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## **The improvement of medical services as an essential component of changes to the medical care system**

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### **Summary**

The high quality of the medical services, it's constant improvement and custom approach to the patients needs stand as one of the most important issues of modern healthcare. The patient, being beneficiary, shapes the market of health services through expressing his opinions and expectations. The exclusion of their feedback during management might lead to the loss of reputation on the medical services market. The term "quality", same as "health" is subjective. Defining quality will depend on experience, knowledge, demands, and expectations of the clients. The aim of the article is to survey the patients' opinions and expectations towards the quality of healthcare services. The patients expect the constant improvement of that quality during ongoing changes to the healthcare system. They place it very high on their priorities' list. To them quality equals security and medical professionalism. The nature of providing medical services entails that higher quality demand are not possible to meet without overall improvement of how the patients are taken care of.

Key words: quality of the healthcare, medical services, healthcare system

## THE INTRODUCTION

The health is one of the highest values in people's lives. It is not a merchandise, it has no price – it is priceless. It can be understood in many different ways, which is confirmed by its multiple definitions. The exceptional stress is placed on holistic frame concerning its selected physical, psychological and social aspects, all of which form the entirety of the term. Through many years health was understood as a negative category, being the opposite state of the sickness. This state of things was determined by the notion that the health was conjured as a part of the term “sickness”, meaning the state characterised by the dysfunction of the human organism. The shift in that understanding happened with the adoption of the World Health Organisation (WHO) in 1946, which brought the new view on notion of the health, designating it as a state of a complete physical, psychological and social wellness, as opposed to the previous absence of the sickness or defect [1]. This view represents a global and complete expression of understanding the term “health” [2]. Therefore, the health is the quality that allows one to achieve his aspirations, satisfaction, to change his environment and to challenge it effectively [3]. However, the health is fragile, and needs to be taken care of. To a great extent it depends on us, which is confirmed by the concept of health by Lalonde [4,5]. According to her, in only 10% the health is determined by the healthcare, its structure, organisation, functioning and availability of the medical services. The high quality of these services goes in line with health and life of the patient. That is why the healthcare sector should pay attention to keep the high quality of the medical services [6].

The term “quality”, similarly to “health”, has many definitions. It is difficult to form an exact and clear-cut definition, because it contains a dose of subjectivity in it. It is variously interpreted, depending on the plane and subject of analysis. To define the term of quality will depend on experience, knowledge, popular demand, improvement of mankind and clients' expectations [7]. Plato has acknowledged it as the judgement that is dependent on one's subjective experience [8]. Generally, when we examine the services' quality, the final grade usually has its various planes, such as: the material one – interpreted as the internal and external appearance of the rooms, the equipment, the media, the uniforms and behaviour of the personnel; reliability of the services – the ability of the provider to provide the service in the competent and dependable way; the response to client's expectations – meaning the will to help the client, as well as the reaction time to the customer's expectations; the competence and the trust – concerns how prepared is the personnel on the basis of merit, and their ability to gain the client's trust; empathy – has to do with the ability to individual approach towards the client and with meeting his expectations [9].

Quality is a very broad term, which poses some difficulty when it comes to defining it in reference to the healthcare. The first one to apply the term to medicine was Hippocrates, with his rule *mit primum non nocere* [10]. The quality in the healthcare comes down to fully satisfying the demand for medical services, with the lowest cost possible both for the provider and the consumer, while taking into account the legal regulations and limits set up by the administration authorities and institutions financing those services. A different definition, focused on the result of the treatment, was introduced by JCAHO (Joint Commission on Accreditation of Healthcare) which stated that “quality is a degree in which every service provided to the patient according to the current state of knowledge, raises the chances of

obtaining a desired result and reduces the chances of unwanted effects appearing” [11]. According to WHO, quality is the result (technical quality), the manner of using the resources (economical proficiency), organisation of the services and the patient’s satisfaction [12].

The pioneer of contemplations on the subject of quality in the healthcare was A. Donabedian. He is one of the creators of modern medical system of quality. He divided the quality into three categories – quality of the process, quality of the structure, and quality of the result. According to him, when there is defect in one of these categories, one cannot consider it to be high quality. Based on this classification, R.J. Maxwell developed six rules of building healthcare quality. Those are:

1. Efficiency, meaning the services remain the highest quality with the lowest cost. It can be determined by rating the technical aspects of the healthcare and the satisfaction of the patients.

2. Availability, meaning that people can use the offered services. It is a sum of difficulties and facilitations in acquiring specific services by the patient. It can be measured by the number of medical employees of chosen categories, the units of infrastructure, the distance between the facilities and the patients, the opening hours and working time of the facility, the rules of registration and making appointments, the possibility of contact by the phone, the ability to foot the bill by the patient.

3. Adequacy, meaning that the services are fit to the actual needs and expectations of the patients.

4. Effectiveness, meaning that the services are currently fulfilling their purpose in the categories of profits and health related effects of the patients. It aims to provide services based on the current knowledge and the newest discoveries.

5. Productiveness – available financial, material and human resources are used in the best and the most rational way possible

6. Equality, meaning that all the people have equal access to the medical services, regardless of their ethnicity, race, social status, or any other characteristics of the patient. [13, 14].

These characteristics, acknowledged by WHO, lay the foundation on which the more detailed criteria can be built and the quality of the medical services can be measured [15].

### **THE AIM**

The aim was to examine the opinions of the public hospitals’ patients, concerning the changes to the healthcare system that can affect the quality of the medical services. The research helped to collect the data, which allowed to visualise the patients’ knowledge and expectations concerning the upcoming changes. The main research problem focused on answering the question – do the upcoming legal changes in the healthcare system have the effect on the quality of the medical services?

### **THE METHOD AND THE MATERIAL**

The research was conducted on a group of 150. The explored group consisted of adult patient of public hospitals within the borders of Lubelskie Voivodship. In conducting the research,, a method of diagnostic poll has been used. The technique of survey research was used, and the custom questionnaire served as the research tool. The questionnaire has been filled in individually by the respondents, their anonymity was preserved, and their

participation was completely voluntary. The questionnaire comprised of 29 questions, from which 5 of them had the subject of sociometric, and the remaining 24 had to do with the changes to the healthcare system that can have an impact on the quality of medical services. The area of changes involved the process of transforming the public hospitals into the share-holding companies. The research was conducted during the period from June to September of 2014.

## THE RESULTS

Among the 150 respondents participating in the research, more than half (57%) were women. The widest age group included respondents from 25 to 44 years old (41,33%). The smallest age group turned out to be people above 75 years old, 0,67%. The detailed percentages of age groups among the respondents are presented on table no. 1.

**Table no. 1. The age structure of the respondents**

Age	Number	Percentage %
18-24	25	16,67
25-44	62	41,33
45-64	44	29,33
65-74	18	12
≥75	1	0,67
<b>Total</b>	<b>150</b>	<b>100</b>

Taking into account the place of residence of the respondents, it turns out that 62,67% of them are from the city, 37,33% live on the countryside. The majority of the respondents, 58,66% had college degree, 31,33% of master degrees and 27,33% of bachelor degrees. The remaining respondents had education: 24,67% secondary; 14,67% vocational; 1,33% primary; 0,67% had a PhD.

Among the most important legal changes in the healthcare system the commercialisation of public hospitals needs to be pointed out. In this area, the respondents were asked what is their opinion on the matter and whether they know what this kind of commercialisation entails. The process of hospitals' commercialisation was properly understood by merely 18% of them, answering that it is the transformation of hospital into share-holding company. The rest of the respondents believed, that the commercialisation of the hospital means its privatisation (55,33%). As much as 22,67% of people didn't know what a commercialisation is, and 4% mistaken it for consolidation of the hospitals. After providing the respondents with the definition of commercialisation, 36% decided that they were against it, and 28,66% supported the idea of implementing commercialisation into public hospitals. At the same time, 35,34% declared that they have no opinion on the matter. Among the most important profits derived from the commercialisation of the hospitals, 26,67% pointed out much shorter queues before the specialist's office. Furthermore, according to the respondents, the profits would involve the general improvement of the hospitals' environment and condition, as well as improved approach of the medical staff towards the patients. Only 7,33% decided, that the commercialisation would impact the medical services. The detailed chart presented on table no. 2.

**Table no. 2. The profits of commercialisation according to the patients**

<b>The profit</b>	<b>Number of respondents</b>	<b>Percentage %</b>
Improvement of the medical services	11	7,33
Shorter queues to the specialists	40	26,67
Improved approach to the patients from the medical staff	16	10,67
General improvement of the conditions in the hospital	35	23,33
I don't know/It's hard to say	48	32
<b>Total</b>	<b>150</b>	<b>100</b>

Among the concerns about commercialisation of the hospitals the prevalent one was that the medical services would have to be paid for – 45,33% of the respondents. The further concerns involved: more difficult access to the medical services – 12%; discharges among the medical and administration staff– 9,33%; the risk of shutdown of some hospitals – 8,67%. Besides that, 24,67% of respondents did not know or did not have an opinion about the risks of commercialisation. The detailed answer sheet presented on table no. 3.

**Table no. 3. The concerns about commercialisation of the hospitals, according to the patients**

<b>Possible risk</b>	<b>Number of respondents</b>	<b>Percentage %</b>
Financial cost of medical services	68	45,33
Possibility of shutting down hospitals	13	8,67
Discharges among medical staff	14	9,33
More difficult access to the specialists	18	12
I have no concerns	3	2
I don't know/it is hard to say	34	22,67
<b>Total</b>	<b>150</b>	<b>100</b>

The vast majority of the respondents (63,33%) believes, that the commercialisation will have a positive effect on medical services' quality. On the other hand, 16,67% replied that the commercialisation will not improve that quality, and 20% of the respondents had no opinion on the matter. According to the respondents, the improvement of the medical services' quality will be possible in the commercialised hospitals by: improved management of the hospital – 64% of the respondents; reducing the debts of the hospitals – 72,66%; more effective management of the hospital's finances – 66,67%; the new investments – 73,34% of the respondents. The detailed answer sheet presented on table no. 4.

**Table no. 4. The actions that improve the quality of the medical services in commercialised hospitals, according to the patients**

Actions	Number of respondents			Percentage %		
	yes	no	I don't know	yes	no	I don't know
Improved management of the hospital	96	30	24	64	20	16
Debt-reduction of the hospital	109	25	16	72,67	16,67	10,66
More effective management of hospital's finances	100	11	39	66,67	7,33	26
Applying new investments into equipment and facility	110	19	21	73,33	12,67	14

The improvement of the medical services understood as the staff's demeanour in the aspect of taking care of the patients will occur, according to 34,66% of the respondents. However, 40,67% of them has the opposite opinion, and 24,66% do not know. Furthermore, in the aspect of thorough fulfilment of medical staff's duties, 50% stated that it will improve. In the second half of the respondents, 34,67% stated the opposite and 15,33% had no opinion.

The respondents were asked, what changes to the healthcare system are necessary according to them. Among the suggested changes, the most prevalent one was shortening the waiting time for the examinations or for the appointment at the specialist's (38%). The next of the proposed changes pertained to the improved care the medical staff take of patient, as seen by 21,33%. The following 14,67% of the respondents pointed to improving the quality of the medical services given to the hospitalised patients. The remaining suggested changes among 12,67% involved general improvement of the conditions at the hospital, seen as the number and the state of the beds in the hospital rooms, the food, the sanitary conditions. For 10,67% of the respondents, the changes involved different actions, among which there were: the politeness of the doctors and the nurses; wider number of the medical staff; the shortened working shifts for the personnel for them to be well rested; the doctor's and nurse's availability for the patient. Only 2,36% of respondents would not change anything.

### **The discussion**

Among the changes occurring in the healthcare system the patients expect three main actions leading to: shortening the waiting time for the examinations or the visit at the medical specialist's; more care given to the patients by the medical staff; improving the quality of the medical services provided to the patients. In that context, the transformations happening to the hospitals may impact the shape of the medical service for the patients. Among 150 respondents taking part in the research, as much as 82% had no knowledge of what the hospitals' commercialisation actually is. This is surprising, taking into account that the hospitals' transformations into share-holding companies is the most important event, moreover the loudest event across the media, and their outcome will directly impact the level of health security of the citizens. It is understood, that the commercialisation, consolidation, privatisation may be hard to fully comprehend by some of the patients. However, the majority of them were well educated people (83%), and among those, 58,66% with college degrees and 24,67% with secondary education, who should have no trouble grasping those concepts. After

explaining to the respondents what the commercialisation of the hospital is, only 28,66% of them were supportive of it. The respondents pointed the benefits of the commercialisation, which in majority involved a better accessibility to the medical services, it the shorter time. The following benefits involved the general improvement of the technical condition of the facilities' infrastructure, as well as providing the hospitals with the latest and innovative medical technologies. They also expected, that the commercialisation will positively affect the medical personnel's attitude towards the patients. On the other hand, the aspect that raised the most concerns in the hospitals' commercialisation involved the introduction of remittance for the medical services.

The vast majority of the respondents (63,33%) reckoned that the commercialisation will have a positive effect on the medical services' quality. The main receiver of the medical services' quality is the patient. The patients are rarely able to rate the technical quality of the service, given their lack of medical knowledge, therefore their opinion is highly subjective and based on their feelings [16]. From their perspective, the quality of the provided to him service will be judged based on the outcome of the difference between the expected and received service. During hospitalisation especially, the patient is able to notice such elements in the medical staff as: their behaviour, availability, reactions to difficult situations, empathy, supportiveness [17]. Moreover, the criteria that the patients point out as significant involve: reliability (the services will be thorough, according to the current medical knowledge, and conducted according to the standards and ethical rules); the sensitivity (the personnel should present empathy, the willingness to help and should answer the questions thoroughly); the presence (the healthcare institution should meet the standards of aesthetics and hygiene, and their personnel's presence should evoke trust); the accessibility (the services and the staff will be available for them whenever they require); the competence (the professionalism and knowledge of the personnel necessary for providing the service); the kindness (the amiability and the respect of the staff); the communicativeness (the personnel has the ability to communicate and to listen); security on every level of the medical care [18]. The patients' subjective evaluations of the medical services are examined in the areas of security, and effectiveness of the treatment. The perception of the medical services' quality from the patient's perspective determines his feelings and judgements. The measurement is made according to the individual criteria. Moreover, these criteria have the prearranged threshold of expectations and requirements. For the patient, subjectively and objectively, the quality of the medical services depends on the treatment given by the medical staff, first and foremost. In this case, two aspects were pointed out, involving taking care of the patients well-being (according to 34,66% of the respondents) and thorough fulfilment of duties by the medical staff (50% of the respondents). The main thing here becomes the patient-personnel relation, which affect each other and by being dependant from one another they create the essence of the service. That is where the direct contact is being made, the cooperation, the dialogues, which effectively determine the creation of mutual connections and dependence. These relations are the crucial component, which determine the feeling of satisfaction from the medical service in the patient. The nature of the medical service's process makes it so that the growth of the expectations towards the quality is not possible to meet without the improved process of servicing the patients [9].

Moreover, the quality of the medical services is bound to the presence of the innovative equipment at the hospital, according to the respondents. These two components, the human and material resources, become co-dependent to create the quality of the medical services. According to the respondents, it is through the commercialisation of the hospitals that the debt-reduction and improved management will be possible, which entails the higher quality of the medical services.

According to other researches, the majority of respondents noticed the improvement in the quality of providing the medical services in the recent years. Aforementioned researches had been conducted in the year 2009, which can indicate that the general interest has grown in that aspect and the fact that the healthcare authorities took actions in the matter, as patients noticed that change, according to the respondents [19]. Furthermore, the examinations of the quality in the public and non-public medical facilities show that 70% of the respondents believe the better conditions are present in the non-public facilities, because the standard of the medical services there is very high and better than in the public facilities [20].

The constant improvement of the medical services' quality among the current changes in the healthcare system is widely expected, according to the patients. They place it very high on the priorities' list. It is the determiner of the facility to which the patients will go with their problem. One cannot stop the quality at certain level, neglect it or simply follow-through the procedures without acknowledging it. The level of quality is the determiner of the medical facilities' place on the medical market, on which the specific service is being provided. For the patient, quality equals security and the medical professionalism. The higher the level of quality, the higher the patient's trust to the healthcare system and their appreciation.

The high quality of the medical services, its constant improvement and fitting to the patients' needs is one of the most significant problems of modern healthcare. The patient, being the service receiver, shapes the market of the medical services through voicing his opinions and expectations. Not accommodating these during management of the facility may lead to the loss of reputation on the medical services' market [21]. The function of the quality nowadays gains more and more significance in all the aspects of life. However in the healthcare it gains the particular weight. The health and life of the patient depends on it [22].

### **Conclusions**

1. The transformations of the hospitals create possibilities to implement changes of quality in the medical services.
2. The need to create real, systemic conditions for quality improvements in the healthcare, which should be connected to achieving financial effects by the hospitals.
3. More attention should be given to the standards of the quality in the provided medical services, both in the clinical area and the administrative one.
4. The systematic collecting of the patients' opinions about the medical services provided should viably influence the creation of the hospital's policy.



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