

Misztal-Okońska Patrycja, Krawczyk Wojciech. Expected quality of medical services in patients' opinion. *Journal of Education, Health and Sport*. 2019;9(8):727-737. eISSN 2391-8306. DOI <http://dx.doi.org/10.5281/zenodo.3407525>
<http://ojs.ukw.edu.pl/index.php/johs/article/view/7212>

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 1223 (26/01/2017).
1223 Journal of Education, Health and Sport eISSN 2391-8306 7


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The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 05.07.2019. Revised: 25.07.2019. Accepted: 10.08.2019.

Expected quality of medical services in patients' opinion

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Abstract

Medical services are unique type of industry in which measurement, evaluation and improvement of quality is not evident. This is due to the fact that the final results, even fully correct and consistent with the current medical knowledge of the treatment process, are not always predictable. In the medical profession, the quality of services provided is largely based on the subjective perceptions of the patients, that is why the field requires a different approach than other services.

Objective. The aim of the study was to elicit and hierarchize elements that are the most important and most displeasing for patients in the process of using medical services as those factors determine the perceived level of medical services' quality.

Material and method. The research method used in the study was a diagnostic survey, the technique was author's questionnaire. The study was conducted from January to May 2016. During this period 185 surveys were completed for statistical analysis. Surveys were filled in by respondents who declared active use of services provided by Polish public health care institutions.

Results and conclusions. Regardless of the age and gender of the respondents, responses were very similar and clearly indicated that the most important element that determines the assessment of services is competence of the staff (education, knowledge, experience but also respect for patients) and availability and waiting times. In turn, the most displeasing elements are: long waiting times for health services, long queues, difficulties with availability of health services, hasty medical visits (short, superficial visit without thorough medical interview). Results of the study show, that patients' expectations are reasonable and possible to meet by health care institutions.

Key words: quality, quality of health care, quality management of medical services, patient satisfaction, public health system

Introduction

The concept of quality and quality in medical care.

The notion of quality has been known since ancient philosophers. Plato understood quality as a certain degree of perfection, and Aristotle as a peculiar characteristic of a product that distinguishes one object from another [1,2]. The concept of quality was initially used only to describe material things that could be measured by physical methods or through senses. It was Galileo in the Middle Ages who used the concept of quality in relation to abstract phenomena and introduced concepts of objective and subjective quality [3]. The famous principle of Hippocrates: "Primum non nocere" - "First, do no harm", is considered one of the first examples of introducing quality in medicine. Hippocrates stressed that the help provided can not harm the patient, so it must have a certain quality [4]. The application and research of quality within medical services started rather late- around the middle of the 20th century. One of the first people who promoted the need of quality research in health care was A. Donabedian. A. Donabedian understood quality in health care as:

technical value - that is knowledge, skills, technology;

value of interpersonal relations - in patient relations - medical staff and medical personnel - patient;

the setting of the service - aesthetics of the place, comfort, etc. [5].

The American Institute of Medicine has suggested the following definition of quality in health care: " the extent to which health services provided to individuals and populations increase the likelihood of obtaining a positive health effect and are consistent with current professional knowledge" [6]. On the other hand, the World Health Organization defined the quality of medical care as the extent to which the healthcare provided in given economic conditions achieves the best possible outcomes in terms of the ratio between risk and benefit [7].

Currently, the concept of quality in relation to health services is perceived differently depending on the area to which it applies. Health care providers understand the quality of medical services as a clinical quality, i.e. the quality of providing health services according to the patient's health status - safely, competently, eventually achieving the desired result. For the beneficiary (patient) the quality of the health service can be perceived as accessibility, safety, continuity of treatment, satisfaction from received benefits, recovery. And for the payer, the quality of the service is expressed in the performance of certain health services while maintaining the desired level, at the lowest possible price. Medical services are a specific industry in which it is difficult to objectively measure and evaluate quality. The expected level of service quality may vary depending on the individual requirements of the patient. Moreover, this is always a subjective assessment [1].

Aim

The aim of the work was to elicit and factors that are most important for the recipients (patients) of the medical services financed under contracts with the NFZ (National Health Fund). The factors were then ranged from those most satisfactory to those extremely unsatisfactory according to patients.

Method

The research method used in the study was a diagnostic survey, using the author's questionnaire technique. The research was collected via an on-line survey, which was created using the website www.profitest.pl, which allows collecting results in Microsoft Office Excel.

Research Material

The research was conducted from January to May 2016 using the online questionnaire. During this time, the questionnaire was filled in by 339 people; however, the final questionnaires were 185 questionnaires that were complete and correct. The questions were of a rank type, the respondents were asked to select those factors of the quality of health services that are the most important for them, provide high quality services, and those that cause their extreme dissatisfaction and contribute to low quality services. The obtained results were subjected to statistical analysis. A significance level of $p < 0.05$ was assumed, indicating the existence of statistically significant differences or dependencies.

Social and demographic data of the surveyed group of respondents

Detailed socio-demographic data of the examined group is presented in Table I.

Table I. Socio-demographic data.

	Socio-demographic factors	N
Gender	Women	141
	Men	44
Age	18 - 24 years	75
	25 - 39 years	66
	40 years and more	44
	M = 31,9 ± 12,3 Me = 27 Min–Max = 19–71	
Place of residence	Large city (more than 20,000 inhabitants)	124
	Small city (up to 20,000 inhabitants)	19
	Rural areas	42
Education level	Primary	1
	Secondary	55
	Incomplete higher	54
	Higher	75
Employment	Medical industry employee	28
	Other than medical industry employee	66
	Unemployed	3
	Pensioner	6
	Medical faculty student	50
	Other than medical faculty student	32
Financial status	Very Good	12
	Good	73
	Average	91
	Bad	8
	Very Bad	1

Results

All respondents (185 people) whose answers were included in the analysis declared that they are active beneficiaries of medical services financed by the Polish state by the contract with the National Health Fund. Among many quality assessment criteria, the respondents selected which elements in their opinion are important in the process of using healthcare services. Table II. Presents the frequency of selection individual factors, the validity of which was evaluated by respondents (gender of respondents was taken into account).

Table II. Factors which, according to respondents, are important and determine their satisfaction with the medical services provided (frequency of choices) and the gender of respondents.

Answers		Gender		Chi ²
		Female	Male	p
Knowledge and professional skills of people providing services (accuracy of diagnosis)	N	126	35	2,059
	%	89,36	79,55	0,151
Kindness	N	45	18	1,208
	%	31,91	40,91	0,272
Free parking space	N	1	6	12,047
	%	0,71	13,64	0,001
Good sanitary conditions for patients	N	27	13	2,139
	%	19,15	29,55	0,144
Access to modern medical technologies	N	82	27	0,143
	%	58,16	61,36	0,706
Refund of medicines	N	38	9	0,747
	%	26,95	20,45	0,388
Free access to information, test results	N	33	9	0,166
	%	23,40	20,45	0,683
Carefulness of keeping medical records	N	14	2	0,643
	%	9,93	4,55	0,423
Prescriptions and referrals without errors	N	26	4	1,524
	%	18,44	9,09	0,217
Time of visit - a detailed visit, carried out scrupulously	N	64	20	0,000
	%	45,39	45,45	0,994
Education of medical staff (continuous improvement of knowledge and skills)	N	50	14	0,197
	%	35,46	31,82	0,657
Convenient hours of work in doctor's offices	N	12	8	2,327
	%	8,51	18,18	0,127
Short waiting time for health services	N	89	27	0,044
	%	63,12	61,36	0,833
Punctuality of doctors	N	28	5	1,122
	%	19,86	11,36	0,289
Respect for privacy, intimacy of the patient	N	44	10	1,166
	%	31,21	22,73	0,280
Good housing conditions prevailing at the place of providing services (new / renovated building, clean, well-maintained)	N	13	5	0,016
	%	9,22	11,36	0,899
Good location (easy access)	N	6	5	1,892
	%	4,26	11,36	0,169
Facilities for people using a wheelchair (ramps, lifts)	N	7	3	0,009
	%	4,96	6,82	0,926

Source: own study based on own research.

Respondents were able to select all the criteria that they think are important and contribute to high quality in the process of providing health services. A large group of respondents chose all or almost all answers. The five most frequently chosen elements (both by women and men) of the quality of health services were: knowledge and professional skills of people providing services - accuracy of the diagnosis (89.36% of women and 79.55% of men); short waiting time for services (63.12% women, 61.36% men); access to modern medical technologies (58.16% women, 61.36% men); time of visit - detailed visit, carried out scrupulously (45.39%

of women, 45.45% of men), Education of medical staff - continuous improvement (35.46% of women, 31.82% of men).

Considering all the answers given in terms of the sex of the respondents, only one statistically significant difference was observed. For men, a free parking space was a significantly more important factor contributing to quality of medical services than for women. This difference can be explained by the fact that men drive cars more frequently and so their responsibility is to find a place to park their car in the vicinity of the health care facilities. Therefore men feel more discomfort when they have to pay for parking.

The same components of the quality of medical services, that are important in the opinion of respondents, were analyzed taking into account the age of the respondents (Table III).

Table III. Factors which, according to the respondents, are important and determine satisfaction of patients with their medical services (frequency of choices) and age of respondents.

Answers		Age			Chi ² P
		18-24 years	25-39 years	40 years and more	
Knowledge and professional skills of people providing services (accuracy of diagnosis)	N	68	56	37	–
	%	90,67	84,85	84,09	–
Kindness	N	27	22	14	0,240
	%	36,00	33,33	31,82	0,887
Free parking space	N	0	6	1	–
	%	0,00	9,09	2,27	–
Good sanitary conditions for patients	N	19	16	5	3,609
	%	25,33	24,24	11,36	0,165
Access to modern medical technologies	N	37	43	29	4,795
	%	49,33	65,15	65,91	0,091
Refund of medicines	N	18	15	14	1,283
	%	24,00	22,73	31,82	0,527
Free access to information, test results	N	18	16	8	0,674
	%	24,00	24,24	18,18	0,714
Carefulness of keeping medical records	N	8	4	4	–
	%	10,67	6,06	9,09	–
Prescriptions and referrals without errors	N	18	7	5	5,636
	%	24,00	10,61	11,36	0,060
Time of visit - a detailed visit, carried out scrupulously	N	36	22	26	7,408
	%	48,00	33,33	59,09	0,025
Education of medical staff (continuous improvement of knowledge and skills)	N	26	24	14	0,241
	%	34,67	36,36	31,82	0,886
Convenient hours of work in doctor's offices	N	6	9	5	–
	%	8,00	13,64	11,36	–
Short waiting time for health services	N	46	42	28	0,101
	%	61,33	63,64	63,64	0,951
Punctuality of doctors	N	10	14	9	1,757
	%	13,33	21,21	20,45	0,415
Respect for privacy, intimacy of the patient	N	22	17	15	0,888
	%	29,33	25,76	34,09	0,641
Good housing conditions prevailing at the place of providing services (new / renovated building, clean, well-maintained)	N	10	5	3	–
	%	13,33	7,58	6,82	–
Good location (easy access)	N	1	7	3	–
	%	1,33	10,61	6,82	–
Facilities for people using a wheelchair (ramps, lifts)	N	5	5	0	–
	%	6,67	7,58	0,00	–

Source: own study based on own research.

The analysis shows that the age criterion does not significantly affect the choice of elements which in the opinion of the respondents are important in the process of providing medical

services. The most frequently provided answers were: knowledge and professional skills of persons providing services - accuracy of the diagnosis (90.67% of people between 18-24 years, 84.85% of people aged 25-39, 84.09% of people aged 40 and more) ; short waiting time for health services (61.33% of people aged 18-24 years, 63.64% of people aged 25-39, 63.64% of people aged 40 and more); access to modern technologies (49.33% of people aged 18-24, 65.15% of people aged 25-39, 65.91% of people aged 40 and more).

There were no statistically significant differences in respondents' answers, regarding the age group. Both very young people up to 24 years old, as well as people matured after the age of 40, have the same expectations for the essential elements of the quality of medical services. However, the youngest respondents, more often than the older ones, indicated as important good housing conditions prevailing at the place where the benefits were provided, or flawlessness when writing prescriptions. On the other hand, people who are in the oldest age group (40 years and more) more often than younger respondents chose the criterion - the reimbursement of medicines.

The next table IV. presents the correlation of elements causing dissatisfaction (lack of satisfaction) when using health care services depending on the sex of respondents. Respondents could choose any number of components that cause their dissatisfaction in the process of using medical services.

Table IV. Elements that cause dissatisfaction of beneficiaries when using medical services and the gender of respondents

Answers		Gender		Chi ² P	T o t a l
		Women	Men		
Long waiting time for health services, queues	N	102	35	0,906	137
	%	72,34	79,55	0,341	74,05
Lack of knowledge and skills of people providing services - wrong diagnosis	N	57	21	0,733	78
	%	40,43	47,73	0,392	42,16
Unkindness, unpleasant staff	N	59	19	0,025	78
	%	41,84	43,18	0,875	42,16
Bad sanitary conditions for patients (no soap, no toilet paper, etc.)	N	20	4	0,385	24
	%	14,18	9,09	0,535	12,97
No access to research using modern medical technologies	N	35	13	0,389	48
	%	24,82	29,55	0,533	25,95
No refunds of medicines, the need to cover expenses on pricy medications by the patient.	N	37	12	0,018	49
	%	26,24	27,27	0,892	26,49
No access to information about the course of current treatment, test results	N	24	4	1,083	28
	%	17,02	9,09	0,298	15,14
Careless keeping of medical records	N	12	5	0,075	17
	%	8,51	11,36	0,785	9,19
Mistakes in prescriptions or referrals for tests	N	25	5	0,587	30
	%	17,73	11,36	0,444	16,22
Carelessly carried out medical visit (short, brief visit, without a reliable interview with the patient)	N	71	19	0,691	90
	%	50,35	43,18	0,406	48,65
Lack of adequate qualifications (education and experience) of the staff	N	22	10	0,744	32
	%	15,60	22,73	0,388	17,3
Inconvenient working hours of doctors' offices	N	13	9	3,039	22
	%	9,22	20,45	0,081	11,89
Difficulties with access to health services, limits	N	74	21	0,304	95
	%	52,48	47,73	0,582	51,35
Doctors' unpunctuality	N	32	9	0,098	41

	%	22,70	20,45	0,755	22,16
Objectification of patients	N	48	13	0,307	61
	%	34,04	29,55	0,580	32,97
Schematic treatment of each patient	N	62	15	1,347	77
	%	43,97	34,09	0,246	41,62
Bad housing conditions (building requiring renovation)	N	7	2	0,083	9
	%	4,96	4,55	0,773	4,86
No or insufficient ramps for people on the wheelchair (steep ramps, no elevator, tight corridors, obstacles to movement, etc.)	N	5	4	1,191	9
	%	3,55	9,09	0,275	4,86

Source: own study based on own research.

In this question, respondents could choose any number of answers. The five elements that were most often regarded as causing a lack of satisfaction with the treatment were: long waiting times for services, queues (72.34% of women, 79.55% of men); difficulties with access to health services - limited benefits (52.48% women, 47.73% men); carelessly carried out medical visit (short, brief visit, without a reliable interview with the patient) (50.35% of women, 43.73% of men); lack of kindness, unpleasant staff (41.84% women, 43.18% men); lack of knowledge and skills of people providing services - incorrect diagnosis (40.43% of women, 47.73% men).

Women more often than men were dissatisfied with: poor sanitary conditions for patients (no soap, no toilet paper), no access to information on the course of previous treatment, test results and schematic treatment of each patient. Men, more often than women, were not satisfied with the inconvenient hours of working in the doctor's offices. However, regardless of gender, respondents' answers were similar and the observed differences were not statistically significant.

The further part of the analysis concerned elements that cause dissatisfaction of beneficiaries while using health services, among different age groups (Table V).

Table V. Elements causing dissatisfaction (lack of satisfaction) when using medical services and the age of respondents

Answers		Age			Chi ² p	T o t a l
		18-24 years	25-39 years	40 years and more		
Long waiting time for health services, queues	N	54	53	30	2,296	137
	%	72,00	80,30	68,18	0,317	74,05
Lack of knowledge and skills of people providing services - wrong diagnosis	N	34	23	21	2,316	78
	%	45,33	34,85	47,73	0,314	42,16
Unkindness, unpleasant staff	N	28	33	17	2,604	78
	%	37,33	50,00	38,64	0,272	42,16
Bad sanitary conditions for patients (no soap, no toilet paper, etc.)	N	12	8	4	–	24
	%	16,00	12,12	9,09	–	12,97
No access to research using modern medical technologies	N	16	18	14	1,681	48
	%	21,33	27,27	31,82	0,432	25,95
No refunds of medicines, the need to cover expenses on pricy medications by the patient.	N	21	16	12	0,273	49
	%	28,00	24,24	27,27	0,872	26,49
No access to information about the course of current treatment, test results	N	14	9	5	–	28
	%	18,67	13,64	11,36	–	15,14
Careless keeping of medical records	N	7	5	5	–	17
	%	9,33	7,58	11,36	–	9,19
Mistakes in prescriptions or referrals for tests	N	14	8	8	1,271	30

	%	18,67	12,12	18,18	0,530	16,22
Carelessly carried out medical visit (short, brief visit, without a reliable interview with the patient)	N	36	31	23	0,318	90
	%	48,00	46,97	52,27	0,853	48,65
Lack of adequate qualifications (education and experience) of the staff	N	11	14	7	1,129	32
	%	14,67	21,21	15,91	0,569	17,3
Inconvenient working hours of doctors' offices	N	7	7	8	–	22
	%	9,33	10,61	18,18	–	11,89
Difficulties with access to health services, limits	N	38	32	25	0,758	95
	%	50,67	48,48	56,82	0,685	51,35
Doctors' unpunctuality	N	16	15	10	0,050	41
	%	21,33	22,73	22,73	0,975	22,16
Objectification of patients	N	27	20	14	0,55	61
	%	36,00	30,30	31,82	0,759	32,97
Schematic treatment of each patient	N	36	26	15	2,418	77
	%	48,00	39,39	34,09	0,299	41,62
Bad housing conditions (building requiring renovation)	N	3	4	2	–	9
	%	4,00	6,06	4,55	–	4,86
No or insufficient ramps for people on the wheelchair (steep ramps, no elevator, tight corridors, obstacles to movement, etc.)	N	1	8	0	–	9
	%	1,33	12,12	0,00	–	4,86

Source: own study based on own research.

Analyzing the results in regard to the age of the respondents, the most frequently chosen elements that cause the greatest dissatisfaction with health services are analogous to the table IV discussed above. In this analysis, no statistically significant differences were observed. However, it can be noticed that for some people aged 25-39, lower satisfaction is caused by the lack or insufficient driveways for people on wheelchairs, as 12.12% of respondents in this age group chose this criterion, while in the younger group only 1, 33% (1 person), and in the oldest (40 years and more) nobody chose this answer. People aged 25-39 years more often than in the case of other age groups indicated lack of kindness, unpleasant staff as causing dissatisfaction.

Discussion

The study clearly indicates that the factors closely related to the course of the treatment process are more important in determining quality than additional facilities like good housing conditions, good location, free parking. According to respondents the most important criteria for assessing the quality of health services are: knowledge and professional skills of service providers - the accuracy of the diagnosis, access to modern medical technology, detailed interview and meticulousness during visits. Similar observations are presented by Sałapa K. [8], who believes that the quality is for the patient the shortest waiting time for service, effective and safe treatment process, services provided by highly qualified staff in pleasant atmosphere. Rybarczyk-Szwajkowska A, Cichońska D, Holly R. [9] conducted similar research on the perception of the quality of health services. The research was carried out among the management staff of state hospitals, mainly the head officers / department managers and departmental nurses. The authors analyzed 122 questionnaires, of which 22 respondents (18.49%) provided the definition of quality which was mainly understood as "a process aimed at meeting the expectations of patients and their satisfaction". In addition, in the above-mentioned studies almost all respondents (96.64%) gave their opinion that the competences of medical staff affect the quality of health services. The respondents also concluded that an increase in funds for treatment would result in a significant increase in the quality of services.

It should be noted that high quality of health services should not be equated with higher expenditures and lack of savings. For example, investment in modern equipment that will reduce the invasiveness of treatment, shorten the patient's hospitalization time and accelerate his recovery, translates into improved quality of treatment, patient satisfaction and his faster return to previously conducted social roles, which ultimately generates large profits for society. Poor quality of medical services affects future additional costs associated with complications, reoperations, longer rehabilitation, prolonged hospitalization, and absenteeism at work. Low quality of services can generate very high costs of complications treatment.

In this research, the factor that caused the greatest dissatisfaction among the beneficiaries was "a long waiting time for health services", while the "short waiting time for health services" was indicated as the second most frequent element contributing to high level of services and affecting high satisfaction of recipients. According to the report by BAROMETR [10] of the Watch Health Care Foundation (WHC) on changes in the accessibility to guaranteed health services in Poland, the average waiting time for guaranteed health services is growing every year. According to the Warsaw Enterprise Institute (WEI) such long queues are caused by low level of financing health care while maintaining a too-large set of guaranteed services.

Another important (second most frequently chosen) factor of the quality of health services, which was indicated by the respondents in the presented study was "access to modern medical technologies". Jakubek E. [11] in her research observed that an important motive for choosing an institution in which a patient decides to receive treatment is modern medical equipment used by the institution. As established by the author, the functional and technologically advanced equipment were important factors for 5.6% of German patients and 18% of Polish patients she studied. In her work, the author emphasizes significant differences in the quality of medical services provided in German and Polish hospitals. She concludes that they result from the fact that pro-quality actions have been taken earlier in Germany than in Poland and in generally higher treatment standards implemented by German health care.

One of the elements that caused extreme dissatisfaction of patients in the process of using medical services was "lack of kindness, unpleasant staff". Manulik S., Rosińczuk J. and Karniej P. [12] examined 412 patients (including 211 treated in state treatment centers and 201 in private). They gathered patients' opinions on priorities in the quality of the health services sector and the evaluation of services received. The results of the authors' research indicate that patients of private healthcare entities have the highest expectations as to the quality of equipment and infrastructure, while patients treated in state units have the highest expectations regarding the medical staff. In view of the results of these authors' research, it can be concluded that the personnel providing services in non-public healthcare entities shows a better approach to patients. It is worth mentioning here the definition of a medical service according to Krot K. [2], which defines it as "a series of various activities conducted for health purposes (saving, rescue, restoration and improvement) or enrichment of personal values, that medical staff takes from the first contact of a patient with a health care facility, to leaving it".

The course of the medical service depends on the nature of the relationship between the staff and the patient and the activity of each party". As it is clear from the quoted definition, a very important feature of medical services is the "medical staff - patient" relation developed during the provision of services. The relation determines the whole further service process, its quality and satisfaction of the patient. For the patient, new, medical situation is often stressful, requiring thoughtfulness, respect for intimacy and dignity. The relationship between the doctor and the patient is extremely important as few important factors depend on it. Firstly, the relation shapes patient's trust in the doctor helps in explaining recommendations treatment and the possible consequences of discontinuation of treatment in an accessible manner. Emanuel EJ. and Dubler NN. [13] have the ideal doctor-patient relationship of the six C's:

choice, competence, communication, compassion, continuity, and (no) conflict of interest. As shown by the studies of various authors [11, 14-16], the approach in delivering health services that focuses on the patient contributes significantly to higher patient satisfaction with the care provided and his faster convalescence. It also encourages building trust relationships, continuation of treatment and willing to use medical care in the future by the patient.

Summary

Regardless of the age and gender of the respondents, the answers were very similar and clearly indicated that patients are primarily concerned with the competence of the staff (education, knowledge, experience, but also respect for patients) and availability and waiting time for health services.

This work indicates which elements of the quality of health services are the most important for the recipients (ensure their satisfaction) and also finds which criteria indicate low quality services.

Conclusions:

In the opinion of the surveyed group of patients, high quality of medical services are determined by: knowledge and professional skills of people providing services, short waiting time for services and access to modern technology. The elements that in the opinion of the respondents are the most unsatisfactory and contribute to the low quality of service are: too long waiting time for services - long queues, difficulties with access to health services - limits as well as routine approach patients.

The age and gender of the respondents does not significantly affect the perception of key positive and negative determinants of the quality of health services.

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