

ASSESSING THE SATISFACTION OF THE PEOPLE OF THE UNPRIVILEGED COMMUNITIES INCLUDING THE RROMA ETHNY REGARDING THE QUALITY AND THE ACCESS TO THE HEALTH SERVICES

MINERVA GHINESCU

Ph.D. Candidate, The "Lucian Blaga" University of Sibiu

Abstract: *In the tradition countries, the interest for measuring the quality of the medical services has increased lately, through subjective qualitative methods, such as the assessment of the patient's satisfaction. The essential element is the change of the dissatisfaction aspects into the satisfaction ones, as a result of the identification of the critical areas of the medical services, by the use of the qualitative measures in assessing quality, the possibility of applying the method to similar services and the comparison of the results which may lead to the identification of problems, emphasizing the favourable results obtained by certain services.*

Keywords: *unprivileged communities, satisfaction, quality, health services.*

Rezumat: *În țările cu tradiție a crescut interesul, în ultimii ani pentru măsurarea calității serviciilor medicale prin metode calitative subiective cum ar fi determinarea satisfacției pacientului. Elementul esențial îl reprezintă modificarea aspectelor de insatisfacție spre aspectele de satisfacție, ca urmare a depistării ariilor critice din serviciile medicale, prin utilizarea metodelor calitative în măsurarea calității, posibilitatea aplicării metodei la servicii similare și compararea rezultatelor pot conduce la identificarea problemelor într-un serviciu și la punerea în evidență a rezultatelor favorabile obținute de unele servicii;*

Cuvinte cheie: *comunități defavorizate, satisfacție, calitate, servicii de sănătate*

CONTEXT

In the tradition countries, there has been an increase for measuring the quality of the medical services through subjective qualitative methods, such as: determining the patient's satisfaction. The essential element is represented by the change of the dissatisfaction aspects towards the satisfaction ones, as a result of the identification of the critical areas of the medical services, by using the qualitative methods for quality measurement, by the possibility of applying the method to the similar services and by comparing the results which may lead to the identification of the problems and to the emphasize of the favourable results achieved by certain services; specialists in the field of management recommend the use of the questionnaires as an instrument for measuring and analysing the expectations of the patients in comparison

with the health services; it is necessary to take into consideration the specific conditions and the context in which the consumers of the medical services appreciate a certain medical service or treatment. In order to achieve the objective, the questionnaire "The patient's satisfaction" (annex 2.1. A) was applied in the communities of the county of Ilfov taken in our research. The follows items were followed:

- The identification of the critical aspects of the health services regarding the access of the unprivileged population including the Rroma ethny, with a view to improve the quality of the community medical services and the offered health care system.
- The formulation of certain conclusions for the implementation of a good practice pattern in order to improve the access to quality community medical services.

The method may represent a criterion for measuring the patients' satisfaction level regarding the quality of services and a barometer for measuring the perception of the unprivileged population, including the Rroma ethny regarding the access to the basic medical services.

MATERIAL AND METHOD

The research was accomplished in 2007, on a probabilistic sample, representative for the county of Ilfov, comprising 381 people; the chosen sampling method was the aleatory sampling. As a working tool, the research used a questionnaire by the help of interview operators.

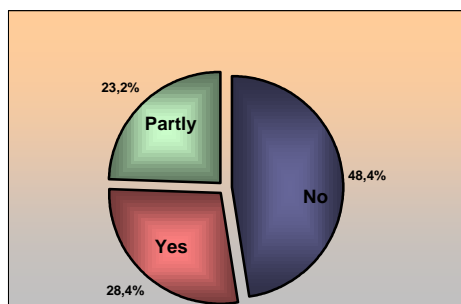
The target population was represented by people of the general population of the county of Ilfov, over 18 years old.

The main objective of the research was to gain information on the knowledge and attitudes of the population regarding its own health state, the access and the level of use of the health services within the primary, specialized and hospital assistance systems, the barriers of the access to health services, as well as regarding the level of knowledge of the population taking into account the health services in Romania and the health insurance system – useful and important aspects for improving the way in which the needs of the population of the county of Ilfov are approached, regarding the use and the access to the health services.

RESULTS AND CONCLUSIONS.

As a result of the data analysis, we noticed that almost half of those interviewed (48,4%) consider that they do not have sufficient knowledge regarding the health care system of Romania; only 28,4% of those interviewed and 23,2% of them consider that they are partly informed.

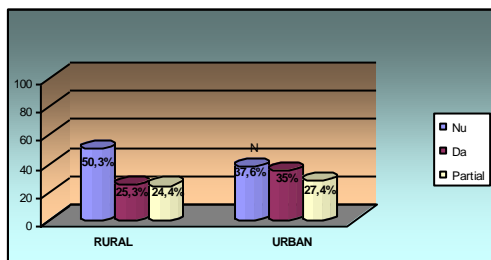
GRAPHIC 1. THE INFORMATION LEVEL REGARDING THE HEALTH CARE SYSTEM IN ROMANIA.



The level of information regarding the Romanian health care system varies both in terms of the residence environment and in terms of the study level and occupation.

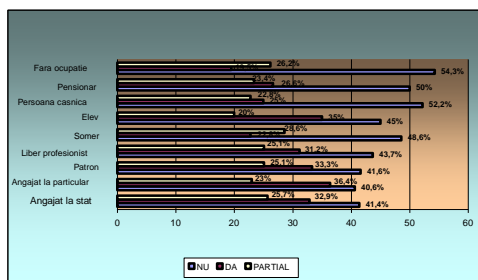
Thus, in the rural environment, more than a half of the interviewed people consider that they do not have sufficient knowledge on the health care system of Romania, as against those in the urban environment, where only 37,6% of those interviewed consider that they are insufficiently informed.

GRAPHIC 2. THE INFORMATION LEVEL ACCORDING TO THE RESIDENCE ENVIRONMENT



Regarding the information level related to the occupation of the interviewed people, it resulted that the most reduced level of information belonged to the unemployed, housekeepers and pensioners.

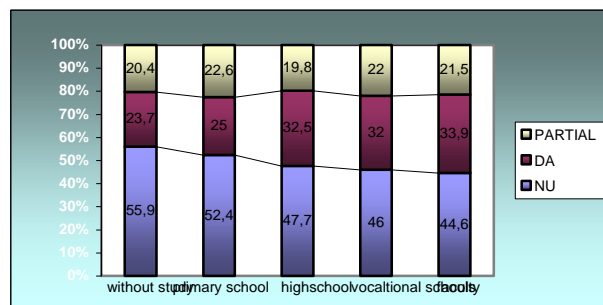
GRAPHIC 3. THE LEVEL OF INFORMATION ACCORDING TO THE OCCUPATION



The information level of the population also varies according to the graduated studies of those interviewed.

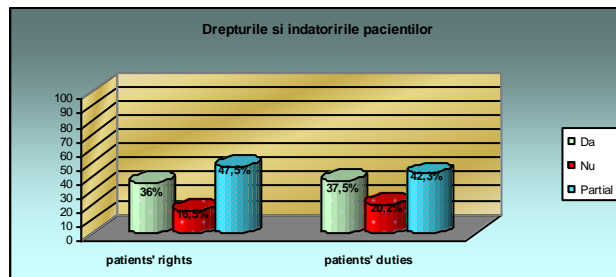
Thus, it is observed that the information level of the population regarding the health care system is as high as the level of the graduated studies, only 44,6% of the graduated people consider themselves insufficiently informed as against those without any study, where the proportion of those insufficiently informed is of 55,9%.

GRAPHIC 4 THE INFORMATION LEVEL ACCORDING TO THE EDUCATION LEVEL.



Regarding the knowledge on the rights and duties of the patients, the majority of the interviewed think they are partly informed both in terms of their rights (47,5%) and in terms of their duties (42,3%). Only 16,5% of the total number of those interviewed do not know the patients' rights and 20,2% do not know their duties.

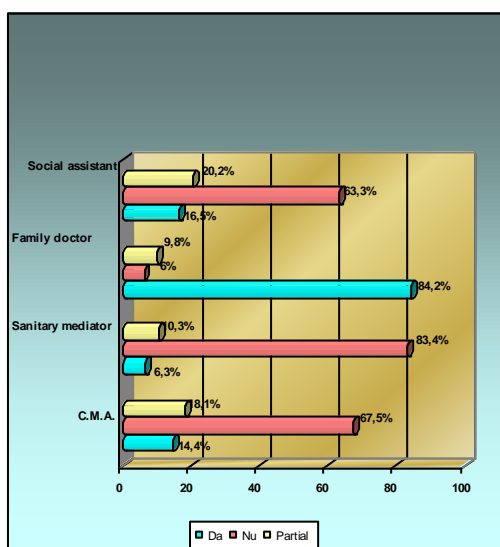
GRAPHIC 5. RIGHTS AND DUTIES OF THE PATIENTS.



Regarding the community health team, more precisely regarding the part each member of the team should play, it is to be mentioned an obvious lack of information at the level of the entire community, regarding the duties of the social assistant, of the sanitary mediator and of the community medical assistant, as against the family doctor whose duties are known by the majority of those interviewed (84,2%).

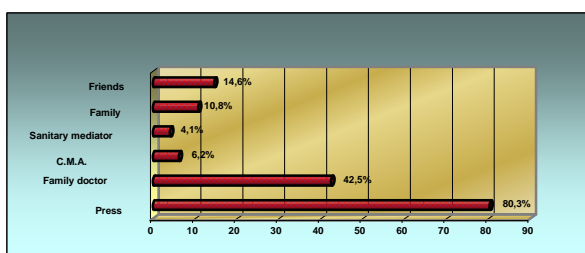
The less known is the part played by the sanitary mediator, only 6,3% of the questioned population declare that they have information regarding the sanitary mediator's duties, followed by the social assistant (16,5%) and by the community medical assistant (14,4%).

GRAPHIC 6. THE INFORMATION LEVEL REGARDING THE PART OF THE COMMUNITY HEALTH TEAMS



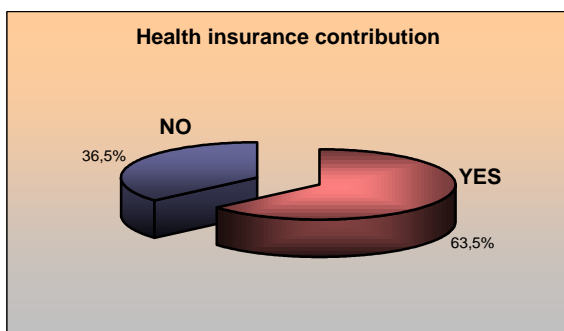
The press, the family doctor and the friends are the most important sources of information regarding the health services in Romania for 80,3%, 42,5% respectively for 14,6% of those interviewed.

GRAPHIC 7. SOURCE OF INFORMATION.



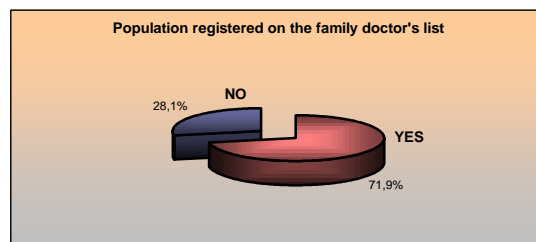
Regarding the quality of being insured within the health insurance system of Romania, to the question “Do you pay your health insurance contributions?”, 63,5% of those questioned answered affirmatively.

GRAPHIC 8. CONTRIBUTION TO THE HEALTH INSURANCE SYSTEM.



Regarding the registration on the family doctors' lists, the large part of those interviewed declared that they were registered on the list of a family doctor (71,9%); yet, there is a significant percentage of people unregistered on the list of any family doctor (28,1%).

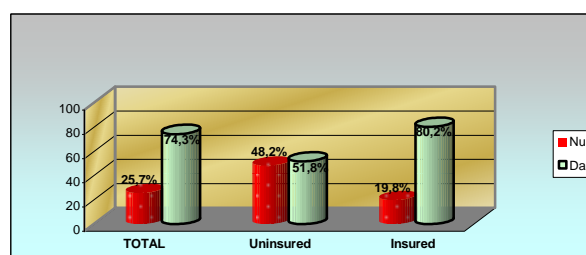
GRAPHIC 9. POPULATION REGISTERED ON THE LIST OF A FAMILY DOCTOR.



Regarding the question “Do you consider that you have easy access to the health services of Romania?”, almost a quarter of those interviewed said that they did not have access to the health care system of Romania (25,7%).

The access to the health services differs according to the insured status, 80,2% of the insured persons consider that they do not have easy access, while only 51,8% of those uninsured responded affirmatively to this question.

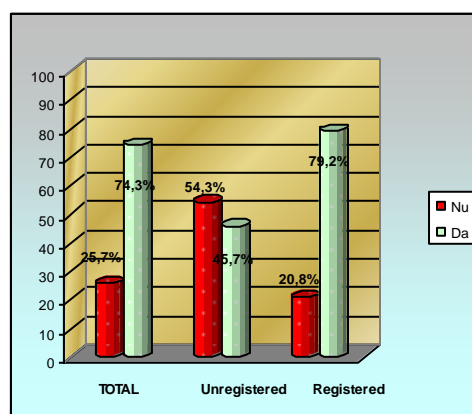
GRAPHIC 10. ACCESS TO THE HEALTH SERVICES ACCORDING TO THE INSURED STATUS.



Significant differences between the access to the health care system and regarding the persons registered or not on the family doctor's list are also noticed.

Thus, only 20,8% of those registered on the family doctor's list consider that they do not have easy access to the health services, as against those unregistered, in proportion of 54,3%.

GRAPHIC 11 ACCESS TO THE HEALTH SERVICES ACCORDING TO THE QUALITY OF BEING REGISTERED ON A FAMILY DOCTOR'S LIST.



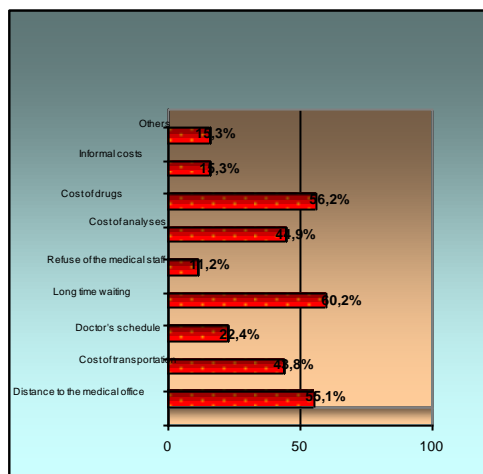
The long time waiting, the cost of medicines and the distance up to the medical office represent for 60,2%,

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56,2% respectively for 55,1% of those interviewed, the main causes for a difficult access to the health care system.

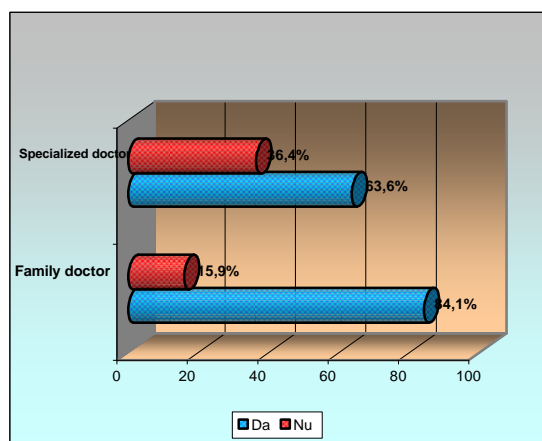
Also, the cost of analyses is one of the barriers to the difficult access of the health care system, in the opinion of 44,9% of the questioned people and the cost of the transportation up to the medical office represents a barrier for 43,8% of the interviewed population.

GRAPHIC 12. CAUSES FOR LIMITING THE ACCESS TO THE HEALTH SERVICES.



The access to the health system of Romania also differs according to the type of the medical assistance; the percentage of those who consider having access to the primary assistance (84,1%) is higher than in case of the specialized medical assistance, where only 63,6% of the population consider that their access is not limited.

GRAPHIC 13 ACCESS TO THE SPECIALIZED PRIMARY ASSISTANCE

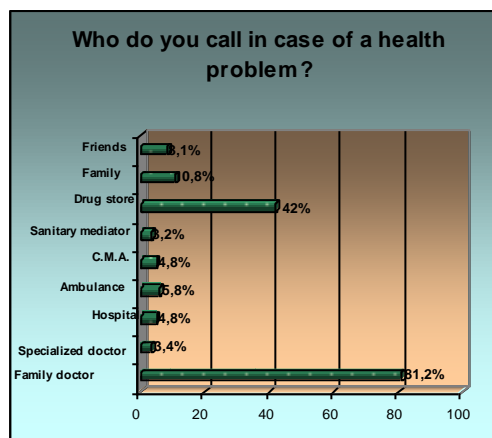


Regarding addressability, it is to be noticed that the largest part of the population would address to the family doctor in case of a health problem (81,2%), 42% of those questioned say that they would address to the pharmacist, while the proportion of those who would prefer the ambulance, the hospital assistance and the specialized assistance is much reduced: 5,8%, 4,8% respectively 3,4%.

A small percentage is also gained by those who would address to the sanitary mediator (3,2%) and to the community medical assistant (4,8%), while family and

friends represent an option for 10,8% respectively for 8,1% of those questioned.

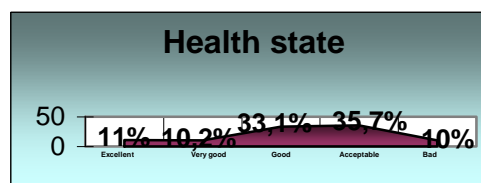
GRAPHIC 14 THE HEALTH SERVICES ADDRESSABILITY



One of the objectives of this study would be the need for appreciating the health state of those interviewed.

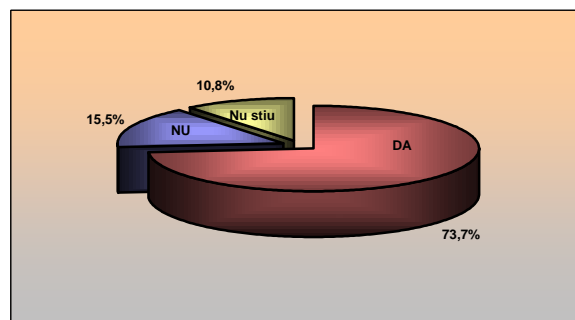
Thus, the largest part of those questioned considers that they have an acceptable health state (35,7%) or good (33,1%), only 10% of them consider that they have a bad health state.

GRAPHIC 15 HEALTH STATE OF THE RESPONDENTS.



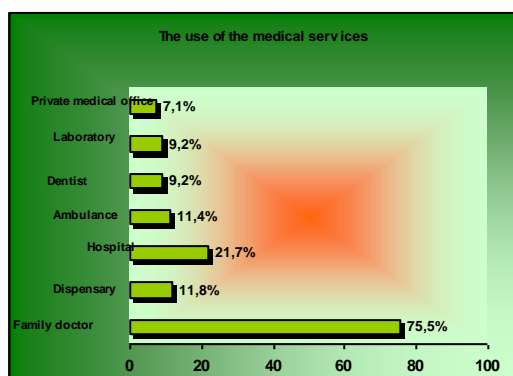
Regarding the use of the medical service in the last year, 73,7% of the population say that they resorted to health care services, 15,5% did not and a percentage of 10,8% declares that they do not know if they have resorted to medical services in the last year.

GRAPHIC 16 THE USE OF THE HEALTH SERVICES IN THE LAST YEAR.



The majority of those who answered affirmatively to the previous question declared that they resorted to primary medical assistance (75,5%), 21,7% of those interviewed resorted to hospital assistance and 11,8% addressed to a specialized doctor within the specialized ambulatories.

GRAPHIC 17 THE USE OF THE MEDICAL SERVICES.



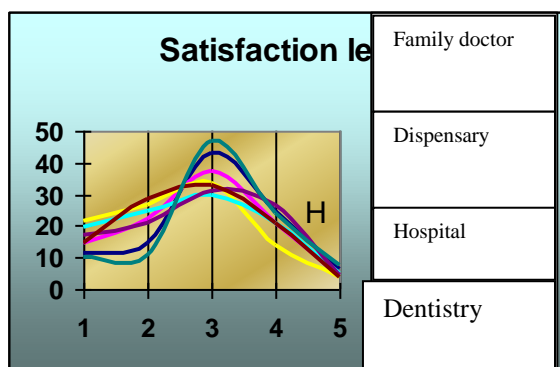
Regarding the quality of the medical services in Romania, the interviewed population was asked to appreciate the quality of the medical services offered by the family doctor, by the specialized doctor, hospital, ambulance, dentist, laboratory and by the specialized doctors within the private medical offices, on a range from 1 to 5 (1 = Very unpleased 2 = Unpleased, 3 = Satisfactory, 4 = Pleased, 5 Very pleased).

Thus, regarding the services offered by the family doctor, 67,6% declare that they are satisfied or pleased by the quality of these services, only 11,7% of those interviewed declare that they are very pleased.

The specialized doctor within the specialized ambulatory offers medical services towards which 58,3% of the population are satisfied, 37% of those interviewed are unpleased or very unpleased.

Regarding the doctors of the private medical offices, the proportion of those which consider they are satisfied or pleased by the quality of the medical services is high (71,2%); in this case, the percentage of those very pleased by the quality of the medical services is the highest (7,9%) as against the other services suppliers: the family doctor (6,4%), the specialized doctor (4,7%), hospital (4,1%), ambulance (5,3%), dentist (4,7%) and laboratory (3,5%).

GRAPHIC 18 THE SATISFACTION LEVEL



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