

## **ASSESSMENT OF PATIENT'S DEGREE OF SATISFACTION IN THE CITY OF ORADEA**

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### ***Abstract***

*The quality of health care services is directly connected both to the roles and intentions of health system stakeholders and the private area in which they are provided. The quality is a matter of balance through which one attempts to reach maximum benefits for the patient with minimum risks involved. Measuring the patients' satisfaction level is a subjective quest varying from the patients' cultural level and their individual perception on individual's health condition or illness. In the article we assess the satisfaction degree of patients as against the health care related services provided in the city of Oradea aiming at to reveal both the main positive aspects and the patients' dissatisfactions as regards the providers' services.*

**Key words:** the health services quality, the patients satisfaction

### **INTRODUCTION**

The notion of quality is a multidimensional and multiform term employed in many fields and it contains social, philosophical, economical, and technical meanings and assertions; the multidimensional character is reflected by the presence of several definitions on what quality health care and health related services represent (Glynn J, Perkins D, 2003, Stewart A, 2000). However, the common denominator of the different approaches is the following one: the quality expresses the fundamental properties and features of a product or service which make it distinct as against the similar products/ services with the same purpose (Vladescu C, 2002).

The quality of health care services is directly connected both with the intentions and roles of stakeholders acting in the health care system and the private area in which they are provided (Overetveit J, 1992 Armean P, 2002,).

While managing health care services, the quality is gradually ensured and become important if one can distinguish among the providers and when it can intervene in the supply and demand mechanism (Stewart A, 2003, Palmer RH, 1991).

On a free market and given the free competition terms, the quality represents an important incentive in mobilizing human resources on their path to reach those limits separating the quality on the one side and the non-quality and the over-quality on the other side; the two extremes are both harmful and costly. The quality is a matter of balance through which one attempts to reach maximum benefits for the patient with minimum risks involved(Juran JM,2000,Donabedian A, 1998).

As regards a health care system, the quality is a unit for measuring its performance. In here, the quality represents the degree of excellence reached in accordance with the current level of medical knowledge and technology(Overetveit J,1992,Donabedian A,1998).

The quality assessment contains objective methods in which there are contained both indicators addressing the structure and process but also subjective methods for measuring the patient's degree of satisfaction(Ursoniu C,2000, Vuori H, 1991).

In its activity, one of the goals of the health care services provider is satisfying the clients through supplying / providing those products / services conceived to meet the later' needs(Wilcock PM,Thomson RG 2000,Koontz H,2003). Clients needs' satisfaction allows to producers to survive on the market economy, to develop and to ensure material and moral satisfaction of its their personnel and shareholders(Vuori H,1991,Grogan S,Conner M, 2000). From this angle, the quality may be defined as a sum of properties and/ or characteristics of a certain product/service which confer to the first those properties and features meant to meet the expressed or implicit needs(Juran J,2000,Donabedian A,1998).

## **MATERIAL AND METHODS**

In our research we have assessed the satisfaction degree of the patients as regards the health care services provided in different hospital units within the city of Oradea area.

We have contained in our study a sample consisting in 80 persons selected on a random basis. As a working material we have employed a 25 questions questionnaire with pre-formulated answers. The working technique consisted in data collection by means of questionnaire application followed by data computing, analysis and synthesis.

Given these above mentioned terms, we have followed the main positive aspects of the health care services provided, and also the main

dissatisfactions of patients as regards their standing as basic beneficiaries of health care services.

We have grouped these units in primary and secondary health care units, and private and public health care units, respectively.

## RESULTS AND DISCUSSION

The outcomes obtained have certified the fact that the persons forming the target group have different opinions depending upon several criteria i.e. age(fig.1), social category(fig.2), but also function of their own health condition related needs which are more or less satisfied by the services provided.

Within the primary health care assistance, the physician – patient relation is in general a good one, and stimulated on the first hand, by continuity, a feature which confers a certain degree of safety and trust to patients(Dennis E, Woollass T, 1993). The highest level of satisfaction is reached among the persons who appeal more often to physician' services and who have a closer relation with the later.

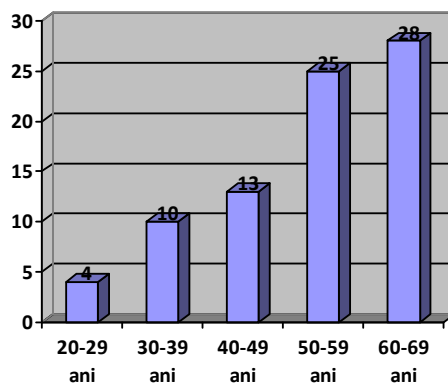


Fig.nr.1 Patient's degree satisfaction depending age

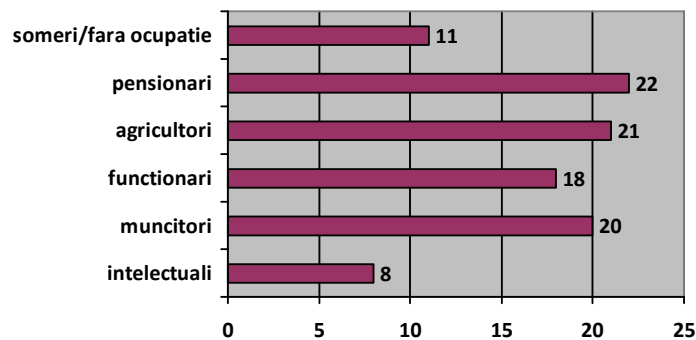


Fig nr.2 Patient's degree satisfaction depending occupational level

The main dissatisfaction as regards to the primary health care services is related to the insufficient coverage of patients' needs, 51.8% of responders being forced to appeal to the services of a specialist with a private hospital or clinic.

In our research we have noticed the fact that patients especially appreciate the communication skills of their physician, the communication process having a 49% influence share in the patients' degree of satisfaction, as against the technical skills, and physician competency which count only for 24% in this hierarchy. For the remaining 27% of individuals in our sample, both skills are important, although they are not certain which of these two competencies (communicational and professional) is definitively more important (Table 1).

*Tabel 1*

Degree of appreciation by patients of technical or communication skills (professional competence) of treating physicians

Number of persons	Technical skills, professional competence	Communication skills	Both
80 100%	19 24%	39 49%	22 27%

The specialised literature data show that there is no consensus as regards the most important factor concerning the patient's satisfaction degree and that the outcomes of different studies and research were biased by the type of healthcare, and by the context in which this health care was ensured (Vuori H, 1991, Grogan S, Conner M, 2000).

In our research we have noticed that the hospitalized patients which health care condition improved are more satisfied as against the patients treated in polyclinic (ambulatory) which were dissatisfied due to the long waiting time at polyclinics' consulting rooms.

Other reason of dissatisfaction among patients was the high prices of drugs as against their material means and resources, most of patients being senior persons and / or with low incomes (table 2).

*Tabel 2*

The main patients' complaints in descending order

<b>Patients' complaints</b>	<b>Type of care</b>
Hotel and food conditions	Secondary care
Lack of medicines	Secondary care
Promptly at the request of the lack of nurses	Secondary care
Awareness about the condition of the patient	Secondary care
Waiting time for consultation	ambulatory
Incomplete address health issue (reduced supply of health services)	Primary care
Equipped with appropriate equipment	Primary care
Cost of medicines	

## CONCLUSIONS

1. As regards positive health condition, both physical and psychological, the senior (older) persons tend to communicate higher levels of satisfaction as against the younger patients while women tend to be more satisfied with the medical services than men.
2. Patients tend to be more satisfied with the care awarded if the behaviour of services provider (physician, nurse) is in accordance with their expectations.
3. The expectations of patients vary largely depending upon their personality, social and cultural needs, and the private context where the care is received: in polyclinic or hospital.
4. The continuity of medical care is a positive factor when the same provider of health care services is maintained, thus leading to larger satisfaction degree amongst patients.
5. The patient's satisfaction is highly dependant upon the accuracy of the information provided and this could be an important mark of the quality of patient-physician communication process.

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