

TILTAI, 2019, 1, 124–136 ISSN 1392-3137 (Print), ISSN 2351-6569 (Online)

HOSPITAL CHOICE IN LITHUANIA: PATIENTS' ATTITUDE

Vinsas Janušonis

Klaipėda University hospital, Klaipėda University

Abstract

The article presents the research that reveals the complexity of the patient hospital choice process and, in the context of the research data, enables the evaluation of the patient hospital choice factors influencing their decision. The problem of hospital choice is topical both in Lithuania and other EU and world countries. It is a complex process that requires the evaluation of the poly-functionality of the choice factors: the character of the patient disease and their state of health, the characteristics of the hospital, the interactive relationship between the hospital staff, the patient's relatives, and Internet access. The research sample consisted of 477 participants aged between 18 and 89, treated in various hospitals throughout the country. Based on the results of the research presented in the article, one can argue that the factors having the greatest impact on patients' choice of hospital include the advice of friends and significant others, personal experience, and the advice of their family doctor. The main prerequisites for choosing a hospital named by the patient respondents were the qualification of the medical staff, the quality of health care, communication between doctors and patients, the geographical location of the hospital, and its accessibility.

KEYWORDS: hospital choice, evaluation of the state of health, patient characteristics, hospital characteristics.

Anotacija

Straipsnyje pristatomas tyrimas atskleidžia pacientų ligoninės pasirinkimo proceso sudėtingumą ir tyrimo duomenų kontekste leidžia įvertinti pacientų ligoninės rinkimosi veiksnius. Ligoninės pasirinkimo klausimas aktualus ne tik Lietuvoje, bet ir kitose ES bei pasaulio šalyse. Šiame sudėtingame procese svarbu įvertinti pasirinkimo veiksnių daugiafunkciškumą: paciento ligos pobūdį ir sveikatos būklę, ligoninės charakteristikas, interaktyvų ligoninės darbuotojų, ligonio artimųjų, internetinės prieigos galimybių tarpusavio santykį. Tyrimo imtį sudarė 477 dalyviai nuo 18 iki 89 metų amžiaus, kurie gydėsi įvairiose šalies ligoninėse. Remiantis straipsnyje pateikiamo tyrimo rezultatais, galima teigti, kad didžiausią įtaką pacientų atitinkamos ligoninės pasirinkimui daro artimųjų ir draugų, šeimos gydytojo patarimai ir asmeninė patirtis. Kaip pagrindinius ligoninės pasirinkimo kriterijus pacientai įvardijo medikų kvalifikaciją, sveikatos priežiūros kokybę, medikų ir pacientų bendravimą, ligoninės geografinę vietą bei jos pasiekiamumą.

PAGRINDINIAI ŽODŽIAI: ligoninės pasirinkimas, sveikatos būklės vertinimas, pacientų charakteristikos, ligoninės charakteristikos.

DOI: <http://dx.doi.org/10.15181/tbb.v82i1.1969>

Introduction

New scientific achievements, new management theories and trends, the development of information's and other technologies have prompted the patient choice of hospital as a phenomenon. Patient choice of hospital or other health care provider was introduced in the second half of the last century. However, broader debate

on the benefits, scope, development of the choice, and the impact on the quality of healthcare has intensified at the beginning of this century (Bernstein, Gauthier, 1999; Thompson, Dixon, 2006; Janusonis, 1990; 2017).

Although the choice of hospital is not a solution solely for the needs of the patient, it is recognized that hospital choice is an important tool for improving the quality of healthcare (Fotaki, et al., 2008; Janusonis, 2017). Patient choice of the hospital is a complex process that depend on hospital attributes, and patient's characteristics, behavior, context, and interaction between different environments (Fotaki, 2008, 2013; Janusonis, 2017, 2018). It is multifaceted, interactive relationship between the patient and the hospital (with a range of mediators (doctors, relatives, media, internet and etc.). The patient always faces a service of interacting ingredients when choosing a hospital: accessibility (queues), costs, health care quality, satisfaction, information, quality at life, etc. Integrating all of this components or most of them is difficult for the patient when choosing a hospital, so he often chooses a hospital for one to three components. All this confirms hospital choice is a difficult, complex patient activity with the help of doctors and other people, whose final expected result is a positive change in his health, expectations, satisfaction of health care.

Patient's characteristics – sex, age, working status, education, marital status, place of residence, in come, experience, awareness influence his choice of the hospital (Shwartz, 2004; Robertson, Burge, 2011; Abraham, et al., 2011; Janusonis, 2017, 2018). The patient choice also depends on various hospital characteristics – availability, location, costs, technologies, healthcare quality and other (Birk, Henriksen, 2012; Janusonis, 2012; De Cruppe, Geraedts, 2015; Aggarwal, 2017).

In Lithuania, the choice of health care institution (hospital) has been validated since 1991, but there are some restrictions (clusters, centers, volume of operations, service levels). These limitations do not restrict the patient's right to choose hospital, and four fifths of patients in the country choose hospital (Janusonis, 2018).

The aim of the study. To analyze and evaluate the hospital choice process in Lithuania and the factors influencing it in attitude of patients

Research Questions. In order to achieve this goal, the following questions have been formulated and answers to the following questions were sought:

- What are the characteristics of the respondents and their health status and how much it effects the choice of hospital?
- What information sources and criteria most influence hospital choice?
- What hospital characteristics are most important for the patients choice?

1. Material and methods

The object of research is the choice of hospital.

Research methods – analysis of scientific literature, questionnaire interview, interpretation and generalization, statistical data analysis, comparative analysis.

The survey is scheduled for 2017, and from August to November 2018 was performed in seven health care organizations (three University and Republic hospitals, two Regional hospitals, one District hospital and one Health center). The first, second and third level health care service are provided in the participating hospitals. The study was included 477 respondents – hospitalized patients (response rate 85%). Since almost half of the respondents were treated several times in different hospitals in the country, they represent all five regions of Lithuania. The sampling is sufficient and representative.

Study questionnaire prepared by the author, based on scientific publications (Mathers, et al., 2009; Birk, Henriksen, 2012; Gutacker, et al., 2016). It consists of four blocks: social – demographic characteristics (1), respondents health status characteristics (2), process of hospital choice (3), and hospital characteristics (4).

Statistical data analysis was done using program package SP SS 21.0 for Windows. The data was statistically significant as $p \leq 0.05$ (level of statistical confidence 95%).

Limitations of the study. The current study is limited due to the first time in the country, the relatively small number of respondents. The data of current study were collected through a self-reported instrument – questionnaire prepared by the author.

Future study may want to consider including additional predictor variables of patients' hospital choice – behavioral, psychological, emotional, cognitive, and others.

2. Results

Social demographic characteristics of respondents.

477 respondents were interviewed in the course of the study (table 1), one third of them (34.6%) men, almost two thirds (64.6%) – women, 4 (0.8%) did not indicate gender. The most respondents were over 50 years old. More than half of them (55.6%) were worked, 34.4% retired and disabled, and 5.2% –unemployed. One third (34.6%) of the respondents had higher education or university degree, one third (34.4%) had secondary education.

Most of respondents (67.7%) lived in the city, part (26.0%) – in the countryside, other – did not indicate. More than half of respondents (55.8%) were married,

HOSPITAL CHOICE IN LITHUANIA: PATIENTS' ATTITUDE

11.5% lived with a partner, 22.4% – widows, 9.2% – lonely. The absolute majority of respondents (90.1%) indicate their monthly income was up to €1.000, more than half of them (54.3%) were up to €500. The respondents represent all five regions of Lithuania – Vilnius, Kaunas, Klaipėda, Šiauliai, Panevėžys.

Table 1. Social-demographic characteristics of respondents

Characteristics	n (%)
Total	477 (100%)
Gender	
men	165 (34,6%)
women	308 (64,6%)
other	4 (0,8%)
Age (yr.)	
18–24	14 (3,0%)
25–29	22 (4,6%)
30–39	54 (11,3%)
40–49	86 (18,0%)
50–59	119 (24,9%)
60–69	94 (19,7%)
70–79	67 (14,1%)
80 >	21 (4,4%)
Employment	
workers	265 (55,6%)
retired, disabled	164 (34,4%)
students, pupil	4 (0,8%)
unemployed	25 (5,2%)
other	19 (4,0%)
Education	
university degree and higher	175 (36,7%)
secondary	164 (34,4%)
lower secondary	50 (10,5%)
other	88 (18,4%)
Residence	
city	323 (67,7%)
countryside	124 (26,0%)
did not indicate	30 (6,3%)

Characteristics	n (%)
<i>Income</i>	
up to € 500	259 (54,3%)
€ 500–999	171 (35,8%)
€ 1000–1999	29 (6,1%)
over € 2000	3 (0,6%)
did not indicate	15 (3,2%)
<i>Family status</i>	
married	266 (55,8%)
partnership	55 (11,5%)
widow	107 (22,4%)
lovely	9,2%)
did not indicate	5 (1,1%)

Health status of respondents. Half (51.4%) of the respondents evaluated their overall health as a medium, 31.2% – as good, 12.4% – as bad, 3.8% – as very good, and 0.6% – as very bad. There were no fundamental differences between the sexes.

Respondents under 50 years assessed their health status more as medium (51.4%) or better than medium (54.5%), over 50 years – only 25.9% as medium, and 27.2% – as better than medium. Thus, respondents aged 50 years and over assessed their health worse than under 50 years of age. The majority of workers (95.8%) assessed their health as medium or better than medium, and less unemployed (74.4%) was assessed their health so.

Working respondents their health assessed better than unemployed. Respondents with higher education or university degree assessed their health as medium (51.7%) or better than medium (43.6%). Respondents without higher education or university degree assessed their health as medium 38.1%, and better than medium 19.3%. Respondents who had higher education or university degree assessed their health better than respondents who did not have such education.

50.8% of respondents living in marriage assessed their health as medium, and 43.6% better than medium. Widows and lonely assessed their health as medium 55%, and 22.5% as better than medium. The respondents living in marriage and in partnership assessed their health better than windows and lonely.

81% of respondents with a monthly income less than €500 assessed their health as medium or better, with a monthly income €500–999 such were 93.0%, with a monthly income €1000.0 and over – 96.6%. Respondents with higher incomes assessed their health better.

87.3% of respondents living in the city and 79.9% living in the countryside assessed their health as medium or better.

HOSPITAL CHOICE IN LITHUANIA: PATIENTS' ATTITUDE

The majority of respondents (51.9%) their health status during the survey assessed as moderate complexity, 4.2% – as very serious, 9.9% – as sufficiently serious, 31.7% – as a not very complicated, 2.5% – could not say. The respondents aged 50 and over assessed their health status as very serious and complicated – 11.7%, under 50 years – 1.9%. The lower education respondents assessed their health status as serious and complicated more than respondents with higher education or university degree – 10.9% and 20.3%.

Working respondents assessed their health status as serious or very serious and complicated less than unemployed – 7.2% and 22.6%. Respondents with a monthly income up to €1000 their health status as very serious and complicated rated more often than respondents with a monthly income over €1000 – 14.7% and 6.5%.

39.2% of respondents constantly took care of their health, 53.7% – when there were health problems, 55% – did not care about his health. Women constantly took care of their health more than men – 45.8% and 27.9%.

Age of respondents did not affect care of their health. The respondents with higher education or university degree constantly took care of their health more than lower education respondents – 52.7% and 34.2%.

Working respondents constantly took care of their health less than unemployed – 34% and 51.2%.

Family status and income did not affect care of respondents health.

Hospital choice process. The right to choose a hospital was known to the 90.9% of respondents, 5.9% of respondents questioned their knowledge, 11.9% – did not know, and 1.3% – did not specify. Men and women, as well as respondents of all ages, had similar knowledge of hospital choice.

The right to choose a hospital was best known by respondents with higher education or university degree (91.5%), less – with secondary education (77.4%) and least – respondents with lower education (74.0%).

8.7% employees and 15.9% unemployed were unaware of the possibility of choosing a hospital. 86.8% of respondents who live in marriage, 75.7% of widows, 70.9% – living in partnership, and 72.7% of lonely knew about the right to choose a hospital.

The respondents with a monthly income €1000.0 and over was best informed about the possibility to choose a hospital (87.5%), with a monthly income €500.0 – 999.0 less (84.2%), and with a monthly income less than €500.0 – 79.5%.

The analysis of the importance of hospital choice show 45.2% of respondents thought it was very important to choose a hospital, 43.6% – it was important, 9.3% – it wasn't important and 2.0% of respondents could not answer exactly. The possibility of choosing a hospital was not considered very important by more men (11.5%) than women (8.7%), and more respondents – over 50 yr. (10.7%) than un-

der 50 yr. (8.1%), and more respondents with lower secondary education – 18%, and with secondary education – 13.4%, than with higher education or university degree – 4.8%.

The importance of hospital choice the most skeptical assessed single persons – 18.2% of them it were not important. The choice of a hospital was not important for 14.5% of respondents living in partnership, for 9.3% of widows, and for 7.5% of married.

There was no difference in the analysis of the importance of hospital choice, according to the respondents' employment, residence and income. 3.2% of respondents indicated that in choosing a hospital was distractions.

One third (34.4%) of respondents referral to treatment in the hospital had the name of the hospital, although it is forbidden in Lithuania.

A hospital choice for the most respondents influenced relatives and friends advice, personal experience and advice from a family doctor, least influenced by associations and societies of patients, patients fund (table 2).

Table 2. Factors influencing hospital choice

Factor	n	%
Advice of friends, relatives	286	60
Personal experience	273	57,2
Advice of family doctor	210	44,0
Advice of other medics	100	21,0
Information tools	98	20,5
Internet	91	19,1
Associations, societies of patients	16	3,4
Patient fund	7	1,5
Other	68	14,3

Almost half (47.6%) of the respondents choose a hospital only when they were ill, 40% – this has been done in the past, 11.9% of respondents could not answer exactly.

The hospital had already chosen before the episode of health disorder more younger people – respondents under 50 years (45.2%) compared to respondents over 50 years (39.5%), more married and living in partnership (42.3%) than widows and single (29.8), more with higher education and university degree (42.4%) than lower education (37.4%), more retired and disabled (42.1%) than workers (36.6%) and unemployed (24.0%). There was no difference in the analysis of the hospital choice until the episode of illness between the gender, incoms, place of residence.

HOSPITAL CHOICE IN LITHUANIA: PATIENTS' ATTITUDE

The majority of respondents (91.3%) had hospital treatment experience. 82.6% of respondents were fully satisfied of the hospital choice after treatment, 12.6 – partially satisfied, 4.8% – were not satisfied or could not say.

Your choice was more satisfied respondents over 50 years (84.9%) than under 50 years (79.0%), retired and disabled (86.2%) than workers (81.1%) and unemployed (76.0%), married and living in partnership (85.4) than widows and single (78.1%), with monthly incomes over €500.0 (85.2%) than with monthly is incomes less €500.0 (81.9%).

There was no difference in the satisfaction of hospital choice between gender, education and place of residence.

Hospital characteristics. Respondents identified the most influencing factors of hospital characteristics in their choice – health care quality and results, doctors and nurses qualification, and proper communication with patients. The less influencing factors – image of hospital, adverse events and hospital environment (table 3).

Table 3. Hospital characteristics influencing patients choice

Characteristics	n	%
Qualification of doctors and nurses	319	66,9
Health care quality and results	248	52,0
Proper communication with patients	234	49,1
Distance and location of hospital	146	30,6
New technologies	143	30,0
University, multiprofile hospital	125	26,2
Excellent management of organization	84	17,6
No extra charge	52	10,9
No queues, short waiting time	47	9,9
Cleaned up environment	40	8,4
Little number of adverse events	33	6,9
Image of hospital	30	6,3

There was no difference in assessment hospital characteristics influenced respondents choice between gender, age and other social – demographic characteristics.

3. Discussion

The self-assessment of patients' health is closely linked to the assessment of the health care system of the country in which they live. This affects patient decision – making, including hospital choice.

Respondents under 50 years, workers, with higher or university education, married or living in partnership, with higher income assessed your health as medium or better than medium. This is in line of the scientific literature (French, et al., 2012; Janusonis, 2017). However, some authors (Belem, et al., 2016) point out that married people underestimate their health status. There were no major differences between the sexes during the study, but some authors (Idler, 2003) observe that women value their health worse than men because of their longer life expectancy.

The majority of respondents in hospital evaluated their health status at that time as medium. However, those suffering from chronic illnesses and have been hospitalized several times, have evaluated their health status as serious and complicated. This is in line with the scientific literature (Molarius, Janson, 2002; Janusonis, 2008).

There were no statistically reliable interfaces between the respondents' health status and hospital choice factors. However, there is evidence in the scientific literature (Victoor, et al., 2012; Aggarwal, 2017) that health status is affected the hospital choice.

Most of the respondents were concerned about their health only in case of problems. Older, higher educated and retired people were always concerned about their health. This is in line with scientific literature (Coulter, et al., 2009). Most of the respondents (63.9%) go to hospital within 7 days if necessary, 22.6% – within 7–30 days, and 6.3% wait more than 30 days. In most developed countries, hospital queues are longer and waiting time for patients, especially for scheduled operations, is longer (Siciliani, 2013, 2014). All of this influences hospital choice.

Most of the respondents (80.9%) knew they had the right and can choose the hospital. A similar proportion of patients in Lithuania choses a hospital (Janusonis, 2018). Patient awareness is very importance in hospital choice (Dixon, Le Grand, 2006; Faber, et al., 2009). People with higher education, married or living in partnership, with higher incomes are better informed about hospital choice (Mol, 2008; Dixon, et al., 2010).

The importance of hospital choice for patients depends largely on the country's history, ideological attitudes and the structure of the public sector, health care system, various restrictions and other circumstances (Fotaki, et al., 2008; Dixon, et al., 2010; Janusonis, 2019). The importance of hospital choice determines patients and hospital characteristics too (Beckeert, et al., 2012; Aggarwal, et al., 2017).

Survey data show hospital choice is more important for young, with higher education respondents. This is in line of the scientific literature (Lako, et al., 2008; Exvorthy, et al., 2010; Aggarwal, et al., 2017), except that in Lithuania the hospital choice was more important for men, and no correlation between different employment, and different income respondents was found.

The choice of hospital in Lithuania is mostly influenced by advice of friends and relatives, personal experience and advice of family doctor. This is in line of scientific literature (Dijis-Elsinga, et al., 2010; Marang-Vande Mhen, et al., 2011; Fasole, et al., 2011; Birk, et al., 2012; Janusonis, 2017).

40.5% of respondents was chosen hospital only for the first time was ill, they were not previously decided. This choice of patients is also confirmed by other authors (Robertson, 2011; Kim, 2018).

Most of the respondents (82.6%) were satisfied with their choice of hospital after the treatment episode. This is in line at scientific literature (Naidu, 2009; Sebo, et al., 2015; Janusonis, 2016). More of your choice was satisfied older, retired, married and living in partnership, higher educated, and with higher incomes respondents. This is complete with data of the other authors (Otani, et al., 2010; Bjertnaes, et al., 2012; Shirley, et al., 2013).

In Lithuania, as in other countries, respondents considered health care quality and results, qualification of doctors and nurses, proper communication with patients, and newest technologies, as the most important hospital characteristics affecting choice (Rademarkers, et al., 2011; Evans, et al., 2011; Nostedt, et al., 2014; Diana, et al., 2015; Gutacker, et al., 2016; Aggarwal, et al., 2017).

However, in Lithuania respondents were more moderately to the adverse events and hospital environment as the factors affected hospital choice than other countries (Fotaki, et al., 2008; Jones, et al., 2009; Bevan, et al., 2011; Janusonis, 2016).

Conclusions

Two-thirds at the respondents were 40–69 year, women, married or living in partnership, the place of residence was the city. One-third at the respondents had higher or university education, more than half was employed and had up to €500,0 monthly income.

The possibility and importance of hospital choice was more appreciated for respondents with higher or university education and married or living in partnership. Other patients' characteristics and their health status no greater influence on the hospital choice.

The biggest influence on hospital choice was made by advice of friends and relatives, personal experience, and advice of family doctor. The least impact on hospital choice process had patients fund, association and societies of patients. The internet as a source at information influenced hospital choice of the fifth respondents.

The most important characteristics of hospital influenced respondents choice was qualification of doctors and nurses, health care quality and results, communi-

cation with patients, location and accessibility. Less important hospital characteristics for Lithuanian patients choice was image of hospital, adverse events, hospital environment, queues and waiting time.

Conflict of interest

No conflict of interest has been declared by the author.

References

- Abraham, I., Sick, B., Anderson, J., et al. (2011). Selecting a provider: what factors influence patients' decision making? *Journal of Healthcare Management*, Vol. 56, p. 99–114.
- Aggarwal, A. (2017). Effect of patient choice and hospital competition on service configuration and technology adoption within cancer surgery: national, population based study. *The Lancet*, Vol. 18, p. 1445–1453.
- Aggarwal, A., Lewis, D., Charman, S. C., et al. (2017). *Determinants of patient mobility for prostate cancer surgery: a population based study of choice and competition*. *European urology* (online). Doi:10.1016/1.eururo.2017.07.013.
- Aggarwal, A., Lewis, D., Mason, M., et al. (2017). Patient mobility for elective secondary health care services in response to patient choice policies: a systematic review. *Medical Care Research and Review*, Vol. 74, p. 379–403.
- Beckert, W., Christensen, M., Collyer, K. (2012). Choice of NHS – funded hospital services in England. *The Economic Journal*, Vol. 122, p. 400–417.
- Belem, P. L. O., Melo, R. L. P., Pedraza, D. F., Menezes, T. N. (2016). Self-assessment of health status and associated factors in elderly persons registered with the Family Health Strategy of Campina Grande, Paraíba. *Revista Brasileira de Geriatria e Gerontologia*, Vol. 19, p. 1–9.
- Bernstein, A. B., Gauthier, A. K. (1999). Choices in Health Care: what are they and what are they worth? *Medical Care Research and Review*, Vol. 56(S1), p. 5–23.
- Birk, H., Henriksen, L. (2012). Which factors decided general practitioners' choice of hospital on behalf of their patients in an area with free choice of public hospital? A questionnaire study. *BMC Health Services Research*, Vol. 12, p. 126–136.
- Bjertnaes, O. A., Sjetne, I. S., Iversen, H. H. (2012). Overall patient satisfaction with hospitals: effects of patient – reported experiences and fulfillment of expectations. *BMJ Quality and Safety*, Vol. 21, p. 39–46.
- Coulter, A., Fitzpatrick, R., Cornwell, J. (2009). *Measures of patients' experiences in hospital: purpose, methods and user*. London: King's Fund.
- De Cruppe, W., Geraedts, M. (2015). Hospital choice in Germany from patients perspective: a cross-sectional study. *BMC Health Services Research*, Vol. 17, p. 720–737.
- Debas, H. T., Donkor, P., Gavande, A., et. al., eds. (2015). *Disease control priorities: Essential surgery*. 3-d edn. Washington D.C.: The World Bank.
- French, D. J., Browning, C., Kendig, H., et al. (2012). A simple measure with complex determinants: investigation of the correlates of self-rated health in older men and women from three continents. *BMC Public Health*, Vol. 12, p. 1–12.
- Diana, M., Marescaux, I. (2015). Robotic surgery. *British Journal of Surgery*, Vol. 102, p. e15–e28.
- Dijis-Elsinga, J., Otten, W., Versluijs, M., et al. (2010). Choosing a hospital for surgery: the importance of information on quality of care. *Medical Decision Making*, Vol. 30, p. 544–560.
- Dixon, A., LeGrand, J. (2006). Is greater patient choice consistent with equity? The case of English NHS. *Journal of Health Services Research and Policy*, Vol. 11, p. 162–166.
- Dixon, A., Robertson, A., Appleby, J. et al. (2010). *Patient choice. How patients choose and provider respond*. London: The King's Fund.
- Dixon, A., Robertson, R., Bal, R. (2010). The experience of implementing choice at point of referral: a comparison of the Netherlands and England. *Health Economics, Policy and Law*, Vol. 5, p. 295–317.

HOSPITAL CHOICE IN LITHUANIA: PATIENTS' ATTITUDE

- Evans, J. R., Lindsay, W. M. (2011). *The management and control of quality*. 8-th edn. Mason: Cengage Learning South Western.
- Exworthy, M., Peckham, S. (2010). Access, choice and travel: implications for health policy. *Social Policy and Administration*, Vol. 40, p. 267–287.
- Faber, M., Bosch, M., Wollersheim, H. et al. (2009). Public reporting in health care: how do consumers use quality-of-care information? A systematic review. *Medical Care*, Vol. 47, p. 1–8.
- Fasolo, B., Reutskaja, E., Dixon, A., Boyce, T. (2011). Helping patients choose: How to improve the design of comparative scorecards of hospital quality. *Patient Education and Counseling*, Vol. 78, p. 344–349.
- Fotaki, M. (2013). Is patient choice the future of health care systems? *International Journal of Health Policy and Management*, Vol. 1, p. 121–123.
- Fotaki, M., Roland, M., Boyd, A., et al. (2008). What benefits will choice bring to patients? Literature review and assessment of implications. *Journal of Health Services Research Policy*, Vol. 13, p. 178–184.
- Gutacker, N., Siciliani, L., Moscelli, G., Gravelle, H. (2016). Choice of hospital: which type of quality matters? *Journal of Health Economics*, Vol. 50, p. 230–246.
- Hall, R. W., ed. (2013). *Patient flow: reducing delay in healthcare delivery*. 2-nd edn. New York: Springer.
- Idler, E. L. (2003). Discussion: gender differences in self-rated health, in mortality and in the relationship between the two. *Gerontologist*, Vol. 43, p. 372–375.
- Janusonis, V. (2018). Health care (hospital) choice and quality: literature overview and case (Lithuania) study. *Health Sciences in Eastern Europe*, Vol. 28, p. 90–109.
- Janusonis, V. (2017). Health care management development in Lithuania: changes trends, critical approach, international context. *Health Sciences in Eastern Europe*, Vol. 27, p. 76–83.
- Janusonis, V. (1990). *Health care quality and management*. Vilnius: Mokslas.
- Janusonis, V. (2017). *Organisational behavior and quality of health care. Integrated systematic review*. Klaipėda: S. Jokužio leidykla-spaustuvė.
- Janusonis, V. (2012). *The management of health care system's organisations*. Klaipėda: S. Jokužio leidykla-spaustuvė.
- Janusonis, V. (2019). The old new management. *Health Sciences in Eastern Europe*, Vol. 29, p. 86–90.
- Jones, L., Mays, N. (2009). Systematic review of the impact of patient choice of provider in the *English NHS*. London: LSHTM.
- Kim, K., Ahn, S., Lee, B., et al. (2018). *Factors associated with patients' choice of physician in the Korean population: database analyses of a tertiary hospital* (online). Doi: 101371/journal.pone.0190472.
- Lako, C. J., Rosenau, P. (2009). Demand – driven care and hospital choice. Dutch health policy toward demand-driven care: results from a survey in to hospital choice. *Health Care Annals*, Vol. 17, p. 20–35.
- Marang van de Mheen, P., Dijks-Elsinga, J., Otten, W., et al. (2011). The importance of experienced adverse outcomes on patients' future choice of a hospital for surgery. *Quality and Safety in Health Care*, Vol. 19, p. 1–6.
- Mathers, N., Fox, N., Hunn, A. (2009). *Surveys and Questionnaires*. The NIHR for the East Midlands / Yorkshire and the Humber.
- Mol, A. (2008). *The logic of care. Health and the problem of patient choice*. Abington: Routledge.
- Molarius, A., Janson, S. (2002). Self-rated health, chronic diseases, and symptoms among middle-aged and elderly men and women. *Journal of Clinical Epidemiology*, Vol. 55, p. 364–370.
- Naidu, A. (2009). Factors affecting patient satisfaction and health care quality. *International Journal of Health Care Quality Assurance*, Vol. 22, p. 366–381.
- Nostedt, M. C., McKay, A. M., Hochman, D. I., et al. (2014). The location of surgical care for rural patients with rectal cancer: patterns of treatment and patient perspectives. *Canadian Journal of Surgery*, Vol. 57, p. 398–404.
- Otani, K., Waterman, B., Faulkner, K. M., et al. (2010). How patients reactions to hospitals care attributes effect the evaluation of overall quality of care, willingness to recommend, and willingness to return. *Journal of Healthcare Management*, Vol. 55, p. 25–37.
- Rademarkers, J., Delnoij, D., de Boer, D. (2011). Structure, process or outcome: which contributes most to patients' overall assessment of healthcare quality? *BMI Quality and Safety*, Vol. 20, p. 326–331.
- Robertson, R., Burge, P. (2011). The impact of patient choice of provides on equity: analysis of a patient survey. *Journal of Health Services Research Policy*, Vol. 16, p. 22–28.
- Schwartz, B. (2004). *The paradox of choice: why less is more*. New York: Harper Collins.

Vinsas Janušonis

- Sebo, P., Herrmann, F. R., Bovier, P., Haller, D. M. (2015). What are patients' expectations about the organization of their primary care physicians' practices? *BMC Health Services Research* (online). Doi: 10.1186/S12913-015-0985-y.
- Shirley, E. D., Sanders, J. D. (2013). Patient satisfaction: implications and predictors of success. *The Journal of Bone and Joint Surgery*, Vol. 95, p. e69.
- Siciliani, L., Borowitz, M., Moran, V., eds. (2013). Waiting time policies in health sector: what works? *OECD Health Policy studies*. Paris: OECD Publishing.
- Siciliani, L., Moran, V., Borowitz, M. (2014). Measuring and comparing health care waiting times in OECD countries. *Health Policy*, Vol. 118, p. 292–303.
- Thomson, S., Dixon, A. (2006). Choices in health care: the European experience. *Journal of Health Services Research Policy*, Vol. 11, p. 167–171.
- Victoor, A., Delnoij, D. M., Friele, R. D., Rademakers, J. (2012). Determinants of patient choice of healthcare providers: a scoping review. *BMC Health Services Research*, Vol. 12, p. 272–307.

Vinsas Janušonis – profesorius, habilituotas daktaras (socialiniai mokslai – vadyba), Klaipėdos universitetinės ligoninės vyriausiasis gydytojas. Klaipėdos universiteto Sveikatos mokslų fakulteto Visuomenės sveikatos katedra.

Moksliniai interesai: sveikatos priežiūros vadyba ir kokybė, insulto valdymas, profilaktinė medicina.

Adresas: Liepojos g. 41, LT-92288 Klaipėda.

Tel. +370 46 396 501.

El. paštas: janusonis@gmail.com

Vinsas Janušonis – professor, doctor habil. of Social Sciences (Management), Department of public Health, Faculty of Health Sciences, Klaipėda University. Director of Klaipėda University Hospital.

Scientific interests: health care management and quality, stroke management, preventive medicine.

Address: Liepojos Str. 41, LT-92288 Klaipėda.

Phone: +370 46 396 501.

E-mail: janusonis@gmail.com