave clear and accurate information, and that he behaved with courtesy. To a small extent, they seemed to agree with the expressions that the employee directed at me with a smile and that the answers were given rudely.

Table 2 presents the correlations between the questions

Table 2. Relationships between queries.

	Q1	Q2	Q3	Q4R	Q5	Q6R	Q7	Q8R	Q9	Q10	Q11	Q12	Q13
Q1	1.00	0.74	0.62	0.37	0.52	0.38	0.60	0.39	0.67	0.58	0.57	0.50	0.52
Q2	0.74	1.00	0.69	0.41	0.60	0.39	0.67	0.49	0.62	0.68	0.66	0.56	0.59
Q3	0.62	0.69	1.00	0.41	0.68	0.39	0.64	0.40	0.58	0.63	0.60	0.51	0.57
Q4R	0.37	0.41	0.41	1.00	0.42	0.75	0.38	0.72	0.40	0.50	0.53	0.50	0.40
Q5	0.52	0.60	0.68	0.42	1.00	0.43	0.62	0.39	0.54	0.65	0.62	0.48	0.58
Q6R	0.38	0.39	0.39	0.75	0.43	1.00	0.40	0.74	0.43	0.49	0.50	0.51	0.36
Q7	0.60	0.67	0.64	0.38	0.62	0.40	1.00	0.44	0.64	0.64	0.65	0.48	0.54
Q8R	0.39	0.49	0.40	0.72	0.39	0.74	0.44	1.00	0.46	0.50	0.53	0.52	0.38
Q9	0.67	0.62	0.58	0.40	0.54	0.43	0.64	0.46	1.00	0.59	0.60	0.53	0.50
Q10	0.58	0.68	0.63	0.50	0.65	0.49	0.64	0.50	0.59	1.00	0.77	0.62	0.64
Q11	0.57	0.66	0.60	0.53	0.62	0.50	0.65	0.53	0.60	0.77	1.00	0.68	0.62
Q12	0.50	0.56	0.51	0.50	0.48	0.51	0.48	0.52	0.53	0.62	0.68	1.00	0.56
Q13	0.52	0.59	0.57	0.40	0.58	0.36	0.54	0.38	0.50	0.64	0.62	0.56	1.00

posed to patients who visited the Panarcadian Hospital of Tripoli. To proceed with ANOVA and factor analysis, questions 4, 6 and 8 had to be reversed. As observed in table 2, the correlations can be characterized as satisfactory for the levels of social sciences since the correlation coefficient Pearson is higher than 0.30 in all cases. The largest correlation is found between questions 10 and 11 and is equal to 0.74, while the smallest between 6R and 13 is equal to 0.36.

Four larger categories which arise through the sum of the individual questions were created, before proceeding with further analysis through the ANOVA test. These categories were "problem solving", "respect", "lack of hostility" and "non-verbal immediacy". Table 3 shows the descriptive characteristics of these four categories. It was found that the largest mean value is obtained for the "problem-solving" category (average 14.87, SD: 3.55), while the smallest value concerned the "non-verbal immediacy" category (average 6.23, SD: 2.12).

The ANOVA test was used to examine whether the four categories of the questionnaire differed according to the demographic characteristics of the sample. The null

Table 3. Categories of questions.

	n	Minimum	Maximum	Mean	SD
Problem solving	525	4.00	20.00	14.87	3.55
Respect	525	4.00	20.00	14.06	3.47
Lack of hostility	525	3.00	15.00	11.89	3.32
Non-verbal immediacy	525	2.00	10.00	6.23	2.12

SD: Standard deviation

hypothesis is that the averages between the subgroups of demographic characteristics are equal versus the alternative that they differ.

Examining the “problem-solving” parameter (tab. 4), it was found that at a level of 5% the null hypothesis for the number of children ($p=0.03<0.05$) and the contact department ($p=0.00<0.05$) could be rejected. Therefore, in this category the responses differed for these two demographics.

Looking at the parameter of “respect” (tab. 5), it was found that the average differed for three demographic characteristics of our sample. Furthermore, it was observed that the different level of education seems to differentiate the average grade ($p=0.02<0.05$). The number of children also seemed to change respondents’ view of respect ($p=0.02<0.05$). Finally, the respondents’ point of view also changed depending on the department they contacted ($p=0.00<0.05$), which means that respondents felt that in some departments they were treated with more respect than in other departments.

The third parameter considered is the “lack of hostility”. In this case the results (tab. 6) seemed to vary significantly since there were several cases where the null hypothesis was rejected at either a significant level of 5% or 10%. At a significant level of 5%, it appeared that respondents’ opinions changed according to their gender ($p=0.04<0.05$), their level of education ($p=0.04<0.05$) and contact department ($p=0.00<0.05$). Similarly, at a level of 10%, respondents’ answers changed depending on the number of children ($p=0.09<0.10$) and their occupation ($p=0.09<0.10$).

The last parameter considered was “non-verbal immediacy”. In this case, it was again shown that respondents’ answers varied according to the number of children ($p=0.00<0.05$) and the contact department ($p=0.00<0.05$). Finally, respondents’ answers varied according to their level of education ($p=0.05<0.10$) (tab. 7).

DISCUSSION

There are two demographics that influenced the responses for all four scales of the questionnaire. In particular, the number of children and the contact department were the two demographic characteristics that seemed to significantly differentiate the respondents’ answers. It is worth noting as particularly important the fact that the answers varied depending on the communication department, since it appeared that indeed patients had a different degree of satisfaction. For the “problem-solving” factor, the highest mean value occurred in patients who had contact with the

Table 4. Problem solving ANOVA.

	Mean (SD)	df	F	p
<i>Gender</i>				
Male	14.86 (3.46)	1	0.05	0.94
Female	14.88 (3.62)			
<i>Education</i>				
Basic	14.26 (3.61)	4	2.09	0.08
Secondary	14.49 (3.75)			
Technological	15.19 (3.77)			
University	15.07 (3.06)			
MSc, PhD	15.61 (3.18)			
<i>Marital status</i>				
Single	15.04 (3.11)	3	0.43	0.74
Married	14.73 (3.73)			
Divorced	14.99 (3.61)			
Widowed	15.26 (3.14)			
<i>Children</i>				
None	14.58 (3.14)	4	2.77	0.03
One	14.04 (3.75)			
Two	15.34 (3.83)			
Three	14.71 (3.31)			
More than three	15.91 (2.49)			
<i>Working status</i>				
Unemployed	15.62 (3.31)	5	1.11	0.35
Household	14.73 (3.85)			
Self-employed	14.84 (2.97)			
Private employee	14.55 (3.77)			
Government employee	15.19 (3.51)			
Retired	14.23 (3.78)			
<i>Contact department</i>				
Office of emergency movement	15.62 (2.93)	3	12.99	0.00
Office for regular outpatient clinics	14.77 (3.27)			
Outpatient appointment	13.48 (4.26)			
Patient accounting office	15.92 (3.04)			
<i>Age (years):</i>				
18–30	14.27 (3.10)	4	0.76	0.55
31–40	14.81 (3.67)			
41–50	14.87 (3.54)			
51–60	15.01 (3.59)			
>60	15.36 (3.77)			

SD: Standard deviation, df: Degrees of freedom, MSc: Master of Science, PhD: Doctor of Philosophy

patient accounting office (M: 15.92; SD: 3.04), while the same was true of its parameters “respect”, “lack of hostility” and

Table 5. Respect ANOVA.

	Mean (SD)	df	F	p
<i>Gender</i>				
Male	13.93 (3.44)	1	0.48	0.49
Female	14.15 (3.50)			
<i>Education</i>				
Basic	13.50 (3.66)	4	2.84	0.02
Secondary	13.63 (3.75)			
Technological	14.46 (3.54)			
University	14.06 (2.99)			
MSc, PhD	15.03 (2.87)			
<i>Marital status</i>				
Single	13.94 (3.18)	3	0.46	0.71
Married	13.99 (3.67)			
Divorced	14.45 (3.10)			
Widowed	14.08 (3.50)			
<i>Children</i>				
None	13.67 (3.15)	4	3.05	0.02
One	13.30 (3.60)			
Two	14.35 (3.76)			
Three	14.21 (3.12)			
More than three	15.73 (2.45)			
<i>Working status</i>				
Unemployed	14.41 (3.09)	5	0.26	0.93
Household	13.98 (4.43)			
Self-employed	14.13 (2.96)			
Private employee	13.86 (3.82)			
Government employee	14.20 (3.45)			
Retired	13.85 (3.83)			
<i>Contact department</i>				
Office of emergency movement	14.68 (3.04)	3	7.40	0.00
Office for regular outpatient clinics	14.03 (3.39)			
Outpatient appointment	13.00 (3.93)			
Patient accounting office	14.71 (3.16)			
<i>Age (years)</i>				
18–30	13.21 (3.35)	4	1.86	0.12
31–40	14.31 (3.70)			
41–50	13.97 (3.17)			
51–60	14.01 (3.64)			
>60	14.83 (3.55)			

SD: Standard deviation, df: Degrees of freedom, MSc: Master of Science, PhD: Doctor of Philosophy

Table 6. Lack of hostility ANOVA.

	Mean (SD)	df	F	p
<i>Gender</i>				
Male	12.27 (2.97)	1	4.23	0.04
Female	11.66 (3.51)			
<i>Education</i>				
Basic	12.04 (3.26)			
Secondary	11.23 (3.63)			
Technological	12.05 (3.27)	4	2.57	0.04
University	12.09 (3.00)			
MSc, PhD	12.64 (3.04)			
<i>Marital status</i>				
Single	12.38 (2.82)			
Married	11.90 (3.33)	3	2.00	0.11
Divorced	11.22 (3.79)			
Widowed	12.11 (3.20)			
<i>Children</i>				
None	11.94 (3.15)			
One	11.57 (3.46)			
Two	12.14 (3.25)	4	2.04	0.09
Three	11.30 (3.54)			
More than three	13.14 (3.03)			
<i>Working status</i>				
Unemployed	12.26 (3.37)			
Household	10.80 (3.75)			
Self-employed	12.28 (2.68)	5	1.93	0.09
Private employee	11.80 (3.46)			
Government employee	12.12 (3.27)			
Retired	11.90 (3.22)			
<i>Contact department</i>				
Office of emergency movement	12.73 (2.61)			
Office for regular outpatient clinics	11.49 (3.28)	3	15.91	0.00
Outpatient appointment	10.61 (3.94)			
Patient accounting office	13.07 (2.57)			
<i>Age (years)</i>				
18–30	11.85 (3.36)			
31–40	11.62 (3.38)			
41–50	11.86 (3.43)	4	0.66	0.62
51–60	11.96 (3.17)			
>60	12.47 (3.12)			

SD: Standard deviation, df: Degrees of freedom, MSc: Master of Science, PhD: Doctor of Philosophy

“non-verbal immediacy”. On the contrary, the lowest values were observed if patients had contact with the outpatient

appointment department. This might be partly due to the lack of communication skills of appointment workers,

Table 7. Non-verbal immediacy ANOVA.

	Mean (SD)	df	F	p
<i>Gender</i>				
Male	6.28 (2.04)	1	0.20	0.66
Female	6.20 (2.17)			
<i>Education</i>				
Basic	6.06 (1.95)	4	2.43	0.05
Secondary	5.93 (2.24)			
Technological	6.53 (2.15)			
University	6.15 (2.02)			
MSc, PhD	6.71 (2.05)			
<i>Marital status</i>				
Single	6.27 (2.09)	3	0.16	0.93
Married	6.26 (2.15)			
Divorced	6.11 (2.17)			
Widowed	6.13 (1.95)			
<i>Children</i>				
None	6.08 (2.08)	4	4.42	0.00
One	5.82 (2.16)			
Two	6.55 (2.19)			
Three	5.85 (2.00)			
More than three	7.32 (1.04)			
<i>Working status</i>				
Unemployed	6.36 (2.24)	5	0.27	0.93
Household	6.09 (1.99)			
Self-employed	6.44 (1.81)			
Private employee	6.20 (2.16)			
Government employee	6.19 (2.32)			
Retired	6.18 (1.93)			
<i>Contact department</i>				
Office of emergency movement	6.61 (1.91)	3	10.36	0.00
Office for regular outpatient clinics	6.23 (2.01)			
Outpatient appointment	5.46 (2.38)			
Patient accounting office	6.78 (1.85)			
<i>Age (years)</i>				
18–30	6.21 (1.94)	4	0.57	0.69
31–40	6.31 (2.33)			
41–50	6.07 (2.06)			
51–60	6.25 (2.17)			
>60	6.52 (1.94)			

SD: Standard deviation, df: Degrees of freedom, MSc: Master of Science, PhD: Doctor of Philosophy

which can in turn be a concern about communication effectiveness, service and user satisfaction. It seemed that the

users of the health services who visited the hospital were treated differently from the administrators of the different departments, confirming the necessity of using HCCQ as an important indicator of the quality of the organization. Using the results of this study, it could be proposed that hospital administrators consider a new way of organizing the outpatient appointment department, combining communication skills training programs for administrative staff and the introduction of new technologies,²³ providing effective communication.²⁴

Administrations, in order to evaluate the quality of health services provided,¹⁹ deal with the measurement of satisfaction mainly by the medical and nursing staff.^{25–28} But it is well known that measuring the satisfaction of health service users distinguishes distinct areas of care.^{29,30} This leads to less attention being paid to interaction with administrators. The ability to communicate effectively in health services is an indicator of quality,^{31,32} increases satisfaction,³³ adherence to instructions,^{6,7} and improves quality of care.³⁴ In Greece, few studies have been carried out using as a sample administrator with an emphasis on organizational communication rather than their interaction with users.^{35–37}

Communication between patients and healthcare providers, including the administrative staff of the secretariat, in the emergency department takes place under pressure and may have a negative impact on the quality of care they receive and perceive. Specific communication practices in healthcare settings can affect the satisfaction and care of health care users.³⁴ For the emergency department, the correlation between healthcare providers' communication skills and health care recipients' perception of the care they receive has been captured.³⁸ The results suggest that the perceived quality of communication with administrators is influenced by factors such as non-verbal communication, lack of hostility, respect and ultimately resolution of the problem which leads the user to seek health services. The contact department with administrators seems to be the one that changes the view of health service users in relation to these four factors investigated, giving important information to administrations to be used for the adoption of policies to improve perceived quality by users.

The interpretation of the findings should consider the following limitations. The present study documented communication between health service users and administrators on their way through the hospital. It did not include other aspects such as the outcome of healthcare. The data came only from the user perspective on the consultation, without considering the opinion of administrators. In addi-

tion, the study included users of health services from only one public general hospital and therefore it is difficult to generalize the findings.

The findings suggested that healthcare providers focus on their user experience to improve satisfaction throughout their journey within the organization, including perceived quality of communication with administrators.

In conclusion, the communication between health service users and healthcare professionals is a long-standing topic of research, capturing the impact on the healthcare environment of care. Studies have shown that communication which takes place in health services affects the level

of care provided and user satisfaction in various ways; however limited attention has been paid to communication between administrators and health service users.

The present study filled this gap by investigating the perceived quality of communication of health service users by administrators in a public general hospital of Peloponnese in Greece.

The results can constitute an indirect and subjective indicator of the quality of health services provided, as provided by the administrative staff of a public hospital and play an important role in decisions and administrative initiatives to improve quality.

ΠΕΡΙΛΗΨΗ

Αντιληφθείσα ποιότητα επικοινωνίας μεταξύ χρηστών υπηρεσιών υγείας και διοικητικών υπαλλήλων νοσοκομείου του ΕΣΥ

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ΣΚΟΠΟΣ Η διερεύνηση της αντιληφθείσας ποιότητας επικοινωνίας μεταξύ των χρηστών υπηρεσιών υγείας και διοικητικών υπαλλήλων νοσοκομείου του Εθνικού Συστήματος Υγείας (ΕΣΥ). **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Συλλέχθηκαν 525 ερωτηματολόγια από λήπτες υπηρεσιών υγείας που επισκέφθηκαν γενικό νοσοκομείο του ΕΣΥ στην Ελλάδα και ήλθαν σε επικοινωνία με διοικητικούς υπαλλήλους των γραφείων κίνησης επειγόντων περιστατικών, κίνησης τακτικών εξωτερικών ιατρείων, ραντεβού εξωτερικών ιατρείων και λογιστήριο ασθενών. Για τη συλλογή χρησιμοποιήθηκε το εργαλείο Health Care Communication Questionnaire (HCCQ). **ΑΠΟΤΕΛΕΣΜΑΤΑ** Συνολικά, ερωτήθηκαν 525 χρήστες υπηρεσιών υγείας που ήλθαν σε επαφή με διοικητικούς υπαλλήλους των γραφείων κίνησης επειγόντων περιστατικών, κίνησης τακτικών εξωτερικών ιατρείων, ραντεβού εξωτερικών ιατρείων και λογιστήριο ασθενών. Τα αποτελέσματα έδειξαν ότι οι ερωτώμενοι φάνηκε να συμφωνούν περισσότερο με την άποψη ότι οι διοικητικοί υπάλληλοι έδειξαν σεβασμό για την ιδιωτικότητά τους, καθώς και ότι ήταν ικανοί να παραμείνουν ψύχραιμοι. Σε μικρότερο βαθμό φάνηκε να συμφωνούν με τις εκφράσεις ότι ο διοικητικός υπάλληλος που ήλθαν σε επικοινωνία τούς απευθύνθηκε με χαμόγελο. Οι απαντήσεις διαφοροποιήθηκαν ανάλογα με το τμήμα της επικοινωνίας, καθώς οι ερωτώμενοι παρουσίασαν διαφορετικό βαθμό ικανοποίησης. Μεγαλύτερο βαθμό ικανοποίησης σε όλες τις κλίμακες παρουσίασαν τα γραφεία κίνησης επειγόντων περιστατικών, κίνησης τακτικών εξωτερικών ιατρείων και λογιστήριο ασθενών, ενώ μικρότερο βαθμό παρουσίασε το γραφείο των ραντεβού εξωτερικών ιατρείων, κυρίως στις κλίμακες της μη λεκτικής επικοινωνίας και του σεβασμού. **ΣΥΜΠΕΡΑΣΜΑΤΑ** Τα αποτελέσματα της παρούσας έρευνας μπορούν να χρησιμοποιηθούν ως έμμεσος και υποκειμενικός δείκτης ποιότητας των παρεχόμενων υπηρεσιών υγείας, όπως αυτές παρέχονται από το διοικητικό προσωπικό νοσοκομείου του ΕΣΥ, διαδραματίζοντας σημαντικό ρόλο σε αποφάσεις και διοικητικές πρωτοβουλίες για τη βελτίωση της ποιότητας.

Λέξεις ευρετηρίου: Διοικητικοί υπάλληλοι, Επικοινωνία, Ποιότητα επικοινωνίας, Χρήστες υπηρεσιών υγείας

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