



Research Article

**PATIENT SATISFACTION WITH INTERPERSONAL COOPERATION AND HEALTH SERVICES AT THE LEVEL OF PRIMARY AND SECONDARY HEALTHCARE**

**Milena D. TODORVIĆ<sup>1</sup>**  **Sanja B. SOFRANAC<sup>1</sup>**  **Željko M. VLAISAVLJEVIĆ<sup>\*2,3</sup>**   
**Sasa RAICEVIC<sup>1,5</sup>**  **Anita A. KOVAČIĆ POPOVIĆ<sup>4</sup>**  **Damir PELIČIĆ<sup>1,5</sup>**   
**Gora MILJANOVIĆ<sup>4</sup>**

<sup>1</sup> Center of Science, Clinical Center of Montenegro, Podgorica, Montenegro

<sup>2</sup> Medical School of Vocational Studies "Medika", Belgrade

<sup>3</sup> University Clinical Center of Serbia, Belgrade, Clinic of Gastroenterology and Hepatology

<sup>4</sup> Academy of Vocational Studies Belgrade, Belgrade

<sup>5</sup> University of Montenegro, Faculty of Medicine, Podgorica, Montenegro

\*Corresponding author; [kcszeljko@gmail.com](mailto:kcszeljko@gmail.com)

**Abstract:** *Interprofessional cooperation and teamwork among health professionals in the health care system are crucial for improving patient satisfaction, with health services and saving health care resources. The research aims to examine the satisfaction of patients with interpersonal cooperation and health services provided at the level of primary and secondary health care. The research was done as a cross-sectional study and was conducted at the Niksic General Hospital and two health centers in Podgorica. The sample consisted of 154 respondents, both sexes. The research used a questionnaire for healthcare users designed for this research. The questionnaire consists of a general and a specific part based on similar questionnaires. Descriptive statistics measures and  $\chi^2$  tests were used for statistical data processing. The results of the research shows that there is a statistically significant correlation between gender and patient satisfaction with services  $\chi^2 (2, N = 154) = 104.117, p = 0.000$ , as well as between age and patient satisfaction with services  $\chi^2 (6, N = 154) = 139.294, p = 0.000$ . Understanding interpersonal cooperation is important for improving the efficiency of health care, its organization, and customer satisfaction.*

**Keywords:** *Satisfaction, collaborative cooperation, health care, health care services*

Received: April 06, 2022

Accepted: November 07, 2022

## 1. Introduction

The health care system is one of the sub-systems of society that works to protect people's health from birth to death, ie throughout their entire life expectancy. Therefore, it is completely clear that as such it is not only responsible but also necessary for the health and health development of both the individual and the family and society as a whole. The World Health Organization (WHO) and the International Council of Nurses (ICN) have set the ultimate goal of maintaining the highest possible level of health for all people and providing high-quality care to achieve this goal [1]. Therefore, it does not matter what the health system is like and how it works, how it is organized, how much it costs, and how successful it is. Better functioning of the health care system means improving the health of citizens according to the principle of equal access to health services, and respect for patients' rights, with the efficient use of financial, human, and other resources. Patient satisfaction has been defined by scientists in various ways. These are defined as people's expectations of health services based on health, disease, quality of life, and other requirements [2]. The American Nurses Association (2000) describes patient

satisfaction with nursing care as patients' perceptions of care provided by medical staff during hospitalization [3]. Moreover, measuring patient satisfaction provided key performance information, thus contributing to overall quality management. Based on that, it provides information on the performance of the provider in meeting the values and aspirations of the client, on topics in which the client is the greatest authority [4].

In order to provide the best possible care to their patients and clients, healthcare professionals must work together as a team, sharing their skills and knowledge through interprofessional cooperation. In the past two decades, there have been significant political and economic changes in the world that have had a negative impact on the healthcare delivery system. Therefore, these impacts are now required through interventions to help health professionals cope with the challenges created by the sharply increased demand for their services [5]. Health services are the main pillars of social services that the state support and fund, in order to help ensure the protection of the health of their citizens and communities. Changes in the provision of health care services often change the boundaries that define the roles and responsibilities of different health professions. At the international level, the professional education of health workers speaks of this change through the provision of interprofessional learning [6]. The key elements of interprofessional education are based on the need to develop flexible team workers with a high level of interprofessional skills who understand the contribution that each health profession makes to man and health [7]. Interprofessional education means acquiring education in educational institutions and the working environment in the fields of health and social protection, before and after acquiring qualifications [8]. Interprofessional education has different meanings in different contexts and discussion groups. The most commonly used definition is given by the Center for the Advancement of Interprofessional Education in the United Kingdom CAIPE. Interprofessional education is when two or more professionals learn with others, from others, and about others to improve mutual cooperation and the quality of health care. Therefore, the main goal of interprofessional cooperation is that everyone understands their role in the team and that there is mutual trust and respect among health professionals and users of health services. Thus, it creates positive interaction, encourages further cooperation, reduces stress, and possible professional mistakes, and makes employees and patients more satisfied, and health care improved [9].

Professions working together provide not only mutual support but also mutual control that reduces the likelihood of error and creates a safer healthcare system. The first step towards effective and efficient collaborative practice is the application of interprofessional education [10]. Communication between nurses and doctors is considered a major part of the flow of information in health care. Numerous pieces of evidence show that poor communication can create a chronic state of conflict within a multi-professional team leading to an increase in medical errors and poor outcomes for healthcare users, health systems, and society as a whole [11]. On the other hand, members of a well-functioning multi-professional team have the same goals, everyone understands their role and, most importantly, there is mutual trust. Collaboration and teamwork of nurses, physicians, and other healthcare professionals can improve patient outcomes and reduce healthcare costs, increase job satisfaction, and maintain patient safety [12].

Satisfaction and preferences of health care users and satisfaction of service providers should be an imperative of organizational culture in order to achieve the desired expected outcomes and patient safety in health care systems. Effective teamwork creates optimal conditions for patient care and promotes satisfaction with professional work and retention of members [13].

Interprofessional cooperation is the key to satisfaction with the work performed by a health worker, and thus the effort invested in providing health services to patients will be at a much higher level, and the satisfaction of health care users, ie patients. It has been documented that interprofessional

cooperation has a positive effect on patient satisfaction with health care [14]. Patient satisfaction is simply defined as the patient's judgment of the quality and outcome of care [15].

Different types of information can be obtained from patients through a survey. After discharge, patients may be asked to report their perceptions of what happened during their stay, rate their perceptions of the quality of care and service they received, or indicate how satisfied they were with care and service [16]. In addition to the factors that appear during the patient's hospitalization, many other factors can affect patient satisfaction, such as the patient's age, gender, educational level, social standards, previous experiences with health care providers, psychological factors, patient needs, and expectations, the explanation was given, etc. Despite an ingrained loyalty to health professionals and the quality of care they provide, patients are currently looking for easy, fast, and quality care in a rapidly evolving world [17]. In developing countries, patient expectations from the health care system seem to be largely ignored by many factors such as the quality of clinical care provided, staff behavior, waiting time, cost of care, hospital infrastructure, physical comfort, emotional support, and respect for the patient. [18, 19, 20].

Feysia et. al. reported that: due to a lack of nursing population, scarcity of resources, incompetence, and an ineffective healthcare system, satisfaction with medical care in sub-Saharan Africa is low [21]. A study (2019 [22]) showed that the quality of the patient experience was associated with high satisfaction, which in turn was positively associated with improved treatment outcomes. A comparative study [23] that compared patient satisfaction with care services between primary and tertiary levels of health care, revealed that patients who received care services at the Health Center were significantly more satisfied in domains such as patient-doctor communication, availability, and quality of care services, technical equipment, financial aspects of care and general satisfaction compared to those in a tertiary institution. [23] Other predictors of the satisfaction of respondents of the aforementioned study were younger age, male gender, marriage, higher education, and Muslim religion.

The evaluation of the provision of health services from the perspective of patients is gaining more attention and is becoming a key attribute of any health system because it serves as a valuable indicator for measuring the success of service provision, especially in hospitals in the public sector [13], such as our health institutions where we conducted the research. According to the literature, we did not come across any published research on the topic of patient satisfaction with health care services in the territory of Montenegro, although patient satisfaction monitoring is implemented in the evaluation of the quality of health care. The research was carried out as part of the preparation of the Master's thesis on Nursing studies in Belgrade, with which we wanted to draw the attention of the public to an important aspect of the assessment of the quality of health services.

The research aims to examine the satisfaction of patients with interpersonal cooperation and health services provided at the level of primary and secondary health care.

## **2. Methodology**

The research was conducted as a cross-sectional study in the period from August to September 2020 among patients in two Health Centers in Podgorica ("Stari aerodrome" and "Pobrežje") and the General Hospital Nikšić. The data were collected through an anonymous survey questionnaire after approval by the Ethics Committee of the institutions and the signing of voluntary participation in the research.

The research used the Questionnaire for patients/users of health care services, which was designed for the purposes of this research and consists of a general and specific part. The general part refers to the collection of sociodemographic data, which includes the general characteristics of the respondents through 4 questions. A specific part of the questionnaire assesses the attitudes and opinions of patients

about health services during their care in primary and secondary healthcare institutions. It consists of 22 questions that assess patients' attitudes and opinions about collaborative cooperation, of which 3 are open-ended and 19 are closed-ended. Each question on the Likert scale was scored and the total score of answers received ranged from (0 - 100) points, with a higher number showing greater satisfaction of users with received health care services. Criteria for inclusion in the study were: patients older than 18 years who use care services in primary and secondary care for at least six months and patients who do not have any of the coexisting diseases (Alzheimer's, psychiatric diseases, febrile conditions, etc.) that could affect understanding of the questionnaire and voluntary consent. After analyzing the questionnaire, patients were divided into three groups: very satisfied with the services (70-100 points), satisfied with services (30-69), and the third group - dissatisfied with services (0-30).

Descriptive statistics measures were used in statistical processing, while differences between groups were determined using the  $X^2$  test. Statistical processing and analysis were done in the computer program SPSS v20 (Statistical Package for the Social Sciences) for Windows. The tabular and graphical presentation was done in Excel.

### 3. Results

The research included a total of 154 respondents. Among the respondents, there were 90 (58.44%) males and 64 (41.56%) females, whose age structure was evenly distributed in the surveyed healthcare institutions. Respondents, who provided some of the health services, were mostly employed (42.21%), pensioners (31.17%) unemployed (18.83%), and students (7.79%). Out of the total number of patients included in the research, the highest number was 103 (66.88%), and 29 (18.83%) with high school or university degrees (Table 1).

**Table 1.** General data on respondents

	n (%)
<b>Gender,</b>	
Male	90 (58,44)
Female	64 (41,56)
<b>Age,</b>	
18-20	21 (13,64)
21-40	38 (24,68)
41-60	61 (39,61)
60+	34 (22,08)
<b>Level of education,</b>	
Without school	7 (4,55)
Elementary school	7 (4,55)
High school	103 (66,88)
High vocational studies, college	29 (18,83)
Master, Doctorate	8 (5,19)
<b>Occupation,</b>	
Employed	65 (42,21)
Retired	48 (31,17)
Unemployed	29 (18,83)
Students	12 (7,79)
<b>Total</b>	<b>154 (100)</b>

In Table 2 we can see that patients were divided into two groups according to the level of health care. Patients came to the Podgorica Health Center mainly for pulmonology (51.7%), rheumatology (11.4%), and systematic examinations (11.4%), while patients from the Nikšić General Hospital were hospitalized for several weeks 33 (82.5%), of which a smaller number were waiting for surgery 8 (20%).

Furthermore, based on the obtained results, we can see that at the level of primary and secondary health care, health professionals explain the purpose of their diagnostic procedures (55%; 57%), acquaint patients with treatment, possible complications, and possible outcomes (62.5%; 64, 9%), provide the necessary information about the disease (65%; 55.3%).

Users of health services have the impression that health workers perform their work thoroughly, responsibly, and safely (70%; 71.9%), that doctors, nurses, and other health workers cooperate adequately as a team (80%; 36.8%), and are satisfied with communication and cooperation with them (77.5%; 81.6%), as well as to believe that they as a team instill confidence and security in solving their health problems (72.5%; 72.8%). Also, patients state that health professionals are kind during their care (85%; 58.8%), and that they dedicate themselves as much as necessary (57.5%; 67.5), although when it comes to presenting their health problems health workers spend more time at the primary level of health care (65.8%) than at the secondary level (50%). Users of health services at the secondary level of health care believe that they do not wait long for the necessary health service (70%) and that health workers do not neglect them and have an understanding of their problems (77.5%), while at the level of primary health care patients think they health workers neglect (66.7%) and wait a long time to provide the necessary services (57%).

**Table 2.** Distribution of respondents by satisfaction with health services

	OBN (n=40) n(%)			DZP (n=114) n(%)		
Are you in hospital treatment?						
No	0(0)			114 (100)		
Yes, several days	7 (17,5)			0(0)		
Yes, several weeks	33 (82,5)			0(0)		
Yes, several months	0(0)			0(0)		
Are you waiting for surgery?						
Yes	8 (20)			7 (6,1)		
No	32 (80)			107 (93,9)		
What reason for coming to the health facility?						
ORL	2 (5)			7 (6,1)		
Pulmonology	18 (45)			59 (51,7)		
Rheumatology/Allergology	3 (7,5)			13 (11,4)		
Gynecology	9 (22,5)			10 (8,8)		
Neurology	3 (7,5)			4 (3,5)		
Orthopedic / Physiatry	2 (5)			8 (7,1)		
Systematic Review	3 (7,5)			13 (11,4)		
	OBN (n=40) n(%)			DZP (n=114) n(%)		
	Yes	No	Sometimes	Yes	No	Sometimes
Do health professionals explain the purpose of all diagnostic procedures to you?	22 (55)	0 (0)	18 (45)	65 (57)	13 (11,4)	36 (31,6)
Do health professionals acquaint you with the method of treatment, possible complications, and possible outcomes?	25 (62,5)	0 (0)	15 (37,5)	74 (64,9)	12 (10,5)	28 (24,6)

Table 2. Continued.

	OBN (n=40) n(%)			DZP (n=114) n(%)		
	Yes	No	Sometimes	Yes	No	Sometimes
Do you have the impression that health professionals do their job thoroughly, responsibly, and safely?	28 (70)	0 (0)	12 (30)	82 (71,9)	9 (7,9)	23 (20,2)
Do health professionals give you enough time to present all your problems during your care?	15 (37,5)	5 (12,5)	20 (50)	75 (65,8)	11 (9,7)	28 (24,5)
Do all health professionals pay equal attention to you?	12 (30)	18 (45)	10 (25)	52 (45,6)	23 (20,2)	39 (34,2)
Do health professionals give you the information you need about the disease?	26 (65)	0 (0)	14 (35)	63 (55,3)	23 (20,2)	28 (24,5)
Do health professionals as a team instill confidence and security in you while solving your health problems	29 (72,5)	0 (0)	11 (27,5)	83 (72,8)	4 (3,5)	27 (23,7)
Are you satisfied with the communication and cooperation with health professionals during your care?	31 (77,5)	0 (0)	9 (22,5)	93 (81,6)	5 (4,4)	16 (14)
Do health professionals sometimes neglect you and have no understanding of your problems?	2 (5)	31 (77,5)	7 (17,5)	76 (66,7)	12 (10,5)	26 (22,8)
Do you wait long for the necessary help/service during your care?	4 (10)	28 (70)	8 (20)	65 (57)	26 (22,8)	23 (20,2)
Do health professionals ignore you during your care?	0 (0)	32 (80)	8 (20)	22 (19,3)	63 (55,3)	29 (25,4)
Do you ever doubt the accuracy of a doctor's diagnosis?	4 (10)	32 (80)	4 (10)	6 (5,3)	66 (57,9)	42 (36,8)
Are your health professionals kind and friendly to you during care?	34 (85)	1 (2,5)	5 (12,5)	67 (58,8)	11 (9,6)	36 (31,6)
Do health professionals always dedicate themselves to you as much as you think they need to?	23 (57,5)	6 (15)	11 (27,5)	77 (67,5)	13 (11,4)	24 (21)
Do you have the impression that doctors, nurses, and other health professionals cooperate adequately as a team?	32 (80)	7 (17,5)	1 (2,5)	42 (36,8)	36 (31,6)	36 (31,6)
Non-cooperation among health professionals leads to professional mistakes in work that can lead to poor patient outcomes.	29 (72,5)	2 (5)	9 (22,5)	15 (13,2)	73 (64)	26 (22,8)
Adequate professional cooperation of health professionals reduces the possibility of professional errors to a minimum.	32 (80)	0 (0)	8 (20)	87 (76,3)	13 (11,4)	14 (12,3)

n (%) - number of respondents (percentage); OBN- General Hospital Nikšić; DZP- Health Center Podgorica

The values obtained in Table 3 show that there is a statistically significant correlation between gender and patient satisfaction with services  $\chi^2 (2, N = 154) = 104,117, p = 0,000$ . We can notice that there is a statistically significant correlation between age and patient satisfaction with services  $\chi^2 (6, N = 154) = 139,294, p = 0,000$ . The obtained results suggest that among male patients there are more who are satisfied with health service compared to female patients, as well as that among younger patients (less than 20 years, from 21 to 40 years) there are more who are satisfied with health service in compared to elderly patients (over 60 years of age) who are predominantly dissatisfied. It was found that there is a strong relationship between variables based on the calculated value of Cramer V = 0.822 for gender and service satisfaction and Cramer V = 0.672 for variables: age and patient satisfaction. Variables were

omitted from the impact analysis: education and occupation, due to the small number of respondents by category.

**Table 3.** Correlation of gender, age, and satisfaction with health services

	N	Patients' satisfaction			$\chi^2$	p
		Dissatisfied with services	Satisfied with services	Very satisfied with the services		
<b>Gender</b>						
Male	90	/	/	90	104.117	<b>0.000</b>
Female	64	26	24	14		
<b>Age</b>						
18-20	21	/	/	21	139.294	<b>0.000</b>
21-40	38	/	/	38		
41-60	61	/	16	45		
60+	34	26	8	/		
<b>Institution</b>						
OBN	40	4	7	29	1.841	<b>0.398</b>
DZP	114	22	17	75		

OBN- General Hospital Nikšić; DZP- Health Center Podgorica

#### 4. Discussion

This comparative study looked at satisfaction with the care provided, among patients who received services, at the level of primary and tertiary care. Patient satisfaction is an important factor both for assessing the quality of health care and for predicting positive health outcomes [24]. Good outcomes of caring for users also require strong patient participation and consideration of their preferences. It is believed that strengthening the relationship between healthcare providers and their patients will, among other benefits, lead to earlier disease detection, better understanding and adherence to selected care/treatment and care strategies, cost reduction, and better healthcare outcomes [12]. Satisfaction of users/patients with the services received by health teams during collaborative practice, most health systems see as a significant way to identify gaps/deficiencies, but also as a method and initiative to improve health care services. Consumer/user assessment in health care systems is the gold standard when it comes to health care satisfaction surveys. Measures/results of patients' experiences are indicators of the quality of health services [25, 23]. The recommendations emphasize the importance of assessing patient interaction with all care providers. The value is contained in the understanding of the effectiveness of collaborative care of users by the entire interprofessional team and not individual health professionals, which was confirmed by the results of the study [26] where the most satisfactory aspect in the hospital was rated by the participants of the mentioned study as the teamwork of health professionals. Conducted research [22] in a study that monitors patient experience/satisfaction shows a clear link between improving patient experience/satisfaction and providing higher quality health care as well as a clear and positive relationship between patient satisfaction with service quality and adherence to selected and agreed treatment strategies [22]. Patients who had better access to their health center and its services rated the quality of services with more satisfaction. They also found a higher level of patient satisfaction and better adherence to selected/agreed care strategies, in patients who were cared for in decentralized healthcare units, rather than in patients cared for in the main hospital [25].

The results of our research showed significantly higher satisfaction with the received care services in the group of respondents, OB Nikšić (73%) compared to (66%) as recorded in DZ Podgorica,  $\chi^2 (2, N = 154) = 1,841, p = 0.398$ , which is in contrast to the results of the aforementioned study [25], which noted greater satisfaction with primary health care services. A study conducted in Serbia in 2017,

reported greater satisfaction of users with inpatient care compared to outpatient care, which is in line with the results of our study [27].

The results of our research indicate that the greatest differences between the respondents of our study were noted in terms of satisfaction with the information provided regarding the disease and diagnostic and therapeutic interventions. Differences between the study groups were also noted in terms of evaluation of communication and kindness during care services. Our results also indicate significant differences between the examined groups in terms of assessing the collaborative practice of health professionals, among the examined groups of patients. Namely (80%) of OB Nikšić patients evaluated positively the cooperation of health professionals during the collaborative practice according to (36%), in the group from DZ Podgorica. Based on the presented results, we can conclude that success is satisfaction with the provided services within the scope of the dialogical dimension, ie showing interest in listening, which is in line with the results of studies [26, 28]. Thus, openness to listening and talking positively and directly affects user satisfaction with care in healthcare facilities. Attitudes of respect, attention, and kindness influenced the assessment of the quality of care received. When users did not feel welcome and listened to, the services were poorly rated. This shows the importance of solidarity care, which affects service satisfaction.

Natesan, Hadid, Harb, Hitti (2019) in a study [29] cites factors that affect patient satisfaction with received health services and reported on predictors of satisfaction. It was found that two factors predict satisfaction: clinical team and systemic processes (work organization). The study reported that work organization was a statistically significant predictor of overall satisfaction, while the clinical team predicted overall satisfaction to a lesser extent. The analysis of the results of our research showed that the patients evaluated the organization of work in health care institutions, as the most important factor of satisfaction, of the patients of both examined groups. Namely, the answer to the question: What would you most like to change or improve in the health institution where you are being treated? About half of the respondents from both groups (51% OB Nikšić and 46% DZ Podgorica) answered: "better organization and less waiting". All other proposals such as everything complete in terms of treatment, technical improvement, and the provision of a larger number of staff and higher salaries led far from a smaller number of patients. In support of the results of our study, a study from Brazil [30] also reported dissatisfaction with primary health care services due to the long wait for appointments and the inability of getting appointments due to limited resources and too many people in need of care. Researchers from other studies have also discovered a long waiting time for appointments and the necessary care service at the scheduled time [26, 31, 32].

We also found a significant correlation between gender and patient satisfaction with services,  $\chi^2(2, N = 154) = 104,117, p = 0,000$  in our study. All male patients in both study groups were very satisfied with the services. The results of the correlation analysis also showed a significant negative correlation between age and service satisfaction. Namely, patients in both groups, younger than 40 years, were more satisfied with the services compared to older patients, especially those over 60 years of age, where the greatest dissatisfaction with the received services was recorded (Cramer V = 0.672). Similar results were found by researchers in the study [33] which aimed to establish a link between patient satisfaction and the gender of physicians in community health organizations. They reported that the increase in the number of male doctors was positively correlated with patient satisfaction, ie. oLDER patients and those with higher medical bills were more dissatisfied [33]. The study [34], which evaluated user satisfaction with health care, revealed the association of other sociodemographic characteristics with satisfaction with the care services received. The previously mentioned study reported that: a higher degree of professional education, occupation, and living in the city were associated with a higher degree of satisfaction, which we did not prove in our study.



Determinants of satisfaction with health care services may be related to the behavior and attitude of health care professionals who care for the patient. Supporting this claim Feysia et al. state that the level of competence of healthcare workers affects patients' satisfaction with healthcare [21] This was further confirmed in the study by Akinyinka et al. in a study in Lagos, Nigeria that the level of trust in health professionals affects the level of satisfaction with care [26]. The results of our study revealed the greatest differences between the examined groups of patients of the primary and secondary level of ZZ in terms of satisfaction with the information provided regarding the disease and diagnostic-therapeutic interventions, as well as in terms of the assessment of communication and kindness during care services.

It is important to mention the attitude of patients about the importance of quality interprofessional cooperation during the collaborative practice of health professionals. Namely, both examined groups of patients in our study stated that the interprofessional cooperation of health workers is very important for the quality of protection/care provided by health institutions.

A study conducted in Nigeria (2005) reported that the decline in health service delivery over time has resulted in a loss of consumer confidence in existing services, underutilization of primary health care (PHC) services with accompanying over-dependence on tertiary health care institutions, which is also the case in healthcare in our area [35]. These results of our study could be connected with the facts of not a timely investment in health infrastructure, the outflow of quality personnel from our areas, and the insufficient readiness of health systems to compensate for this quickly.

Secondly, the way of providing care services at the level of tertiary health care is realized through closer oral permanent interprofessional team cooperation, as opposed to services at the primary level of health care where this cooperation is achieved more through written documentation with insufficient awareness of health professionals about joint/collaborative responsibility for care services provided to consumers.

Third, the increasing complexity in the provision of health care due to the increase in the number of so-called complex patients with a large number of coexisting comorbidities who use health care services, where teamwork and interprofessional cooperation are imperative for the efficiency of health services, positive outcomes of care, and saving resources in the health care system.

## 5. Conclusion

The research was conducted with the aim of examining patients' satisfaction with interpersonal cooperation and health services provided at the level of primary and secondary health care.

The obtained results showed that satisfaction with the received care services was significantly higher in the group of patients cared for at the secondary level of health care, in contrast to those who were cared for at the primary level of health care. The biggest differences in terms of satisfaction with the services received were noted in terms of satisfaction with the information provided regarding the disease and diagnostic and therapeutic interventions, to the greater satisfaction of patients cared for at the level of secondary health care. Emphasis can also be noticed at the level of gender, where all male respondents are satisfied with the care services received. It is important to note that the patients, cared for at the primary and secondary level of health care, stated that the interprofessional cooperation of health workers is very important for the quality of services provided to them in the health institution.

This research is just one of the possible approaches in analyzing patient satisfaction with interpersonal cooperation and health services provided at the level of primary and secondary health care and is only the basis for further research that would result in deepening knowledge in the field of interprofessional cooperation.

### **Ethical statement:**

Certificate of research approval. The number of the decision for the health center is 05 / 14-374 from 25.01. 2021. and for O: B. Nikšić number 9630 from 10.12. 2020

**Conflict of interest:**

The authors have no conflict of interest.

**Funding:**

The study was funded by the Authors.

**Authors' Contributions:**

All authors mentioned in the paper made a significant contribution to the research.

M.D.T: Conceptualization and draft of the manuscript (30%)

S.B.S: Review of the manuscript (10%)

A.A.K.P: Conceptualization and draft of the manuscript (20%)

Ž.M.V: Review of the manuscript (10%).

D.P: Review of the manuscript (10%).

G.M: Conceptualization and draft of the manuscript (20%).

All authors reviewed and approved the manuscript.

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