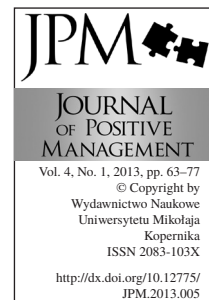


MANAGING THE QUALITY OF MEDICAL SERVICES FROM PATIENTS' PERSPECTIVE – THEORY AND REALITY

Anna Murawska

Faculty of Management, University of Technology and Life Sciences
in Bydgoszcz, Poland,
e-mail: anna.murawska@utp.edu.pl



Abstract

Purpose: The aim of the article was to assess and analyze the quality management of medical services from the patient perspective. The research focused particularly on service provided by reception staff, nurses and doctors. Factors which directly influence the quality of services were carefully studied.

Methodology: While the study was based on the quota sampling method, researchers used the personal interview technique and the questionnaire. The research was conducted in three healthcare facilities in Bydgoszcz.

Findings: In patients' opinion, the reception staff, nurses and doctors should be praised for outstanding kindness and polite manners. The greatest obstacles in patients' opinion were long appointment waiting times, delayed visits and problems when making an appointment with a specialist doctor.

Implications: Increasing the competitiveness of health care facilities has forced the search for new methods of enhancing the attractiveness of services. The intensity of competition in the market of health care and the expectation of a higher quality of services resulted in the desire to improve the attractiveness, as well as the positive attitude of patients to these institutions. Therefore, it is important to systematically carry out a study to measure the satisfaction of patients and the expectations and suggestions regarding the provision of services. Such studies provide important information so that institutions can grow and adapt to the needs of customers and thereby increase their satisfaction with the service.

Keywords: quality, healthcare, management, medical services, patient.

Paper type: Research paper

1. Introduction

Healthcare is one of the areas where quality management is a priority. Due to patients' high expectations, the quality of offered services is constantly improving. These days patients expect not only effective and safe treatment but also genuine interest of medical staff.

Today patients can choose from a wide range of medical services, which is the result of a growing competition between healthcare providers. As a result, medical centres face new challenges and are increasingly concerned about preserving the proper image. They wish to be renowned for the high quality of their services in order to attract new clients and retain the existing ones.

In the light of the above, the major goal of the study was to assess and analyze the quality of medical services management. Researchers also defined the following minor tasks:

- to check the quality of services that patients receive from doctors, nurses and reception staff;
- to identify factors responsible for raising and lowering the quality of these services.
- Having completed the above tasks, the researchers formed the following theses:
- doctors, nurses and receptions staff are careful, friendly and can be characterized by excellent manners;
- the most annoying occurrences recorded by patients are long appointment waiting times, delayed visits, problems when registering for a specialist visit.

The practical part of the study consisted of personal interviews in which respondents were asked to fill in questionnaires (the PAPI method). Researchers also used quota sampling approach. The questionnaires were given to 201 patients of three health facilities in Bydgoszcz, Poland.

2. Medical services market – characteristics

Unlike other services, providing society with medical care is a unique activity because it involves people's health, which is the basic factor responsible for demographic and social development of a country (Rogoziński, 2006: 188).

Health is the ultimate value for everybody and can be compared to "wealth" of any society. It guarantees wellbeing and allows people to realize their aspirations and achieve life goals. Health protection and disease prevention are wise investments in civilisation development and bring desired, long-term effects. Realizing this potential leads to more and more people becoming interested in the subject (Lisiecka, 2010: 8).

Health is a remarkable commodity; it cannot be bought like a typical product. Without any doubt it is valuable, however it is impossible to name its price. The World Health Organization defines it as the feeling of full physical, mental and social wellbeing – not just the absence of illness or disability. Considering the above, it is understandable that a complex medical service should include three dimensions: physical, mental and social. It is only possible to achieve

full wellbeing when these three factors are integrated and harmonized. Thus, healthcare facilities should make every effort to balance the three parts into one (Krot, 2008: 11–12).

Medical services and healthcare are strictly related. Healthcare involves disease prevention, patient care and treatment – virtually all resource which can be used to help the sick. Needless to say, successful disease prevention is particularly important as it eliminates the need of treatment. Using medical services is fundamentally different from a typical consumer behaviour. Instead of satisfying a temporary need, people understand the sense of investing money in something they wish to last – their own health. Therefore, it can be argued that demand for medical services is the reflection of people’s demand for good health and wellbeing (Dolan, Olsen, 2008: 23).

A medical service can be defined as a set of actions performed during a patient’s stay in a healthcare facility, intended to save, recover, and improve their health. The manner in which a medical service is provided depends on the relationship between the patient and medical staff and their respective involvement (Krot, 2008: 13–14).

Apart from being undivided, temporary and immaterial, medical services can also be characterized by other typical features:

- they depend qualification of staff; they need to be performed by qualified doctors who should constantly improve their skills;
- doctors decide which technology is best suited to diagnose patients. Patients do not possess the appropriate knowledge and depend entirely on the advice given by medical staff and doctors;
- in many cases patients cannot explain and define their needs precisely. In such cases decisions affecting patients’ health are made by doctors;
- healthcare is a compound process involving experience and skills of medical staff, complex procedures as well as sophisticated medical equipment;
- trust and authority transfer – patients rely on doctors’ expertise and allow them to diagnose and choose an appropriate treatment;
- external factors – it is difficult to prove the connection between a patient’s behaviour and the resulting disease (Opolski, Dykowska, Możdzonek, 2009: 20–21).

These days providing healthcare is perceived as a professional business involving specialized knowledge, expert skills of medical personnel, their constant self-improvement, and personality factors. It is an activity which exerts influence on the lives of other people and requires the proper ethical conduct. The personnel, who are both providers and consumers of medical services, often represent independent sciences. Healthcare providers can encounter problems

when normalizing the services. It is these aspects which should shape the management of healthcare facilities so that they can provide high-quality product while offering superior service to patients.

Medical services can be extremely diverse and range from simple health advice to very complicated operations performed by specialist hospitals. A medical service is not only treatment. Patients notice if a facility has the right equipment, they expect efficient service and value a polite conversation with their doctor. All these elements influence patients' opinion about a medical centre and decide about the overall quality of its services. Despite the fact that the same services can be offered by different centres, customer service levels may vary. The patient-doctor relationship is crucial because it determines the patient's attitude towards the whole medical service (Krot, 2008: 16–17).

3. Quality of medical services from patient's perspective

Defining quality in healthcare is a complicated issue. It is a multi-element notion and its assessment varies according to the reviewing body. What is more, researchers have only recently started studying the matter in greater detail. Medical service quality assessment is prepared for the following groups: patients, medical service providers and financiers (Health Care Management Office, the National Budget, local government). Each group use different criteria (Krot, 2008: 24–25).

For patients, the quality of medical services is a matter of personal opinion. Medical personnel are expected to deliver more than a satisfying therapeutic result and careful following of duties. Patients' opinion and satisfaction are essential when analyzing the quality management system in healthcare facilities. Patient's expectations are fulfilled when they receive high-quality medical services (Staszewski, 2004: 81).

People's expectations towards healthcare are changing. The quality of medical services becomes increasingly important. Patients' experience in healthcare matters has grown significantly and their approach to medical services is modern. Meeting patients' high expectations poses a serious challenge for medical service providers. Healthcare is an increasingly important matter in Poland and its effective management becomes a burning issue. Several reforms and healthcare upgrade programmes were introduced in order to improve its quality and to win patients' satisfaction (Dobska, Rogoziński, 2008: 261–262).

According to the US Institute of Medicine, the quality of healthcare is expressed in the range of available medical services, which – by incorporating current professional knowledge – increase the chances of maintaining good health (Bukowska-Piestrzyńska, 2007: 50).

Quality in healthcare means performing medical services through careful following of procedures and respecting patients' needs. Such an approach has two aspects: technical and functional. The technical aspect refers to quality guaranteed

by a medical centre: medical equipment and apparatus, skills and competence of staff, medical technologies and procedures. The functional aspect denotes quality experienced by patients and their feedback. A medical service will only meet patients' requirements if these two aspects are considered (Kautsch, 2010: 313–314).

The focus on quality in healthcare facilities has been caused by several factors such as the effective use of available resources, patients' growing expectations and the individual approach to patients. Importantly, maintaining the high quality in healthcare facilities is no longer solely the task of medical personnel but it depends also on hard work of other employees too.

In order to define the quality expected by patients more precisely, the “quality criteria” must be first identified. They are the observable and measurable medical service quality indicators.

As mentioned before, different groups who evaluate the quality of medical services use different criteria. Health Care Management Offices look for the highest possible quality at a minimal price, individual consumers search for an expected standard and freedom of choice, and medical service providers try to increase their income (Krot, 2008: 25).

The following features are taken into account by patients when evaluating the quality of medical service:

- dependability – patients expect medical personnel to provide a reliable, professional and ethical service meeting universal standards;
- sensitivity – patients expect medical personnel to be emphatic and eager to help. They expect staff to be polite, have good manners, offer advice and answer questions;
- appearance – patients and clients expect a healthcare facility to look professional. Personnel appearance should evoke patients' trust (employees should display ID badges, they should wear suitable clothes, etc.);
- availability – patients expect staff and medical personnel to help them whenever they need assistance;
- competence – patients expect medical personnel to be experienced and professional to do their job well;
- courtesy – patients expect friendly medical personnel who treat them with respect;
- extras – in some cases patients expect to receive additional services;
- clarity – doctors and personnel should communicate with patients using simple language;
- responsibility – medical personnel are responsible for running medical documentation so that appointments are scheduled and examination results do not get lost etc.;

- communication – it is essential for patients that doctors can clearly and effectively communicate their opinions. Patients also expect doctors to be able to listen and have more flexible timetables. What is more, medical personnel should be able to give professional and reliable information using a common system of symbols, signs, behaviour etc.;
- safety – patients staying in a healthcare facility should feel physically and mentally safe (Opolski, Dykowska, Możdżonek, 2009: 32–33).

Another remarkable thing is the fact that patients' satisfaction levels can vary dramatically depending on their origin. High satisfaction level can be the result of low expectations and vice versa: low satisfaction can be a product of too high and unreal expectations. Typically, the most satisfied patients come from lower social and income groups, the elderly, ethnic and social minorities. The most dissatisfied patients are usually the young and those who come from higher social and income groups (Opolski, Modzelewski, 2004: 16).

To sum up, a medical service can be defined as a set of actions perceived by patients as a whole. The quality of medical services can be defined as actions which meet or extend patients' expectations (Krot, 2008: 33). Consequently, a medical service meets the quality standards if it fulfils its recipient's needs. Recipients choose medical services according to different criteria and evaluate their quality. Eventually, the quality of service becomes its attribute which changes depending on patients' requirements. High quality of medical services is a reflection of the efficient healthcare facility management.

4. Quality of medical services provided by studied facilities – patients' view

The study on medical service quality was conducted in April 2012 among the patients from three healthcare facilities in Bydgoszcz, Poland. The researchers wanted to assess the quality of customer service offered by the reception staff, nurses and doctors as well as identify typical problems and obstacles encountered by the patients.

Based on the research findings it was possible to form the following conclusions: men (54.2%) use medical services more often than women. The majority of patients in the studied facilities were city dwellers (74.1%) rather than people living in the country (25.9%). As far as the patients' age is concerned, most were people older than 60 (29.9%), then those from the 51–60 group (28.9%). Not surprisingly, the smallest number of patients were those younger than 20 (4.9%). As to education level, 37.3% respondents possessed high school education, 19.9% – higher, 29.4% – vocational, 13.4% – primary school. The last criterion according to which researchers grouped the respondents was employment. 45.8% of the respondents were employed, 6.5% – unemployed, 35.3% received a pension or disability benefit, 12.4% were school pupils or students.

The quality of medical service can be reviewed in terms of technical aspect, which forms the “service package”. It regards the appearance of staff, waiting room, reception and examination room. Healthcare should involve ethics, respect patients’ individuality, offer help and treat them with kindness.

The following aspects were examined in order to evaluate the quality of customer service provided by the reception staff: public telephone availability, time needed to make an appointment, patient care, service efficiency (time spent on dealing with formal issues), information reliability and completeness, kindness and competence of the reception staff.

The study brought the following results: the chance of making a telephone call from the reception desk is fair (37.8%) or not possible (21.9%). Only 28.8% of the respondents felt that making a phone call was not a problem. Similarly, respondents decided that time spent in a queue to make an appointment was long (51.7%) or very long (24.4%).

On the upside, reception staff were praised for providing sufficient (13.9%) or exhaustive (31.3%) information, kindness, care and competence. However, these positive responses vary among patients from the three healthcare centres (see Table 1).

To sum up, one can say that customer service levels at the reception desk in the studied healthcare facilities varied and was evaluated as satisfactory or good. The research confirmed that areas which need to be improved are making an appointment (too long) and telephone availability (poor).

Specification	Total	Hospital 1	Hospital 2	Hospital 3
I. Making a phone call				
Outstanding	11.4	11.9	2.9	19.4
Good	17.4	22.4	14.9	14.9
Satisfactory	37.8	34.3	43.4	35.8
Bad	21.9	16.4	22.4	26.9
No opinion	11.4	14.9	16.4	2.9
II. Waiting time to make an appointment				
Outstanding	10.9	4.5	11.9	16.4
Good	8.0	13.4	4.5	5.9
Satisfactory	51.7	49.3	61.2	44.8
Bad	24.4	26.9	13.4	32.8
No opinion	5.0	5.9	8.9	0

Table 1.
Patient service
provided by
reception staff

Specification	Total	Hospital 1	Hospital 2	Hospital 3
III. Patient care				
Outstanding	14.4	10.4	28.4	4.5
Good	39.3	38.8	19.4	59.7
Satisfactory	26.4	19.4	32.8	26.9
Bad	13.9	20.9	11.9	8.9
No opinion	6.0	10.4	7.5	0
IV. Service efficiency (dealing with formal issues)				
Outstanding	15.9	22.4	17.9	7.5
Good	22.9	34.3	10.4	23.9
Satisfactory	25.9	13.4	25.4	38.8
Bad	22.9	20.9	34.3	13.4
No opinion	12.4	8.9	11.9	16.4
V. Complete and exhaustive information				
Outstanding	31.3	31.3	10.4	52.2
Good	13.9	17.9	13.4	10.4
Satisfactory	29.9	26.9	41.8	20.9
Bad	17.4	8.9	29.8	13.4
No opinion	7.5	14.9	4.5	2.9
VI. Staff politeness				
Outstanding	15.4	13.4	7.5	25.4
Good	43.3	50.7	58.2	20.9
Satisfactory	31.8	25.4	23.9	46.3
Bad	7.0	5.9	10.4	4.5
No opinion	2.5	4.5	0	2.9

Table 1.
Continued

Patient service provided by nurses was another focal point of the study. Respondents volunteered opinions on the examination room waiting time, patient care and kindness, the quality of ambulatory surgery, information about examination techniques, contraindications, possible side-effects, and respecting patients' intimacy. The results are shown in Table 2.

Generally, activities performed by the studied centres received positive notes. The healthcare facilities won acclaim for care and kindness as well as respecting patients' intimacy. Only 10% of respondents thought otherwise. Providing patients with information and the quality of medical services were deemed as good or satisfactory. Most patients were equally critical about long time spent waiting to be seen by a doctor – 44.3% decided it was fairly satisfactory, 30.8% – unsatisfactory. Only 2% of all respondents believed that the waiting time was short, and 15.9% – acceptable.

Specification	Total	Hospital 1	Hospital 2	Hospital 3
I. Waiting time to be seen by a doctor				
Outstanding	2.0	4.5	1.5	0
Good	15.9	7.5	26.9	13.4
Satisfactory	44.3	52.2	37.3	43.3
Bad	30.8	34.3	23.9	34.3
No opinion	7.0	1.5	10.4	8.9
II. Patient care and kindness				
Outstanding	27.9	20.9	50.7	11.9
Good	43.8	40.3	37.3	53.7
Satisfactory	17.4	22.4	4.5	25.4
Bad	9.5	13.4	7.5	7.5
No opinion	1.5	2.9	0	1.5
III. Quality of ambulatory surgery				
Outstanding	15.4	26.9	4.5	14.9
Good	35.3	44.8	25.4	35.8
Satisfactory	33.8	10.4	58.2	32.8
Bad	12.9	11.9	10.4	16.4
No opinion	2.5	5.9	1.5	0
IV. Providing information				
Outstanding	7.0	5.9	10.4	4.5
Good	34.3	55.2	20.9	26.9
Satisfactory	38.3	17.9	53.7	43.3
Bad	15.9	10.4	11.9	25.4
No opinion	4.5	10.4	2.9	0
V. Respecting patient intimacy				
Outstanding	32.3	65.7	17.9	13.4
Good	27.9	8.9	28.4	46.3
Satisfactory	24.9	4.5	49.3	20.9
Bad	9.0	11.9	1.5	13.4
No opinion	6.0	8.9	2.9	5.9

Table 2.
Patients service
provided by nurses

There were minor differences in the level of patient treatment in the studied healthcare centres. Patient care, kindness and respecting patient dignity were positively evaluated. Researchers found that patients were unhappy about having to wait long for a surgery.

The next object of evaluation was patient service offered by doctors. Respondents assessed the following criteria: kindness and good manners, interest

in patients' problems, information about the choice of treatment, professional advice, mental support (see Table 3).

Fortunately, most of the respondents were satisfied with kindness and good manners which characterized doctors. Only 10% of the group did not agree. Generally, all of the healthcare facilities employ doctors who are kind and well-mannered which is reflected in the high quality of offered services. It is vital that

Specification	Total	Hospital 1	Hospital 2	Hospital 3
Staff's kindness and good manners				
Outstanding	32.3	43.3	19.4	34.3
Good	33.3	29.9	47.8	22.4
Satisfactory	19.9	11.9	20.9	26.9
Bad	10.4	8.9	10.4	11.9
No opinion	4.0	5.9	1.5	4.5
Doctor's genuine interest				
Outstanding	11.4	5.9	13.4	14.9
Good	20.9	31.3	7.5	23.9
Satisfactory	40.8	40.3	29.9	52.2
Bad	21.9	19.4	38.8	7.5
No opinion	5.0	2.9	10.4	1.5
Treatment advice				
Outstanding	7.0	16.4	2.9	1.5
Good	18.9	25.4	17.9	13.4
Satisfactory	50.7	43.3	50.7	58.2
Bad	17.4	13.4	20.9	17.9
No opinion	6.0	1.5	7.5	8.9
Professional advice				
Outstanding	9.0	7.5	5.9	13.4
Good	21.9	23.9	14.9	26.9
Satisfactory	45.3	46.3	50.7	38.8
Bad	14.4	17.9	11.9	13.4
No opinion	9.5	4.5	16.4	7.5
Mental support				
Outstanding	4.5	2.9	10.4	0
Good	12.9	13.4	17.9	7.5
Satisfactory	37.3	47.8	22.4	41.8
Bad	29.9	25.4	28.4	35.8
No opinion	15.4	10.4	20.9	14.9

Table 3.
Patient service
provided by doctors

patients should feel comfortable when visiting a doctor. Doctors should remain kind at all time as it helps to build the proper doctor-patient relationship.

The remaining aspects such as doctors' interest in their patients' problems, information about the choice of treatment and professional advice were judged by respondents only as "satisfactory". This negative view could be attributed to the short amount of time doctors can devote to individual patients. Unfortunately, most patients felt that information about the choice of treatment, and the way it was communicated were only fairly satisfactory. Patients should by all means know the exact dosage of the administered medicine, they should be informed in detail about the form of treatment, applied drugs and possible complications.

The respondents were also critical about mental support offered by doctors. 29.9% claimed it was poor, 37.3% – satisfactory. Only 4.5% were completely satisfied.

In conclusion, patients do not have major reservations and believe that doctors from the three healthcare centres offer decent assistance. The undisputed advantage of the facilities is the fact that their medical staff is kind and friendly. However, patients' mental support and doctors' limited interest in patients' problems are areas which need to be improved in the future.

The study confirmed that showing empathy and genuine interest in patients' problems were highly regarded by respondents.

The research findings also demonstrate that doctors find it hard to learn how to listen to, communicate with, observe and approach patients and their fears (Jacennik, 2010: 80). Successful communication with patients results in a number of benefits such as eliminating patients' therapy rejection, limiting the negative patient-doctor contact, careful observance of doctor's instructions, and acquiring a positive attitude to the treatment. These benefits cannot be underestimated and this is why successful communication techniques should become an obligatory component of any staff training programme (Gordon, Sterling Edwards, 2009: 29–30).

5. Problems faced by patients in selected facilities

The researchers tried to find typical problems faced by patients of the three healthcare centres. The results would be useful when evaluating the quality of the offered medical services. The respondents decided unequivocally that the most annoying problems for patients were postponed appointments and too short visits. Another serious shortcoming was limited seating in the emergency department. Few respondents complained about physical examination, misdiagnosis, staff being rude, poor treatment information or disregarding patient's needs (see Table 4).

Interestingly, problems such as an incorrect physical examination or misdiagnosis were scarce. Without a doubt, they are the two elements that decide

about the high quality of medical services and therapeutic effect provided by hospitals, and evoke patients' trust. Patients in the studied facilities are assisted by qualified medical personnel who use modern diagnostic equipment. Doctors inform patients in detail about prescribed medicine and correct dosage. The respondents agreed that their needs and requests were satisfied.

Table 4.
Medical services and
problem occurrence

Problem	Usually	Often	Sometimes	Rarely	Never
Incorrect examination	3.5	8.5	18.4	48.3	21.4
Misdiagnosis	3.5	10.4	16.4	31.8	37.8
Visit too short	10.9	13.4	24.4	35.3	15.9
Unfriendly doctor	8.0	7.5	23.9	40.3	20.4
Delayed visit	12.9	22.4	35.8	20.9	8.0
Insufficient treatment information	6.0	9.5	21.9	36.3	26.4
Indifferent staff	2.5	7.5	19.4	51.7	18.9
Limited seating in emergency room	16.9	27.4	37.3	11.9	6.5

In the next part of the study, respondents were asked to describe the most annoying incidents they had to deal with while visiting the centres. They could choose from the following options: problems when making appointment with a specialist doctor, registration problems, odd appointment times, problems with tests (blood, urine, etc.), doctor's attitude problems, poor premises (ugly and badly described examination rooms).

The research proved that the most frustrating obstacles for the patients of the three health centres in Bydgoszcz were difficulty to make an appointment with a specialist doctor (53.7%) and long waiting to be seen by one (47.8%). What is more, making appointment and odd visit hours were a serious problem for 25% of the respondents. Few patients complained about tests, doctors' inappropriate attitude or poor premises (see Table 5).

Table 5.
Obstacles
encountered by
patients [%]

Obstacle	Total	Hospital 1	Hospital 2	Hospital 3
Problems when arranging appointment with a specialist doctor	53.7	65.7	44.8	50.7
Problems with registration	25.4	34.3	13.4	28.4
Long waiting to be seen by a doctor	47.8	46.3	58.2	38.8
Odd admission hours	24.9	11.9	40.3	22.4
Test problems	16.9	23.9	11.9	14.9
Doctors' unsuitable attitude	9.5	10.4	4.5	13.4
Poor premises	5.0	4.5	3.0	7.5

Despite a few problems and obstacles mentioned by patients, more than a half of them were satisfied with service provided by the medical centres (58.2%). 25% of the respondents were dissatisfied, and 16.9% had no opinion (Table 6).

Data gathered at the three healthcare facilities presents no significant discrepancies, which means that the quality of the offered medical services is similar.

	total	hospital 1	hospital 2	hospital 3
Satisfied	58.2	61.2	53.7	59.7
Dissatisfied	24.9	13.4	37.3	23.9
No opinion	16.9	25.4	8.9	16.4

Table 6.
Medical services and
patient satisfaction
[%]

Source: own
research.

The respondents were also asked to describe advantages of the facility. The opinions were diverse. Generally speaking, patients liked the complete and professional customer service (38.8%), the wide range of offered medical services (38.8%) and the centres' convenient location (38.3%). Very few respondents mentioned the opportunity to see a specialist doctor, buildings' appearance or equipment (see Table 7).

Advantage	Total	Hospital 1	Hospital 2	Hospital 3
Competent, professional personnel	38.8	73.1	17.9	25.4
Service availability	19.9	19.4	25.4	14.9
Range of services	38.8	28.4	41.8	46.3
Modern diagnostic equipment	24.9	49.3	11.9	13.4
specialist doctor availability	18.9	38.8	7.5	10.4
Location	38.3	17.9	58.2	38.8
Range of diagnostic/laboratory test	21.4	13.4	14.9	35.8
Room appearance and equipment	19.4	4.5	44.8	9.0

Table 7.
Healthcare facilities
in Bydgoszcz –
advantages [%]

Patients analyze medical services and perceive their quality using personal judgement. Measuring patient satisfaction levels is important because it considerably improves the management of healthcare centres. Patient satisfaction motivates and inspires medical staff to constantly improve their efforts and adjust them to patients' requirements. Patients' subjective opinions provide genuine feedback which can be used to monitor the quality of the offered medical services.

6. Conclusion

The research proved that the quality of patient care in the studied healthcare facilities in Bydgoszcz is satisfactory. Patients were particularly satisfied with care

and thorough information provided by the reception staff. Nurses were praised for care, kindness and respecting patients' intimacy, and doctors were acclaimed for kindness and good manners.

When evaluating a medical service, patients use different criteria. Most of them expect competent and experienced staff, modern medical equipment and well-equipped premises. The studied facilities pride themselves on employing highly-qualified and trusted personnel. They also use modern diagnostic equipment, which makes them very popular with patients. Many patients also appreciated interior design and the room equipment, they commented that staff was always ready to fulfil their needs, and doctors were open-minded to patients' treatment suggestions.

The most common drawbacks recorded in the study were long appointment waiting times, postponed visits, and problems when making an appointment with a specialist doctor.

To sum up, the aforementioned factors considerably influence the way in which patients perceive the quality of medical services. It is vital that a patient's stay in a healthcare facility should be as comfortable and safe as possible. Patients observe and appreciate personnel's efforts to improve their situation and this is why constant monitoring of the quality of medical services and listening to patients' feedback and suggestions is necessary. Regular surveys provide medical centres with valuable data which can be used for self-development and tailoring their offer to meet patients' requirements. Ultimately, this will result in patients' increased satisfaction.

References

- Bukowska-Piestrzyńska, A. (2007), *Marketing of Health Services from Image-Building Facility to Customer Satisfaction*, CeDeWu, Warszawa.
- Dobska, M., Rogoziński, K. (2008), *Fundamentals of Management of the Health Care*, PWN, Warszawa.
- Dolan, P., Olsen, J.A. (2008), *Distribution of Medical Services. Economic and Ethical Issues*, CeDeWu, Warszawa.
- Gordon, T., Sterling Edwards, W. (2009), *Talk with the Patient. Handbook Improvement of Communication Skills and Building Partnerships*, Academica, Warszawa.
- Jacennik, B. (2010), *Social Communicating in Promotion and Protect Health*, Vizja, Warszawa.
- Kautsch, M. (Ed.) (2010), *Management in Health Care. New Challenges*, Wolters Kluwer Polska – Oficyna, Warszawa.
- Krot, K. (2008), *Quality and Marketing of Medical Services*, ABC – Wolters Kluwer Business, Warszawa.
- Lisiecka, K. (2010), *Trends in Improving Services in Health Care*, in: Lisiecka-Biełanowicz, M. (Ed.), *Trends in Improving the Health Care System in Poland*, Ministerstwo Zdrowia, Warszawa.

- Opolski, K., Modzelewski, P. (2004), *Quality Management in Public Services*, CeDeWu, Warszawa.
- Opolski, K., Dykowska, G., Możdżonek, M. (2009), *Quality Management in Health Services. Theory and Practice*, CeDeWu, Warszawa.
- Rogoziński, K. (Ed.) (2006), *Relationship Management in Services*, Difin, Warszawa.
- Staszewski, R. (2004), *The Concept of Quality. From Theory to Practice*, in: Głowacka, M.D. (Ed.), *Management of Health Institutions. Selected Theoretical and Practical Contexts*, Termedia, Poznań.