



Communication Satisfaction and Job Performance among Nurses in Tertiary Level Hospitals, the People's Republic of Bangladesh

ความพึงพอใจในการติดต่อสื่อสารและการปฏิบัติงานของพยาบาลในโรงพยาบาลระดับตติยภูมิ สาธารณรัฐประชาชนบังกลาเทศ

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บทคัดย่อ

ความพึงพอใจในการติดต่อสื่อสารและการปฏิบัติงานมีความสำคัญต่อความสำเร็จขององค์กรการศึกษาครั้งนี้มีวัตถุประสงค์เพื่อศึกษาความสัมพันธ์ระหว่างความพึงพอใจในการติดต่อสื่อสารและการปฏิบัติงาน กลุ่มตัวอย่างเป็นพยาบาลจำนวน 221 คนที่ปฏิบัติงานในโรงพยาบาลระดับตติยภูมิ สาธารณรัฐประชาชนบังกลาเทศจำนวน 2 แห่ง เครื่องมือวิจัยประกอบด้วยแบบวัดความพึงพอใจในการติดต่อสื่อสาร(Downs and Hazen,1977) และแบบวัดการปฏิบัติงาน (Greenslade & Jimmieson, 2007) ค่าสัมประสิทธิ์แอลฟาของครอนบาคของแบบวัดความพึงพอใจในการติดต่อสื่อสารและแบบวัดการปฏิบัติงานในองค์ประกอบการปฏิบัติตามหน้าที่หลักและการปฏิบัติงานตามบริบทเท่ากับ .85, .96 และ.86 ตามลำดับวิเคราะห์ข้อมูลด้วยสถิติเชิงพรรณนาและค่าสัมประสิทธิ์สหสัมพันธ์แบบเพียร์สัน ผลการศึกษาครั้งนี้พบว่าพยาบาลรับรู้ความพึงพอใจในการติดต่อสื่อสาร($\bar{x} = 174.99, SD = 39.25$)การปฏิบัติงานตามหน้าที่หลัก($\bar{x} = 107.53, SD = 23.06$)และการปฏิบัติงานตามบริบท ($\bar{x} = 78.66, SD = 18.84$) ในระดับปานกลาง ความพึงพอใจในการติดต่อสื่อสารมีความสัมพันธ์ทางบวกอย่างมีนัยสำคัญกับการปฏิบัติงานตามหน้าที่หลัก ($r = .714, p < .01$) และการปฏิบัติงานตามบริบท ($r = .711, p < .01$) การศึกษานี้เป็นข้อมูลพื้นฐานสำหรับผู้บริหารในการส่งเสริมความพึงพอใจในการติดต่อสื่อสารและการปฏิบัติงานของพยาบาลต่อไป

คำสำคัญ: ความพึงพอใจในการติดต่อสื่อสาร การปฏิบัติงาน พยาบาล โรงพยาบาลระดับตติยภูมิ

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Abstract

Communication satisfaction and job performance are important for organizational achievement. This study aimed to examine the relationship between communication satisfaction and job performance. The study sample included 221 nurses working in two tertiary level hospitals in the People's Republic of Bangladesh. Research instruments included the Communication Satisfaction Questionnaire (CSQ) (Downs and Hazen, 1977) and the Job Performance Scale (JPS) (Greenslade & Jimmieson, 2007). The Cronbach's alpha coefficients of the CAQ, task performance, and contextual performance dimensions of JPS were .85, .96, and .86, respectively. Descriptive statistics and Pearson product correlation coefficient were used to analyze the data.

The findings of this study revealed that nurses perceived a moderate level of communication satisfaction ($\bar{x} = 174.99$, $SD = 39.25$), of task performance ($\bar{x} = 107.53$, $SD = 23.06$), and of contextual performance ($\bar{x} = 78.66$, $SD = 18.84$). Communication satisfaction was positively significantly related to task performance ($r = .714$, $p < .01$) and contextual performance ($r = .711$, $p < .01$). The results of this study could be used as basic information for nurse managers to improve nurses' communication satisfaction and job performance.

Keywords: Communication satisfaction, Job performance, Nurse, Tertiary Level Hospital

Background and Significance

Nurses are the largest group of people in the healthcare organization (Huber, 2010). Despite their importance in healthcare, nursing staff shortage is a worldwide phenomenon (Oulton, 2006; Meng, Liu Y, Liu H, Hu, Yang, Liu, 2015). Nursing shortages affect quality of care by increasing workload. This increased workload adversely affects patient safety (Aiken, Clarke, Sloane, Sochalski & Silber (2002) and job performance (Unruh & Fottler, 2002) which refers to behaviors performed by nurse that contribute to the organization's technical core and that help to shape the organizational, social, and psychological context. It is divided into two aspects: task performance and contextual performance. Task performance means behaviors

that contribute directly to the hospital's goals and activities that perceive as a job. It consists of four dimensions: provision of information, coordination of care, provision of support, and technical care. Contextual performance means behaviors that support the broad organizational, social, and psychological environment of the hospital. It consists of four dimensions: interpersonal support, job-task support, compliance and volunteering for additional. Job performance was measured by the Job Performance Scale (Greenslade & Jimmieson, 2007). Proper job performance is essential for providing cost-effective and high-quality healthcare in healthcare organizations (Hamilton et al., 2007). Also, job performance of nurse will prevent the infection, mortality rate, and cost for patient



(Awases, Bezuidenhout & Roos, 3102).

Job performance is affected by various factors such as job characteristics (Yuxiu, Kunaviktikul, & Thungjaroenkul, 2011), job stress and social support (Abu Al Rub, 2007), organizational factors (Greenslade & Jimmieson, 2011), emotional intelligence (Bakr & Safaan, 2012), career commitment (Schwirian, 1978), and communication satisfaction (Chien, 2004). Communication satisfaction is an individual's satisfaction with various aspects of communication in the organization such as communication climate, supervisory communication, organizational integration, media quality, co-worker communication, corporate information, personal feedback, and top management communication (Downs & Hazen, 1977). Nurses' communication satisfaction is important because it plays a central role in hospital effectiveness. Nurses spend approximately 40 hours per week at work, where they are required to communicate effectively for their job. They want to experience a high level of communication satisfaction because high communication satisfaction has a direct effect on employee motivation, performance, efficiency, sense of membership and belonging (Engin & Akgoz, 2013), and job satisfaction (Wanger, Bezuidenhout, & Roos, 2014).

Studies on communication satisfaction and job performance showed that communication satisfaction is related to job performance. Pincus (1986) studied communication satisfaction and job performance among 327 nurses and found that nurses' communication satisfaction and job performance were significantly associated

($r = .13$, $p = .03$). This correlation is also true for other fields. Goris, Pettite, and Vaught (1997) studied among 302 employees from two companies and found that employee satisfaction with communication was a significant mediator of association between high individual-job congruence and overall job performance ($R^2 = .065$, $p < .05$). In addition, Alsayed, Motaghi, and Osman (2012) conducted a study among 342 employees in a Palestinian governmental organization. They found that task performance was predicted by two dimensions of communication satisfaction for 73% ($p < .001$), relational dimension ($\beta = .767$, $p < .001$), and info-relational dimension ($\beta = .147$, $p < .001$).

The People's Republic of Bangladesh is a developing country and is one of the most densely-populated countries in the world. In this country, nurse to population ratio is 1: 5,000 which compares to the standard ratios of 1:1000 (Associated Press, 2013). The Ministry of Health is responsible for providing care through three levels of hospitals: primary, secondary, and tertiary hospitals. At present, 17 tertiary hospitals provide a variety of healthcare service to the people (Directorate General of Health Services, 2014). These hospitals are always at full patient capacity, and most of the time these hospitals run at 20-25% over capacity (Head nurse, Personal contact, 15 April, 2015). As nurses are important healthcare personnel who are responsible for providing care, their job performance is crucial for quality of care. However, there is severe nursing shortage in these hospitals. For example, in Sylhet tertiary hospital, there are 451 nursing posts. However, only 306 nurses are working and 145 posts are



vacant. Likewise, in Comilla Medical College Hospital, there are 222 nursing posts, yet only 193 nurses are working there and 29 posts are vacant (Nursing superintendent, personal contact, 25 April, 2015). Nursing shortages in tertiary hospitals, therefore, increase nurses' workloads and thus affects nurses' job performance.

Research Objectives

This study aimed to examine communication satisfaction, job performance including task and contextual performance, and their relationship among nurses in tertiary level hospitals in the People's Republic of Bangladesh.

Conceptual framework

The concept of communication satisfaction by Downs and Hazen (1977) included eight dimensions: communication climate, supervisory communication, organizational integration, media quality, co-worker communication, corporate information, personal feedback, and top management communication. The concept of job performance included task and contextual performance. Task performance included provision of information, coordination of care, social support, and technical care. Contextual performance included interpersonal support, job-task support, compliance to the organizational rules, and volunteering for duties (Greenslade & Jimmieson, 2007). Communication satisfaction was correlated with job performance since nurses' satisfaction with aspects of communication in the hospital will improve nurse's performance to meet hospital expectations.

Methodology

This descriptive correlational study was conducted among registered nurses in two tertiary level hospitals including MAG Osmani Medical College Hospital and Comilla Medical College Hospital. This study was conducted between April and May, 2015.

Population and sample

Population of this study was nurses in 17 tertiary hospitals. Sample was calculated using the power analysis. The sample size for bivariate correlation analysis is 197 (effect size of .20, power of .80, $p = .05$) (Polit & Hungler, 1999). The 20 % of sample was added for possible missing data (Sherman as cited in Polit & Hungler, 1999). The total sample was 237 nurses. The multistage sampling technique was used to select two from seven divisions. Within two divisions, two from three tertiary hospitals were selected. Sample from each department was randomly selected, and 237 questionnaires were distributed to registered nurses who had at least one year working experience and worked in medicine, surgical, gynecology, pediatric, orthopedic, eye, as well as ENT units. Of the 227 questionnaire that were returned from participants, six were incomplete. Therefore, 221 data (93.24%) were used for analysis.

Research instrument

The research instrument consisted of three parts:

1) The demographic data form developed by the researcher consisted of age, gender, religion, marital status, education level, and working experience.

2) The Communication Satisfaction Questionnaire (CSQ) by Downs and Hazen (1977)



consisted of eight dimensions (40 items) including communication climate (5 items), supervisory communication (5 items), organizational integration (5 items), media quality (5 items), co-worker communication (5 items), corporate information (5 items), personal feedback (5 items), and top management communication (5 items). Each item was a 7-point Likert scale from 1 (Very Dissatisfied) to 7 (Very Satisfied). The total and dimension scores of the CSQ were categorized into three levels as low, moderate, and high (Best & Kahn, 2003).

3) The Job Performance Scale (JPS) by Greenslade and Jimmieson (2007) consisted of two main categories including task and contextual performance. Task performance was composed of four dimensions (23 items) including provision of information (7 items), coordination of care (5 items), social support (6 items), and technical care (5 items). Each item was a 7-point Likert scale ranging from 1 (very much below average) to 7 (very much above average). Contextual performance was composed of four dimensions (18 items) including interpersonal support (6 items), job-task support (6 items), compliance (3 items), and volunteering for (3 items). Each item was a 7-point Likert scale ranging from 1 (not at all) to 7 (a great deal). The totals and domain scores of task and contextual performance were categorized into three levels as low, moderate, and high (Best & Kahn, 2003).

The CSQ and JPS were conducted back-translation in which the Original English questionnaires were initially translated into Bengali by the first translator. The Bengali questionnaires were translated back to English

by another translator. Then, two English versions were compared by a student and her advisors to confirm the meaning with the original English questionnaire. The validity of CSQ and JPS were confirmed by the developers by using construct validity and convergent validity, respectively. The reliability of the CSQ, as well as the task and contextual performance scales were tested among 15 registered nurses. The Cronbach's alpha coefficient of the CSQ was .85, of task performance was .96, and of contextual performance was .68.

Ethical Considerations

The research proposal was submitted to the research ethics review committee of the Faculty of Nursing, Chiang Mai University, Thailand, and obtained approval before data collection. All participants were informed about the research objective and methodology. Participants were informed that they had the right to refuse or stop participating in this research at any time. The confidentiality and anonymity of each participant were granted. The results were only used for research purposes and reported as an overall group. Informed consent was taken before distributing the questionnaires.

Data Collection Procedure

After obtaining the permission from the directors of two tertiary level hospitals, research coordinators were arranged by the nurse superintendents. The researcher met with the research coordinators to explain the purpose of the research as well as the role and responsibilities of the research coordinator in distributing and collecting the questionnaires. The researcher



selected the subject from the list of nurses at each unit. Then the research questionnaires were distributed by the research coordinator of each hospital to participants, who were informed to return the questionnaire within two weeks in a sealed envelop.

Data analysis procedure

Data were analyzed using statistical computer program. Frequency, percentage mean, and standard deviation were used to analyze demographic data, communication satisfaction, and job performance. Before performing the correlation statistics, the Kolmogorov-Sminov test was used to test for normality. The results indicated normal distribution. Then the Pearson product moment correlation coefficient (r) was used to examine the relationship between communication satisfaction and job performance. The significance level was set at .05. A correlation coefficient of .10 to .29 was considered as a low relationship, .30 to .50 was considered as a moderate relationship, and larger than .50 was considered as a high relationship (Burns & Grove, 2009).

Results

The ages of the 221 nurses ranged from 28 to 54 years with an average of 38.59(SD = 5.40). Most of them were female (91.85%), Muslim (56.11%), and married (96.38%). The most common educational level among the nurses was a diploma in nursing degree (66.51%), and the highest percentage (30.77%) of nurses had 1 to 5 years of working experience.

The results indicated that nurses reported a moderate level of overall communication satisfaction ($\bar{x} = 174.99$, SD = 39.25). They rated all eight dimensions of communication satisfaction at a moderate level (Table 1). Nurses also reported a moderate level of task ($\bar{x} = 107.53$, SD = 23.06) and contextual performance ($\bar{x} = 78.66$, SD = 18.84). The sub-dimensions of task and contextual performance also were rated at a moderate level (Table 2). Nurses' communication satisfaction was significantly and highly associated with task performance ($r = .714$, $p < .01$) and contextual performance ($r = .711$, $p < .01$) (Table 3).



Table 1 Mean, standard deviation, range, and the level of communication satisfaction among nurses (n = 221)

Variable	Mean	SD	Range	Level
Communication satisfaction	174.99	39.25	87-280	Moderate
Communication climate	20.94	6.67	6 - 35	Moderate
Supervisory communication	20.82	7.71	5 - 35	Moderate
Organizational integration	21.98	6.43	5 - 35	Moderate
Media quality	20.91	6.00	7 - 35	Moderate
Co-worker communication	23.62	5.00	9 - 35	Moderate
Corporate information	21.95	5.03	7 - 35	Moderate
Personal feedback	22.28	6.21	6 - 35	Moderate
Top management	22.49	6.00	8 -35	Moderate

Table 2 Mean, standard deviation, range, and the level of task and contextual performance among nurses (n = 221)

Variables	Mean	SD	Range	Level
Task performance	107.53	23.06	46 - 161	Moderate
Information	31.99	8.00	9 -49	Moderate
Coordination of care	23.26	6.15	6 - 35	Moderate
Social support	28.61	6.63	12 - 42	Moderate
Technical care	23.66	5.74	8-35	Moderate
Contextual performance	78.66	18.84	33-126	Moderate
Interpersonal support	27.21	7.14	6 -42	Moderate
Job task support	25.50	7.70	10 - 42	Moderate
Compliance	13.37	3.71	5 - 21	Moderate
Volunteering in duties	12.56	3.833. 3.84	3-21	Moderate



Table 3 Pearson's correlation coefficient between communication satisfaction and task and contextual performance (n = 221)

Variables	Task Performance	Contextual Performance
Communication Satisfaction	.714**	.711**

**p = 0.01

Discussion

Communication satisfaction

The findings revealed that the total score of communication satisfaction among Bangladeshi nurses was at a moderate level (Table 1). This finding is consistent with the study by Xingli (2013), who found that the total communication satisfaction among 216 Chinese registered nurses was at a moderate level ($\bar{x} = 4.19$, $SD = 0.41$), as well as Gulnar (2007), who found overall communication satisfaction of 164 research assistants was at a moderate level ($\bar{x} = 5.08$, $SD = 1.92$).

The explanation might be related to the information needed to perform the job. Generally, nurses obtained information such as duty change and official important information from head nurses, as well as received information about serious conditions of patients, changes of medication, and patients' information from colleagues. However, nurses still needed important information such as hospital policies and goals, changes in the hospital, and hospital financial matters. Moreover, they needed communication that made them feel vital to the organization such as recognition and feedback. This was also supported by the study by Mithu, Sayem, and Khan (2012), who found that the majority of nurses in Bangladesh were not satisfied with their job because factors such

as recognition, policy, and administration were not maintained in their work setting.

A second possible explanation is the communication between nurses and their supervisors. Normally, nurses communicate with nurse supervisors about schedules, risks, clinical problems, and excessive patient admission in their unit. However, there is an inadequate number of nurse supervisors in which ten supervisors were responsible for 306 nurses (Nurse Supervisor, personal contact, April 10, 2015). Moreover, nurse supervisors spent their time preparing nurse schedules, managing leave, and managing time for nurses' in-service training. Therefore, nurse supervisors had little time to communicate with nurses regarding the problems in the unit, to guide nurse how to solve the problems, or to provide clinical instruction to the nurses. The third plausible explanation is the quality of communication. Although the hospital director provided nurses with the information through nursing superintendents and nurse supervisors, the communication was sometimes verbal and unclear, often as a notice about which nurses had no opportunity to ask for more details. These limitations diminished the accuracy and completeness of information. As Huber (2010) pointed out, effective communication must be clear, direct, straightforward, and have frequent message



transmission.

Job performance

There were two categories of job performance: task and contextual performance, task performance and contextual performance. The findings revealed that task performance was found at a moderate level (Table 2). This might be nurses provide a variety of care to the patients such as admission, bedside care, coordination with other departments. However, there was high workload caused by the shortage of nurses and excess patients as a study conducted by Sickder, Sac-Saia and Pet pichetchian (2010) revealed that the nurse-to-patient ratios in one tertiary hospital in Bangladesh was 1:12 during the morning shift, 1:36 during the evening shift, and 1:39 during the night shift. These ratios indicate that nurses had many patients for whom to provide care. Therefore, they mainly focused on their bedside care such as drug administration, blood transfusion, wound dressing, and carrying out physicians' orders. Furthermore, they did not have enough time to provide information for patients and their relatives such as how to take care of the patient at home, what to do if the patient's symptoms got worse, and when the patients can do normal activities. This explanation is supported by Zhang, Cheng, Yi and Zhang (2006), who found that when nurses provided care to many patients, they experienced a heavy clinical workload and did not have additional time to teach patients and their family members about patient care requirements (Sun, 2004). Therefore, nurses in this study perceived task performance at a moderate level.

The findings revealed that contextual

performance was at a moderate level (Table 2). This result is similar to the study by Fathimath (2012), which demonstrated that nurses' contextual performance was at a moderate level ($\bar{x} = 64.45$, $SD = 12.95$). An explanation could be the interpersonal support. Bangladeshi nurses always helped their colleagues to solve problems; for example, they helped by inserting intravenous catheters and managing serious problems of patients. Moreover, nurses who attended meetings and continued education shared their knowledge during shift changes. However, their willingness was hampered by work overload from nursing shortages and non-nursing activities such as preparing equipment and supply materials, reporting, and recording. These made nurses unable to do these activities. In addition, although nurses had opportunities and authority to improve their work, nurses had limited opportunity to participate in voluntary activities. In medical college hospitals, there were two committees, quality care assurance and infection committees. These committees comprised only head nurses and nurse supervisors. As a result, other nurses could not make innovative suggestions to improve the quality of care in the hospitals. Moreover, nurses had limited opportunity to attend and participate in the meetings regarding hospital policy, so they had little contribution to improve or make changes for their work.

Nurses' communication satisfaction and job performance

The findings revealed that there was a positive high correlation between nurses' communication satisfaction and task performance as well as contextual performance (Table 3).



This result is consistent with the study conducted by Alsayed, Motaghi, and Osman (2012) who found that the relational dimension of communication satisfaction was highly significant and positively co-related to task performance ($r = 0.767, p < 0.001$). In addition, a study conducted by Chien (2004) found that communication satisfaction was highly associated with job performance ($r = .259, p < 0.01$).

A positive correlation could be explained by the fact that when nurses received good communication from the hospital about their job requirements, department plans, policies, benefits, and feedback; they knew the expectations of the organization about their jobs and daily work. Then they improved their work regarding that expectation. Similarly, Kumar and Giri (2009) stated that communication played an important role in the function of an organization and improved employee performance. Moreover, when the communication between nurses and others was accurate and free flowing, they might have a better understanding among their jobs' responsibilities, which formed a good relationship with other health care professionals, enhanced cooperation and building trust, and then led to good performance in doing nursing care. This idea is supported by Roberts and O'Reilly (1973), who stated that if communication was good, an organization's performance and effectiveness would also be good because communication contributes to nurses' recognition, motivation, feedback, and stimulation. These led to enthusiasm towards patient care.

Conclusion

The study aimed to assess nurses' communication satisfaction, task and contextual performance as well as the relationship between these variables. The study was conducted among 221 registered nurses at two tertiary level hospitals in the People's Republic of Bangladesh. The results revealed that nurses perceived a moderate level of communication satisfaction, as well as task and contextual performance among nurses. The relationships between communication satisfaction, task and contextual performance were high and positively related. Implications of Research Findings

The results of this study provided essential information for nurse managers and hospital administrators to improve communication satisfaction among nurses by developing the communication between hospital and nurse, as well as between supervisor and nurse; improving the amount and quality of information; and giving nurses related information and feedback for their job. Moreover, information from this study suggested nurse managers and hospital administrators to improve nurses' task and contextual performance by ensuring minimum workload to properly perform nurses' task performance, as well as encouraging nurses to participate in the voluntary tasks in the hospitals. Nurses also can use this information to improve their daily practices to increase their task and contextual performance.

Recommendations for further research

1. Further studies should be conducted between nurses' communication satisfaction and job performance with other related factors.
2. Further exploration should be conducted



to find the predictive ability of communication satisfaction and job performance.

3. Further research about nurses' communication satisfaction and job performance should be conducted among nurses and nurse managers through qualitative approach.

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