

QUALITY OF MEDICAL SERVICES IN THE OPINION OF OLDER ADULTS WITH THE EXAMPLE OF MEDICAL FACILITIES OF THE SILESIAN VOIVODESHIP IN POLAND

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Purpose: The aging society poses new challenges to managers of medical facilities to ensure that older adults have adequate conditions and access to professional health care and provide them with opportunities to increase their level of satisfaction and improve the quality of their functioning in society. The aim of the survey was to examine the opinions of older adults aged 65 years and older on the quality of medical services and to identify the most important characteristics of the quality of medical services included in their assessment.

Design/methodology/approach: The study used a diagnostic survey method based on a questionnaire technique that was addressed to older adults living in the Silesian Voivodeship. The survey was conducted in late 2022 and early 2023 and covered 128 older adults.

Findings: The survey showed that older adults living in the Silesian Voivodeship rated the medical services offered relatively well. Older adults gave the highest ratings to the location of health facilities, the approach to patients, the efficiency of service, and the availability of services provided by primary care physicians.

Research limitations/implications: Analysis of the survey of older adults' opinions on the quality of medical services identified key areas in need of corrective actions, such as the availability of night and holiday care, the use of modern solutions, the need for additional fees for medical services, and the number of medical staff members in medical facilities.

Practical implications: By measuring patient satisfaction, healthcare facilities gain information on how well their healthcare delivery meets patients' expectations and needs, and what in their services is a source of patient dissatisfaction. The results of the survey provide the basis for corrective measures to improve the services provided whereas the managers in healthcare facilities gain knowledge about the needs of older adult patients and areas requiring solutions to improve the quality of the services offered.

Social implications: The use of information from the survey makes it possible, through changes, to adapt the care system to the needs of older adults and suggests a direction for further quality assurance measures in healthcare.

Originality/value: The paper provides an introduction to the complex topic of improving the quality of medical services and achieving a sufficient level of satisfaction among older adults.

Keywords: medical services, quality of medical services, older adults, satisfaction.

Category of the paper: empirical research paper.

1. Introduction

Increasing life expectancy is undoubtedly a positive achievement of modern civilization, associated with rising living standards, medical advances, and the functioning of the social security system. In the long term, the increasing health awareness and interest in the concept of successful and thus active aging is observed among representatives of the older adult generation. This involves the desire to ensure health, independence, and productivity in older adulthood, which are three critical spheres that determine the optimal quality of life. According to this concept, successful aging is associated with activity: both vocational and social, adapted to the health status. All medical services provided by healthcare facilities play an important role in realizing the above concept. According to K. Krot (2008), a medical service is "a series of activities of an intangible nature: from the patient's first contact with a healthcare facility until his or her leaving it, undertaken to ensure health or improve personal qualities". In the Polish medical services market there is public healthcare, financed from public funds, and private healthcare, financed from other sources (Nagraba, 2015, pp. 15-127.). The market for medical services should meet the basic health needs of society. Increasing resources, especially human resources, with their availability determining the number and quality of medical services, is a priority task. The World Health Organization (WHO) defines the term "quality in medical services" as a composite of the characteristics of a service product, while assuming that quality consists of all those characteristics of a service product that, taken together, ensure that the product can satisfy both expressed and unexpressed needs of the buyer. Quality in the area of medical care is the result and the way the resources are used, organization of services, and patient satisfaction. It is the degree to which health services, involving individuals and populations, increase the likelihood of meeting the expectations for treatment outcomes and demonstrate compliance with current professional knowledge (Wiśniewska, 2016). Many authors have demonstrated that patient satisfaction with treatment is, along with the knowledge and experience of the staff and access to increasingly modern diagnostic methods, a prerequisite for good treatment results.

Therefore, the quality of medical services is one of the main elements of the effectiveness of healthcare entities in a competitive market, and patient satisfaction with medical services is a prerequisite for good treatment results. Relationships occurring between the level of providing healthcare services, patient satisfaction, and the degree to which the health needs of society are met indicate the need to set quality criteria for health services to enable them to be valued. The results of the evaluation of the quality of health services are the basis for their improvement, and, at the same time, determine the implementation of the principle of customer-patient orientation. The present paper provides a kind of introduction to the complex topic of improving the quality of medical services and achieving a sufficient level of satisfaction among patients: older adults.

2. Patient satisfaction level as an important element of the quality of medical services

Recent years have seen an increased interest in patient satisfaction surveys. According to the Dictionary of Polish, satisfaction means a pleasant feeling a person experiences when their desires or expectations are fulfilled (Słownik Języka Polskiego PWN, 2007, p. 279). R. Veenhoven, on the other hand, believes that satisfaction has an individual dimension as it is an expression of internal benefits and is characterized by relative persistence and moderate dynamics (Kasprzyk, 2012, pp. 187-188). The term "satisfaction" is used interchangeably with the term "contentment." Most researchers treat them as synonyms, although sometimes the time of occurrence is considered as a differentiating factor. Contentment can be temporary, while satisfaction is usually experienced after a prolonged period of contentment (Kunecka et al., 2007, pp. 192-196). Nowadays, it is believed that the problem of feeling satisfied is becoming both a goal and a measure of organizational effectiveness and contentment is an indicator of management effectiveness (Borkowska, 2008, pp. 317-353).

The topic of satisfaction is a frequently discussed issue for older adults due to the increasingly common aging. The level of life satisfaction of older adults depends on many objective and subjective factors, including living conditions, health status, personal beliefs and feelings, culture, and psychosocial development (Swierżewska, 2010). On the other hand, the main factors affecting the satisfaction of older adults are health, economic situation, relationship with family, and level of education. However, these determinants are multifaceted, complex, and individualized (Zielińska-Więczkowska, Kędziora-Kornatowska, 2010, pp. 11-6).

The impact of health status on life satisfaction became the subject of a study by López-Ortega et al., whose study group consisted of Mexican residents aged over 50 years. A study they conducted showed that life satisfaction was correlated with the poor health of the respondents (Holloway, 1996, pp. 1169-74). In contrast, a study of US older adults found that their satisfaction with life is significantly influenced by the frequency of appointments with the doctor. It was observed that people with higher levels of life satisfaction are less likely to attend medical appointments (Kim et al., 2014, pp. 86-93). Increased dependence is influenced by good health, social involvement and support, healthy habits, and having a sense of meaning and purpose in life (Strine et al., 2008).

With increasing competition, medical facility managers have to take measures to make the patient choose their clinic. This increasing competition has resulted in the patient being considered a customer, with specific demands and expectations of these demands to be met. These requirements primarily concern the areas of providing professional service, which should be provided first and foremost quickly and at an appropriate level of quality. The relationships

that exist between the quality of medical service delivery and the degree of patient satisfaction and meeting their health needs give rise to the need to set quality criteria for health services.

Therefore, patient satisfaction surveys aim to recognize the state of healthcare based on patient opinion in standardized quantitative or qualitative measurements and serve to improve the quality of health services. Improving the quality of medical services should be of interest to various entities such as the government, local government, the payer of medical services i.e. The National Health Fund (Narodowy Fundusz Zdrowia, NFZ), suppliers of equipment, medicines, and the judiciary. The quality of services in healthcare, like no other area of human activity, has a huge impact on the health of society and quality of life.

It is important to remember that achieving good treatment outcomes requires a professional approach from healthcare employees and satisfaction with treatment (Blenkiron, Hammill, 2003). Satisfaction depends not only on the quality of services but also on the level of expectations. The level of expectations depends on the needs of patients, whereas the interest in these needs and the attempt to learn about the expectations of patients is one way of expressing concern for their health and well-being. Showing interest in patients can give them some contentment while examining their satisfaction with medical care can consequently help improve their sense of value and importance within the healthcare system (Garczyk, 2013, pp. 48-56). Patient satisfaction is a desirable outcome of the medical services offered and a fundamental factor in measuring their quality. The quality of services will not be high until the patient is satisfied (Grol et al., 2000, pp. 882-887). Therefore, patients' opinions on the quality of medical services offered to them are of great importance. for their final assessment. In the following part of the present paper, an attempt was made to diagnose the opinion of older adults regarding the services offered by healthcare facilities.

3. Methodology

The survey of patient satisfaction surveys aims to recognize the state of healthcare through patient opinion in a standardized quantitative or qualitative measure and serve to improve the quality of medical services. For the purposes of this paper, a medical facility is defined as a private or public entity that provides medical services. In the present study, a survey was conducted to obtain the opinions of adults aged 65 years and older on the quality of medical services provided in medical facilities in the Silesian Voivodeship. The results of the evaluation of the quality of health services are the basis for their improvement and help implement the principle of patient orientation. The findings presented in the paper are part of a quantitative survey conducted among older adults in 2022/2023. The study was conducted using quantitative research methods and survey questionnaire techniques due to direct contact with respondents. A diagnostic survey method was used in the study. The research tool was a questionnaire with

a respondent data section with questions about sociodemographic factors (age, gender, place of residence, marital status, education) addressed to residents of the Silesian Voivodeship. Characterization of the study population was based on an analysis of the percentage distribution of the frequencies of qualitative variables and the calculation of descriptive statistics: the mean and standard deviation of quantitative data. The questionnaire consisted of 18 statements. The survey was conducted among adults aged 65 years and older. The research tool (questionnaire) was designed by the author and was created by the author of the paper. STATISTICA software was used in the process of compiling the findings. The study was pilot research.

4. Study results

Purposive sampling was used to select the study population. The survey included 152 respondents, with 128 correctly filled questionnaires at an 84% return rate. The responses from 128 individuals were analyzed. The study included 68 women (53.1%) and 60 men (46.8%) aged 65-87, with the average age of the subjects close to 73. Just over half of the study sample was female. Furthermore, more than half of the surveyed older adults lived in rural areas. The majority of the respondents were married people with vocational or secondary education. The socio-demographic details of the respondents are shown in Table 1.

Table 1.

Socio-demographic criteria used in the group of older adults studied

Variables	Socio-demographic criteria (n = 128)		
		n	%
Sex	Women	68	53.1
	Men	60	46.8
Place of residence	city	52	40.62
	rural areas	76	59.3
Marital status	unmarried	6	4.6
	married	74	57.8
	divorced	14	10.9
	widow/widower	28	21.8
	cohabitation	6	4.6
Education	higher	31	24.2
	vocational/secondary	64	50.0
	primary	33	25.7

Source: own elaboration.

The relationships that exist between the quality of medical services provided and the degree of patient satisfaction and meeting their health needs give rise to the need to identify quality criteria for health services. For the purpose of the study, the nine most relevant criteria were used: quality of treatment, approach to the patient and efficiency of service, availability of services of specialists and diagnostic tests, availability of night and holiday care, use of modern

solutions, convenience for health care users (good information, convenient hours), convenient location and availability of services of primary care physicians, additional fees for the service and number of medical personnel in health facilities.

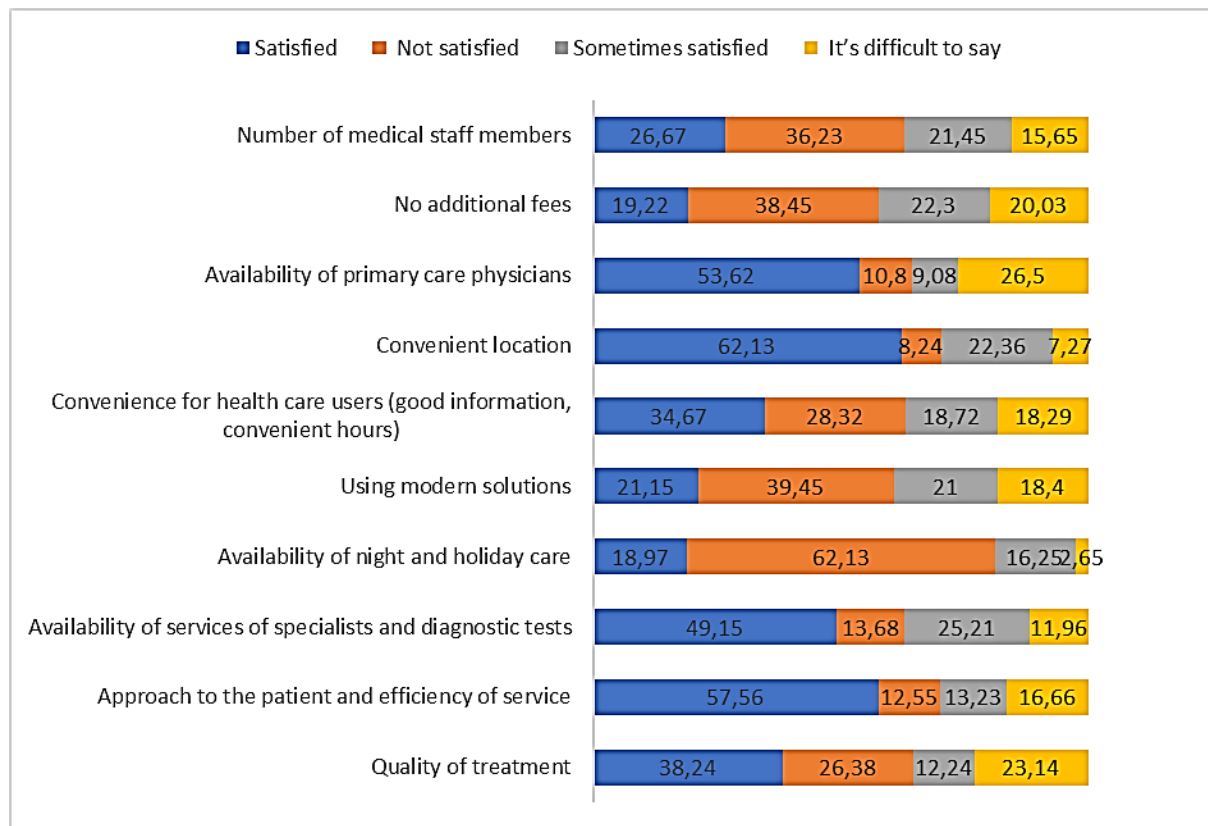


Figure 1. Level of satisfaction with medical services among older adults in the Silesian Voivodeship.

Source: Own study based on the results of own research.

Of all the categories presented, the older adults surveyed rated best the convenient location of the medical facilities (62%). This was likely due to the fact that older adults, when choosing a health facility, are primarily guided by proximity to their place of residence and habit. According to the survey, the average distance between the medical facility and the patient's place of residence was 4.2 kilometers.

The largest group of respondents (39%) were patients living within 1-5 km of the facility. Slightly fewer (27%) indicated a distance of 0.5-1 km. The second criterion that had a positive effect on the satisfaction of older adults was the approach to the patient and the efficiency of the service. In this case, 57.56% of the older adults surveyed were satisfied. More than half of the respondents are satisfied with the work of nurses and receptionists. Their friendliness and willingness to help were declared by just over half of the older adults and only 11% said they had never been served at a satisfactory level. More than half of the respondents also commented positively on the availability of primary care physicians (53.63%) and almost half of the respondents (49.15%) were satisfied with the availability of specialists and diagnostic testing options. Dissatisfaction with access to a specialist was indicated by 13.68% of respondents. The problem most often concerned referrals to an orthopedist, allergist, urologist, and

cardiologist, and with getting referrals for specialized tests, mainly blood tests, and ultrasound and X-ray examinations.

In contrast, the biggest problem for older adults surveyed was access to night and holiday care. The vast majority of them believe that there is no chance of getting help from a doctor in an emergency. This problem concerned more than half (62%) of the older adults surveyed. A big problem causing dissatisfaction among older adults is the use of modern solutions in medical services. This is often because of the lack of skills in using modern technology, lack of appropriate equipment, or difficulties with Internet access. This problem affects almost 40% of older adults surveyed. Another problem causing a sense of dissatisfaction with medical services is the need to pay additional fees for certain tests and procedures, which is often associated with too great a financial burden for people aged 65 and older. Nearly 39% of respondents reported their dissatisfaction with the insufficient number of medical staff members at the medical facilities they attended.

Opinions of the level of satisfaction of the respondents were significantly influenced by the division into the methods of financing medical services. The data are presented in Table 2.

Table 2.

Level of satisfaction with medical services among older adults in the Silesian Voivodeship by the method of financing

Older adults who used medical services in the six months preceding the survey	Level of satisfaction with health care among older adults in the Silesian Voivodeship		
	satisfied	unsatisfied	It's hard to say
only under universal health insurance	42%	56%	2%
under universal health insurance and at the same time from services provided outside this system (subscription, policy)	25%	71%	4%
only fully self-funded or available under supplementary health insurance	19%	73%	8%
not using medical services	21%	63%	16%

Source: own elaboration.

The survey indicated a strong dependence of the level of satisfaction with the quality of the service on the way it is financed. Older adults who used services using the universal healthcare system declared a significantly higher level of satisfaction (42%) than those who co-financed the service (25%). The survey also revealed that the least satisfied with the quality of medical services were older adults who used supplemental insurance or self-funded such services (19%).

5. Discussion

Patients' satisfaction, especially in the case of older adults, with the medical care provided to them is an important factor in assessing the quality of medical services. In recent years, there has been a steady increase in patients' expectations in terms of medical services. A positive

patient evaluation indicates patient satisfaction. Satisfaction, on the other hand, represents the difference between a patient's expectations and his or her experience of a specific contact with a service provider. Assessment of the level of satisfaction is not easy due to the multiplicity and variety of determinants and the subjectivity of the phenomenon. Among the factors that affect the quality of services offered are: the way the patient is treated, the attention and time devoted to the patient by the doctor and nurses, the sense of security, the availability of health services, and the time of waiting for services (Lenartowicz, 2010). The survey showed that older adults living in the Silesian Voivodeship rated the medical services offered relatively well. Of the categories that were presented to them during the survey, by far the highest rated items were the location of health facilities, the approach to the patient and efficiency of service, and the availability of primary care physician services. However, it should be remembered that high ratings of the medical services provided for older adult patients are not always a clear indication of their high quality. This is because patients may rate their doctors positively despite negative experiences with them, which may be due to their reluctance to give negative ratings (Kersnik, 2003, pp. 247-250). This situation is especially true for older adults, who, due to their age and health, are more likely to use family doctors, which fosters closer relationships and positive feelings. Studies conducted in this area indicate that patients who have recently seen a doctor speak more positively about the doctor than those who have not met a doctor recently (Judge, Solomon, 1993, pp. 299-327). Also, in the case of older adults, it was observed that they have lower expectations of medical services. Their inflated ratings are a reflection of their understanding of the "patient role" and their acceptance of paternalism in doctor-patient relations. This phenomenon is referred to in the literature as the "generation effect" (Levinson et al., 2005, pp. 531-535). Numerous studies have demonstrated that older patients are more likely to feel satisfied with the services they receive than younger patients (Grol et al., 2000; pp. 882-887).

On the other hand, the areas that were rated the worst by older adults were the availability of night and holiday care, the use of modern solutions, the additional fees for medical services, and the number of medical staff members in health facilities. An area that needs improving by the managers of health facilities and the staff employed in such entities, according to the older adults studied, are any measures aimed at making it easier for the patients to use healthcare services, such as information and convenient hours. The survey also revealed the problem of using advanced solutions based on modern technologies. Compared to younger groups, access to new technologies and digital competencies is still limited for older adults, which is a barrier for them to use digital health services. The study, therefore, confirmed the need for corrective action in this regard. In interpreting the assessment of ratings for medical services, it is also important to analyze how they are funded (Ankiel, Kuczynska, 2017). Studies of older adults' satisfaction with medical services have demonstrated a strong dependence of its level on how the service is financed. Patients receiving services under the universal healthcare system report

significantly higher levels of satisfaction (39%) than those who co-finance the service (27%) (CBOS, 2018, p 3), which was also confirmed in the survey.

6. Conclusion

The quality of services in healthcare has a huge impact on the health of society and quality of life. However, assessment of the performance of the healthcare system is a complex task. There is no perfect method of examining the quality of medical services that can be applied to every organization. The choice of the right factors, measurement, and monitoring specific values, or comparing systems with different organizational structures is a major challenge for researchers. One of the indices comparing the healthcare system of different countries is the Euro Health Consumer Index (EHCI), published by Health Powerhouse. The idea of the index is not to compare healthcare systems themselves but to assess the patient-friendliness of the system. Using this index, Poland ranked thirty-second among the selected 35 European countries (<https://healthpowerhouse.com/publications/>).

By measuring patient satisfaction, healthcare facilities gain information on how well their healthcare delivery meets patients' expectations and needs, and what in their services is a source of patient dissatisfaction. The use of information from the survey makes it possible, through changes, to adapt the care system to the needs of older adults and suggests a direction for further quality assurance measures in healthcare. The results of the survey provide the basis for corrective measures to improve the services provided whereas the managers in healthcare facilities gain knowledge about the needs of older adult patients and areas requiring solutions to improve the quality of the services offered.

The market for medical services should meet the basic health needs of society. Increasing resources, especially human resources, with their availability determining the number and quality of medical services, is a priority task. Furthermore, the focus should be on finding solutions aimed at increasing the number and improving medical services provided to older adults.

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