

PATIENTS' SATISFACTION, A MEASURE OF HEALTH CARE QUALITY

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Abstract: The quality of health services (WHO) represents the level of excellence in medical activity, in accordance with the current level of medical knowledge and technology. Avedis Donabedian's theory is that quality has to be analyzed under three aspects: structure, process and result. Of these, structure is the easiest to be measured, being represented by all the resources of health organization, material, human and financial resources, and more difficult is to measure the results of health services, which are expressed by the patient's health status, the level of satisfaction etc. The measure of the satisfaction level is a subjective aspect, which is variable due to the individual level of culture and the personal perception regarding the individual health or disease status. In the present study, we have evaluated the patients' satisfaction level in relation to the health services from the medical units of Sibiu, in order to find out the main positive aspects, but also the patients' dissatisfactions concerning the supplied services.

Cuvinte cheie: calitate, servicii medicale, satisfacția pacienților

Rezumat: Calitatea serviciilor de sănătate după OMS reprezintă gradul de excelență obținut în activitatea medicală, în concordanță cu nivelul curent al cunoștințelor și tehnologiei medicale. Conform teoriei lui Avedis Donabedian, calitatea trebuie analizată sub trei aspecte: structura, procesul și rezultatul. Dintre acestea, structura este cel mai ușor de măsurat, ea fiind reprezentată de toate resursele unei organizații, cele materiale, umane și financiare. Dintre acestea, cel mai greu se evaluează rezultatele serviciilor medicale, care se exprimă prin starea de sănătate a pacientului, gradul său de satisfacție etc. Măsurarea gradului de satisfacție este un aspect subiectiv, care variază în funcție de gradul de cultură și de percepția individuală asupra stării de sănătate sau boală a individului. În prezentul studiu am evaluat gradul de satisfacție al pacienților, în raport cu serviciile medicale din unități sanitare ale municipiului Sibiu, cu scopul de a surprinde principalele aspecte pozitive dar și nemulțumirile pacienților referitoare la serviciile acordate de furnizori

INTRODUCTION

In health services management, quality is possible as it can distinguish between suppliers and can intervene in the mechanism of supply and demand of services.

For this, we should have a good definition of the concept of quality in health services and, where possible, units or options to compare it. In reality, it is difficult to measure quality in healthcare, much more difficult than in other sectors, where the „raw material” entering the production process and the finished product is something tangible and measurable. For example, in a clothing factory, the raw material entering the production process is the fabric while the suit is the finished product, which can be accurately analyzed and assessed in terms of quality. In health, the „raw material” entering the system is the sick man, and the „finished product” is the health of the patient, his degree of satisfaction, aspects that are more difficult to quantify. Moreover, the medicine cannot put a sign of equality between the results of the medical activities and the quality of care. Maximum service may be granted to an elder patient without biological reserves, with a serious illness, or with underlying conditions, where the result is the desired one, regardless of the consumed resources, or the quality of service.

In the conditions of free competition, quality is an important tool for mobilizing human resources to find the limits which separates quality from non-quality and over-capacity,

which are both extremes, both harmful and costly. Quality is a matter of balance, which seeks to achieve maximum benefit for the patient and minimal risks. The competitive health services market in Romania will allow in time the disappearance of the monopoly imposed by the state units and the quality of new providers of medical services for which we will need to provide criteria in order to compare themselves. At the same time, we have to offer the service recipient that is the patient, the possibility to differentiate between what is good or bad, a mean to shift towards services that meet mostly their needs.

PURPOSE OF THE STUDY

The purpose of this study is to assess the patients' satisfaction concerning the quality of care provided within the primary care and secondary units, in Sibiu.

MATERIAL AND METHOD

The study was conducted in 2010, the medical units with and without beds, public and private sectors. The study group consists of a total of 80 patients, randomly selected. As study material, we used the anonymous questionnaire working with a number of 25 questions, with pre-formulated answers. The work technique consisted of applying the questionnaires followed by processing, analysis and synthesis of the data obtained.

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Under these conditions, we followed the main positive aspects reported by patients in relation to services provided by suppliers, but we also identified the main complaints of the people studied in relation to medical care they received.

RESULTS AND DISCUSSIONS

The results show that the studied people have different opinions regarding the medical care they received according to certain criteria such as age (Figure 1), social class (Figure 2), as well as the way of perceiving their own health needs, more or less satisfied with the services received. Within primary care, doctor-patient relationship is perceived by the patients as being favoured by the continuing basis of this relationship, which gives the patient a degree of safety and confidence. The highest level of satisfaction is seen in the elderly who frequently resort to general practitioner services having thus, a closer relationship with this one.

Figure no. 1. Satisfaction of the people studied, depending on age.

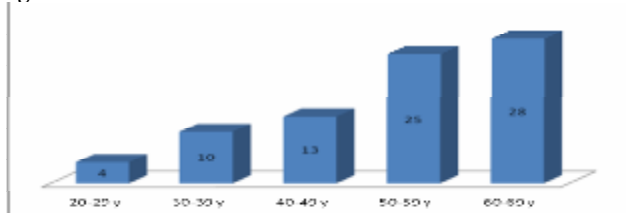


Figure no. 2. Satisfaction of the people studied, according to the occupational level

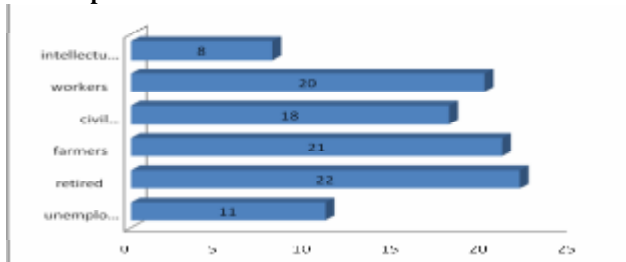
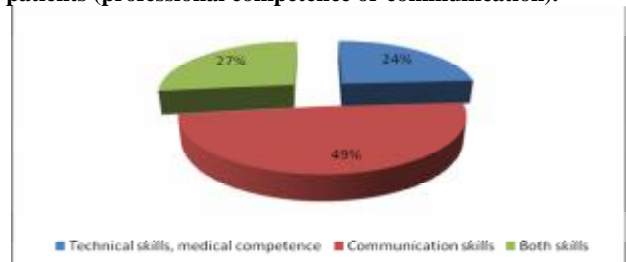


Figure no. 3. The degree of technical skills appreciated by patients (professional competence or communication).



The main complaint about primary care services is related to the non covering the entire needs of the patients, 51.8% of the patients having to seek the services of a specialist secondary care level, or a private specialist practice.

From our research, we found out that patients particularly appreciate the doctor's communication skills, communication influencing in a percentage of 49% the patients' satisfaction, as opposed to the technical skills, medical competence that count for 24%. For the remaining patients, in a percentage of 27%, both issues are important, although they are not sure which one is more important for their health needs (figure no.3). Data from the literature shows that there is no consensus on the most important factor in terms of patient

satisfaction and the results of different studies have been influenced by the type of care and the context in which treatment was given. In this study we found that hospitalized patients, whose health has improved, are more satisfied than the patients treated in ambulatory services, who were dissatisfied with the waiting time at the offices of polyclinics. Another discontent was the high prices of drugs in relation to their material possibilities, most patients are older people with low incomes. (Table no.1)

Table no. 1. Main discontents of the people studied, in order of importance:

Complaints of the type studied patients care	Type of Health Care
Hotel and food conditions	Secondary Health Care
Lack of secondary drug	Secondary Health Care
Lack of environmental health staff promptly to requests	Secondary Health Care
The patient awareness about the disease	Secondary Health Care
Waiting time for outpatient consultation	Outpatient services
Solving incomplete health problems (offer limited services)	Primary Health Care
Inadequate facilities with the primary equipment	Primary Health Care
The cost of drugs	

CONCLUSIONS

- Older people tend to report higher levels of satisfaction than the younger patients, and women tend to be more satisfied with the medical care than men.
- Patient satisfaction decreases with the increasing of the level of their training.
- The studied patients studied have an increased level of satisfaction directly proportioned with the behaviour of the team that meets their needs and expectations.
- Patients' expectations vary greatly depending on age, personality, socio-cultural level, and the context in which the medical services are provided - ambulatory or hospital.
- A continuing doctor-patient relationship provides a higher degree of confidence and patient safety and thus, a higher degree of satisfaction related to the medical care.
- Patients appreciate more the quality of communication with the health professionals rather than their professional competence. Patient satisfaction is closely related to the clarity of the information received.
- The main complaints of the studied patients are related to accommodation and lack of medicines in hospitals, the promptness with which the medical staff respond to the patients' requests, long time waiting in the ambulatory system, inadequate provision of medical equipment and reduced offer of services at primary care level.

BIBLIOGRAPHY

- Glynn J, Perkins D. Managing Health care. Challenges for the 90th. WB Saunders Ltd, London, 2003.
- Juran J. Juran's Quality Handbook, Mc Graw Hill, 2002.
- Hall J. Equity, Access and Health. PhD Thesis, University of Sidney, Sidney, 2001.
- Koontz H, Weihrich H. Hospital Management, London, Mc Graw Hill, 2006.
- Stewart A. Quality assurance and accreditation: Where do you meet? In Towards Unity for Health. WHO, 2008.