

# Consumer attitude and health care delivery as perceived by patients and nurses

Postawa konsumencka a udzielanie świadczeń zdrowotnych w opinii pacjentów i pielęgniarek

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## STRESZCZENIE

### POSTAWA KONSUMENCKA A UDZIELANIE ŚWIADCZEŃ ZDROWOTNYCH W OPINII PACJENTÓW I PIELĘGNIAREK

**Cel pracy.** Celem badania była ocena postaw konsumentów wobec usług opieki zdrowotnej z perspektywy pacjentów i pielęgniarek.

**Materiał i metody.** Badanie przeprowadzono wśród 593 pacjentów hospitalizowanych w Wojewódzkim Szpitalu Klinicznym nr 1 w Rzeszowie oraz 300 pielęgniarek pracujących na oddziałach zabiegowych i zachowawczych. Dane uzyskano z Ankiety Autorskiej dla Pacjentów oraz Ankiety Autorskiej dla Pielęgniarek.

**Wyniki.** Poziom akceptacji większości stwierdzeń był wyższy wśród pacjentów (akceptacja warunków szpitalnych –  $p = 0,0000^*$ , oczekiwanie szacunku od pacjenta/pielęgniarki –  $p = 0,0000^*$ , otrzymywanie informacji o chorobie –  $p = 0,0000^{***}$ , uzyskiwanie informacji o metodach leczenia –  $p = 0,0000^*$ , oczekiwanie zaangażowania od pacjenta/pielęgniarki –  $p = 0,0000^*$ , zaufanie pacjentów do pielęgniarek –  $p = 0,0000^*$ , spełnienie przez szpital oczekiwań pielęgniarki/pacjenta –  $p = 0,0000^*$ , brak przywiązania do konkretnego szpitala –  $p = 0,0001^*$ ).

**Wnioski.** Pacjenci częściej niż pielęgniarki szukają opinii innych osób, oczekują zaangażowania pielęgniarek i chcą uzyskać informacje o swojej chorobie i metodach leczenia. Z drugiej strony pielęgniarki częściej wykazują chęć bycia najlepszymi i korzystają z prawa do składania skarg.

**Słowa kluczowe:** pacjenci, pielęgniarki, postawy, konsument, zdrowie

## ABSTRACT

### CONSUMER ATTITUDE AND HEALTH CARE DELIVERY AS PERCEIVED BY PATIENTS AND NURSES

**Aim.** The study aimed to evaluate consumer attitudes towards healthcare services from the perspectives of both patients and nurses.

**Material and methods.** The study was conducted among 593 patients hospitalized at the Provincial Clinical Hospital No. 1 in Rzeszów and 300 nurses working in medical and surgical wards. The data were acquired from the Author's Survey Questionnaire for Patients and Author's Survey Questionnaire for Nurses.

**Results.** The level of acceptance for most of the statements was higher among patients (acceptance of hospital conditions –  $p = 0.0000^*$ , expectation of respect from the patient/nurse –  $p = 0.0000^*$ , receiving information about the illness –  $p = 0.0000^{***}$ , obtaining information about treatment methods –  $p = 0.0000^*$ , expectation of commitment from the patient/nurse –  $p = 0.0000^*$ , patients' trust in nurses –  $p = 0.0000^*$ , the hospital meeting the expectations of the nurse/patient –  $p = 0.0000^*$ , lack of attachment to a specific hospital –  $p = 0.0001^*$ ).

**Conclusions.** Patients seek the opinion of other people more often than nurses, and they expect nurses' commitment and want to obtain information about their disease and treatment methods. On the other hand, nurses more often show the desire to be the best and exercise the right to submit complaints.

**Key words:** patients, nurses, attitude, consumer, health

## INTRODUCTION

Poles show different attitudes towards their health. Most surveyed Poles believe that we should take care of our health on our own, while one in five indicated that the state is obligated to ensure its citizens' health [1].

Lickiewicz et al. argue that a stay in the hospital is not always understandable to a patient. The need to complete paperwork, follow regulations, maintain anonymity, and the inability to influence the current situation can lead to

aggressive behaviors [2]. Bidaut-Russell et al. confirmed that respondents are unsatisfied with the current health-care system [3]. Kautsch emphasizes that customer attitudes toward medical services vary widely and that people's lack of awareness about the necessity of healthcare services can significantly impact their non-performance. Too much unawareness in this regard can lead to irreversible changes in the body, deteriorating health, and requiring medical services [4].

Szwamel et al. assert that illness and complications arising during treatment and recovery significantly burden patients and their families. The effect of this condition is a limitation of daily family, social, and professional activities. Deteriorating health affects well-being and causes negative emotions and frustration [5]. The transformation of the late 1990s permanently changed the face of health care. Currently, the requirements for medical workers are increasing, and the phrase that „money follows the patient” has become a permanent part of the health care system. The patient has gone from being a passive patient to an active recipient of medical services. The attitudes of patients are becoming more and more demanding and aggression directed towards a medic may result from various environmental, physical or mental conditions [6]. Patients often negatively evaluate the information provided by nurses, especially in the area of rights. They also complain about the long wait for medical services. In the current healthcare system, it happens that the activities performed by nurses are not always assessed at a high level by patients. The reason for this situation is too many duties and improper organization of work [7]. It is important that nurses respect the patient's personal and social situation as well as the accepted values in their work. It needs to be emphasized that nurses should also respect the patient's right to have a choice and autonomy during medical services [8].

## MATERIALS AND METHODS

### Study design, procedure, and participants

The study lasted from May 2019 to December 2019. The number of all hospitalizations in selected departments during the research period was 22193. Therefore, the minimum sample of patients studied was 378, the confidence level was 95%, the fraction size was 0.5, and the maximum error was 4%. In the period from May to December, the number of working nurses in the selected departments was 318. Therefore, the minimum sample of respondents for nurses was 174, the confidence level was 95%, the fraction size was 0.5, and the maximum error was 4%. Participation in the research was voluntary, random and anonymous. The respondents were informed about the purpose of the research. In the group of patients, 600 complete questionnaires were distributed. 593 questionnaires were returned, which constituted 98.8% of the assumed study sample. In the group of nurses, 320 questionnaires were distributed, and 300 questionnaires were received, which constituted 93.7% of the people. First, a general charac-

teristic of the study population was made in both study groups. The study was conducted among 593 patients of the Provincial Clinical Hospital No. 1 in Rzeszów and 300 nurses working in the same hospital. The study included nurses and patients from conservative and surgical departments. Among the surveyed patients, the largest age group was people over 60 years old – 178 (30%), aged 18-29 years – 96 (16.2%), between 30-39 years old – 113 (19.1%). People aged 40-49 years were 86 (14.5%), and 111 (18.7%) were between 50 and 59 years old. The study in the group of patients was conducted in the following departments: Neurology 64 (10.8%), Hematology 40 (6.7%), Surgery 35 (5.9%), Dermatology 53 (8.9%), Gastroenterology 53 (8.9%), Otolaryngology 53 (8.9%), Maxillofacial Surgery 52 (8.8%), Ophthalmology 51 (8.6%), Gynecological Oncology 24 (4.0%), Urology 43 (7.3%), Oncology 42 (7.1%), Nephrology 40 (6.7%), Radiotherapy 41 (6.9%). Among the surveyed nurses, the largest group were people over 50 years of age – 104 (34.6%), the smallest number of respondents were aged 30-39 – 54 (18%). 72 (24%) were under 30 years of age, and 65 (21.7%) respondents were aged 40-49. In the case of nurses, the research was also conducted in the conservative and surgical departments of the Provincial Clinical Hospital No. 1 in Rzeszów, such as: Gynecology Oncology 13 (4.3%), Neurology 18 (6.0%), Dialysis 7 (2.3%), Dermatology 13 (4.3%), Surgery 52 (17.3%), Gastroenterology 31 (10.3%), Hematology 26 (8.7%), Nephrology 31 (10.3%), Ophthalmology 20 (6.7%), Radiotherapy 19 (6.3%), Oncology 24 (8.0%), Urology 24 (8.0%), Laryngology 22 (7.3%).

The inclusion criteria for patients involved: at least one day spent in the clinic, voluntary consent to participate in the study, age – 18 years and over, preserved auto- and allopsychic orientation in the researcher's assessment – according to the Abbreviated Mental Performance Test (AMTS – Polish version) – obtaining 7 or more points. The patient's mental abilities were assessed using the AMTS questionnaire by the person distributing the questionnaires (the researcher). Patients who were hospitalized in the Psychiatry Clinic, did not consent to participate in the study or had disturbed orientation to themselves, place and time in the researcher's assessment – obtaining 6 or less points according to the Abbreviated Mental Performance Test (AMTS – Polish version) were excluded. The study included nurses working in the KSW Clinics No. 1 in Rzeszów and agreeing to participate in the study. The exclusion criteria for nurses were work in the Neonatology and Psychiatry Clinic of the KSW No. 1 in Rzeszów and lack of consent to participate in the study.

### Study measures

In our study, we used the Author's Survey Questionnaire for Patients and the Author's Survey Questionnaire for Nurses. Patients qualified for the study received the original questionnaire for the patient, which consisted of 30 questions regarding the patient's attitude towards the nurse, nurses' response to the patient's reported complaints, sociodemographic factors, openness, type of health services, effectiveness of the actions taken, and

performed procedures. The original questionnaire for the nurse consisted of 23 questions regarding sociodemographic factors, the type of medical services, nurses' attitude towards the patient, assessment of the effectiveness of the actions taken, nurses' response to the patient's behavior and complaints reported by him.

Both in the author's questionnaire for the nurse and the patient, several questions were created to assess consumerism and consumer attitude in relation to the provided medical services.

## Statistical analysis

In the statistical analysis, the Mann Whitney test was used to check statistical significance when comparing two groups. Statistica software was used for the statistical analysis. The significance level of  $p < 0.05$  was adopted.

## Ethics

The research was conducted according to the positive opinion of the Bioethics Committee at the University of Rzeszow No. 27/02/2019, dated February 14, 2019.

## RESULTS

### Possibilities of taking a consumer approach in the delivery of healthcare services as perceived by patients and nurses

An assessment of the degree of acceptance of statements regarding the "I, as a consumer" attitude was made on the 5-point adjective scale. A higher level of acceptance of individual statements meant higher values. Initially, the information on the percentage distribution of acceptance levels for individual statements in both groups was compiled. Then, the mean acceptance ratings of the individual statements were compared, and the significance of the differences was assessed using the Mann-Whitney test.

## Attitudes of the healthcare providers and recipients

A comparative analysis of 12 statements regarding the attitudes of those surveyed as providers (nurses) and recipients (patients) of medical services was conducted.

The degree of acceptance of individual statements was compared between the two groups. The study revealed that nurses and patients held differing perceptions on several issues. Specifically, patients were more inclined to accept hospital conditions compared to nurses (rather yes – 56.2%). Patients also placed greater emphasis on their right to receive information about their illness and the various stages of treatment (yes – 60.9%). On the other hand, the relationships between nurses and patients were a greater psychological burden for the nurses (rather yes – 39.0% and yes – 18.0%) (Tab. 1). The following summary of the average levels of acceptance of each statement provided further insight into how nurses and patients prioritize different aspects of hospital conditions and the differences between the groups.

There were statistically significant differences in the assessment of the importance and accuracy of individual statements regarding the position of the healthcare provider and recipient in the hospital. Only in terms of supervising the performance of medical procedures and considering the patients' feedback by nurses and the equal treatment of all patients were the differences not statistically significant. The level of acceptance for most of the remaining statements was higher among patients (acceptance of hospital conditions –  $p = 0.0000^*$ , expectation of respect from the patient/nurse –  $p = 0.0000^*$ , receiving information about the illness –  $p = 0.0000^{***}$ , obtaining information about treatment methods –  $p = 0.0000^*$ , expectation of commitment from the patient/nurse –  $p = 0.0000^*$ , patients' trust in nurses –  $p = 0.0000^*$ , the hospital meeting the expectations of the nurse/patient –  $p = 0.0000^*$ , lack of attachment to a specific hospital –  $p = 0.0001^*$ ). The only exception among nurses was the responses indicating

Tab. 1. Expectations of healthcare providers and recipients as perceived by the surveyed nurses and patients

Healthcare provider and recipient	Group									
	Nurses - n (%)					Patients - n (%)				
	no	rather not	hard to say	rather yes	yes	no	rather not	hard to say	rather yes	yes
acceptance of the hospital conditions	15(5.0)	60(20.3)	60(20.3)	137(45.7)	26(8.7)	1(0.2)	17(3.0)	62(10.5)	333(56.2)	179(30.2)
expecting respect from the patient/nurse	3(1.3)	5(1.7)	24(8.3)	153(51.3)	11(37.3)	1(0.3)	2(0.5)	55(9.3)	266(44.9)	266(45.0)
transferring/receiving knowledge about the disease	25(8.6)	74(24.7)	56(18.7)	95(31.7)	48(16.3)	1(0.2)	1(0.3)	16(2.7)	212(35.9)	361(60.9)
transferring/receiving knowledge about treatment methods	1(0.3)	27(9.0)	42(14.3)	162(54.0)	66(22.3)	2(0.5)	1(0.7)	46(7.8)	225(38.1)	314(53.0)
supervising the performance of medical procedures	1(0.3)	8(2.7)	21(7.3)	183(61.0)	86(28.7)	2(0.5)	1(2.0)	91(15.5)	294(49.6)	192(32.4)
expecting commitment from the patient/nurse	3(1.0)	8(2.7)	24(8.0)	147(49.3)	117(39.0)	1(0.2)	7(1.2)	20(3.5)	250(42.3)	313(52.8)
taking into account the patients' feedback by nurses	5(1.7)	8(2.7)	60(20.0)	171(57.0)	56(18.7)	11(1.9)	7(1.3)	116(19.7)	319(53.8)	138(23.3)
patients' trust in nurses	15(5.3)	33(11.0)	105(35.3)	108(36.0)	36(12.3)	8(1.5)	11(1.9)	93(15.7)	308(52.1)	170(28.8)
equal treatment of all patients	65(21.7)	96(32.0)	60(20.3)	54(18.3)	23(7.7)	87(14.8)	136(45.4)	183(31.0)	29(4.9)	23(3.9)
hospital meets the expectations of the nurse/patient	21(7.3)	45(15.0)	149(49.7)	69(23.0)	15(5.0)	17(3.0)	24(4.2)	129(21.8)	281(47.4)	139(23.6)
no attachment to a specific hospital	29(9.7)	84(28.3)	120(40.3)	57(19.0)	8(2.7)	29(4.9)	144(24.3)	227(38.3)	152(25.8)	397(6.7)
the relationship with the patient/nurse is a psychological burden	1(0.3)	30(10.0)	98(32.7)	117(39.0)	54(18.0)	46(7.8)	190(32.2)	250(42.3)	58(9.9)	46(7.8)

a higher level of psychological burden associated with relationships with patients –  $p=0.0000^*$  (Tab. 2).

■ Tab. 2. Expectations of healthcare providers and recipients as perceived by the surveyed nurses and patients using the Mann-Whitney test

Healthcare provider and recipient	Group		<i>p</i>
	nurses	patients	
acceptance of the hospital conditions	3.33	4.13	0.0000*
expecting respect from the patient/nurse	4.22	4.34	0.0354*
transferring/receiving knowledge about the disease	3.22	4.57	0.0000*
transferring/receiving knowledge about treatment methods	3.89	4.42	0.0000*
supervising the performance of medical procedures	4.15	4.11	0.6074
expecting commitment from the patient/nurse	4.23	4.46	0.0000*
taking into account the patients' feedback by nurses	3.88	3.95	0.1936
patients' trust in nurses	3.39	4.05	0.0000*
equal treatment of all patients	2.58	2.38	0.0572
hospital meets the expectations of the nurse/patient	3.03	3.84	0.0000*
no attachment to a specific hospital	2.77	3.05	0.0001*
the relationship with the patient/nurse is a psychological burden	3.64	2.78	0.0000*

Means were calculated for the following scale: 1 – no, 2 – rather not, 3 – hard to say, 4 – rather yes, 5 – yes  
*p* – test probability value calculated using the Mann-Whitney test,  $\bar{x}$  – average levels of acceptance  
 \*statistically significant

The mean values in both groups were compared to assess the level of acceptance of individual statements more precisely. Both the comparison of the mean level of acceptance of individual statements and their hierarchy in both groups are interesting. A significant difference pertains to the following elements of consumer behaviors:

I always try to be the best – significantly higher among nurses (3.50 vs 2.69); I can influence the environment or direct the work of others – a higher level among patients (3.31 vs 3.05); As a consumer, I always first ask for the opinion of my colleagues (including those from social media)/ as a consumer, I always first ask for the opinion of my relatives or friends (including those from social media) – less frequent among nurses (2.98 vs 3.42); (Tab. 3 and 4).

■ Tab. 4. Self-assessment of consumer behavior as perceived by surveyed nurses and patients using the Mann-Whitney test

Me as a consumer	Group		<i>p</i>
	nurses	patients	
I always try to be the best	3.50	2.69	0.0000*
I make the most important decisions myself	3.77	3.80	0.7525
I can influence the environment or direct the work of others	3.22	3.30	0.2976
I am no different from other co-workers/ I don't stand out from anyone else	3.05	3.31	0.0002*
Advertisements are important to me and influence my decisions	2.28	2.20	0.2273
Where necessary, I exercise the right to complain or make a complaint	3.32	3.16	0.1216
As a consumer, I always first ask for the opinion of my colleagues (including those from social media)/As a consumer, I always first ask for the opinion of my relatives or friends (including those from social media)	2.98	3.42	0.0000*
I don't plan the future, I focus on the „here and now”	2.48	3.10	0.0000*
The law sufficiently protects me as a public official/ The law sufficiently protects me as a consumer	2.60	3.23	0.0000*

Means calculated for the following scale: 1 – no, 2 – rather not, 3 – hard to say, 4 – rather yes, 5 – yes;  
*p* – test probability value calculated using the Mann-Whitney test;  $\bar{x}$  – average levels of acceptance  
 \*statistically significant

■ Tab. 3. Self-assessment of consumer behavior as perceived by surveyed nurses and patients

Me as a consumer	Group									
	Nurses - n %					Patients - n %				
	no	rather not	hard to say	rather yes	yes	no	rather not	hard to say	rather yes	yes
I always try to be the best	5(1.7)	42(14.0)	87(29.3)	129(43.0)	36(12.0)	65(11.1)	214(36.1)	180(30.5)	100(16.9)	100(5.4)
I make the most important decisions myself	1(0.3)	41(13.7)	54(18.0)	134(44.7)	69(23.3)	7(1.3)	56(9.6)	112(18.9)	285(48.2)	129(21.9)
I can influence the environment or direct the work of others	14(4.7)	36(12.0)	134(44.7)	101(33.7)	15(5.0)	18(3.2)	90(15.3)	230(38.8)	196(33.2)	55(9.4)
I am no different from other co-workers/I don't stand out from anyone else	20(6.7)	71(23.7)	102(34.0)	87(29.0)	20(6.7)	39(6.7)	103(17.4)	150(25.3)	231(39.1)	68(11.5)
Advertisements are important to me and influence my decisions	78(26.0)	113(37.7)	68(22.7)	27(9.3)	12(4.3)	177(30.0)	221(37.3)	109(18.4)	68(11.5)	17(2.9)
Where necessary, I exercise the right to complain or make a complaint	9(3.3)	65(21.7)	90(30.0)	90(30.0)	45(15.0)	55(9.4)	129(21.9)	129(21.8)	221(37.3)	56(9.6)
As a consumer, I always first ask for the opinion of my colleagues (including those from social media)/ as a consumer, I always first ask for the opinion of my relatives or friends (including those from social media)	17(5.7)	96(32.3)	84(28.3)	77(25.7)	24(8.0)	29(4.9)	96(16.2)	136(23.1)	259(43.7)	71(12.1)
I don't plan the future, I focus on the „here and now”	63(21.0)	117(39.3)	51(17.0)	48(16.0)	20(6.7)	68(11.5)	142(24.1)	110(18.7)	202(34.2)	68(11.5)
The law sufficiently protects me as a public official/ The law sufficiently protects me as a consumer	39(13.3)	102(34.0)	105(35.0)	42(14.3)	9(3.3)	17(2.9)	93(15.7)	275(46.4)	154(26.1)	52(8.9)



## DISCUSSION

The study aimed to evaluate consumer attitudes towards healthcare services from the perspectives of both patients and nurses. To our knowledge, this is the first such a study. According to Nettleton, clients receiving medical services should demonstrate awareness and rationality regarding their current needs [9]. Freidson emphasizes in consumerism that the healthcare system is meant to function for the patient. However, it is necessary to consider the patients' demands, cooperate with them, and make appropriate decisions. The consumer model emphasizes treating medical service clients as partners and subjects, considering their needs and rights, and strengthening their independence. Knowledge of one's duties toward the healthcare provider and oneself is also required. The public sector is, by definition, not for profit, but its main task is to meet the needs of patients. However, the patients are expected to be aware of their duties both to themselves and to the healthcare provider [10].

Niewiadowicz-Czapka notes that medical errors are related to inappropriate patient attitudes. Patients' aggressive behaviors toward medical staff lead to negative emotions in patients and medical workers, promoting work absenteeism, dissatisfaction, and burnout [11]. Nurses spend the most time with patients due to the nature of their work. They are also crucial in supporting and protecting patients [11]. Ptaszek et al. believe that the conditions in which nurses work influence their psychological comfort, cause fatigue, and decrease efficiency [12]. Similar results were obtained in the author's research, as nurses reported that relationships with patients often represent a significant psychological burden for them ( $p=0.0000^*$ ). Emotional tensions often arise in employee relationships and between patients and their families. These factors consequently increase the likelihood of adverse actions by reducing the quality of nursing care [13]. According to Zuniga et al., increased stress caused by professional work can affect the lower quality of medical services provided by nurses [14]. Tałaj et al. argue that the primary concern of medical staff should be to ensure that their actions benefit the patient. Respecting patients' autonomy, doing no harm, and showing kindness towards the sick is essential. It is also important to understand from the patient's point of view the causes and consequences of the disease entity when undertaking medical services. The patient should always be informed about the available treatment methods and their current health status unless they clearly refuse [7]. The author's research showed that patients emphasized their right to obtain information about their illness ( $p=0.0000^*$ ) and treatment methods ( $p=0.0000^*$ ), and they also expected engagement from nurses ( $p=0.0000^*$ ). The patient may decide to forego treatment or undergo it if they choose to [7]. Kim et al. argue that collaboration between other healthcare workers and nurses is necessary to improve patient safety [15]. Appropriate conditions, a sense of physical and psychological safety, and good relationships with the staff should be associated with hospitalization, as perceived by the consumer [15]. In our research, patients

were more inclined to accept the conditions in the hospital than nurses ( $p=0.0000^*$ ), and the hospital also met their expectations ( $p=0.0000^*$ ). Patient-client feedback depends on the quality of the services provided and the employees who perform them [16]. According to Światowy, the environment influences the shaping of consumer behaviors. The location of the consumer influences their behavior and ability to adapt to the current situation [17]. The author's research showed that patients do not develop attachments to a specific hospital ( $p=0.0001^*$ ). The research results revealed differences in nurses' and patients' selection of certain statements. The group of nurses more frequently strived to be the best/most important ( $p=0.0000^*$ ) compared to patients and also asked for others' opinions less often ( $p=0.0000^*$ ). According to Henderson, a nurse's condescending or domineering attitude toward a patient reflects the belief that she knows best what is best for the patient. This may lead to patient exclusion [18]. According to Dhaini et al., the high volume of professional responsibilities can lead to nurses being unable to perform nursing activities on patients on time or causing delays. There is also an observed omission of certain tasks [19]. As a result, consumerism may negatively impact the relationships between staff and patients. Due to prevailing stereotypes, Dhaini et al. asserts that medical staff do not always behave appropriately towards patients. Negative attitudes may stem from the necessity of dealing with bureaucracy, adapting to the current conditions, and adhering to regulations by medical service customers [19].


In our research patients more frequently claimed that they did not stand out from others ( $p=0.0000^*$ ), asked acquaintances for their opinions ( $p=0.0000^*$ ), and focused on the present, which was undoubtedly due to their current health condition ( $p=0.0000^*$ ). They also believed that the law protected them ( $p=0.0000^*$ ). In the author's research, nurses were more likely to exercise their right to file complaints ( $p=0.1216$ ) compared to patient's. Healthcare providers aim not only to ensure patient satisfaction but also primarily to achieve profits. Consumerism has various limitations, including social, economic, random, and location aspects. In emergencies, the medical service client rarely has the opportunity to choose the facility. The operational structure of the medical establishment impedes the patient's ability to embrace a consumer attitude (including bureaucracy and insufficient knowledge of existing rules), the social authority of the doctor, the doctor's knowledge and experience, and the presence of paternalism in the doctor-patient relationship [12].

## CONCLUSION

The considerations undertaken in the article may be helpful in taking action to improve the currently functioning healthcare system. The growing demand for medical services is associated with increasing requirements from beneficiaries and providers, as studies show. In addition, imposing more and more duties on nurses, growing ever greater demands from patients may affect the occurrence of improper interpersonal relations between nurses

and patients. In our study, patients, compared to nurses, sought advice from other people, expected great involvement from nurses and also wanted to be provided with information about the disease and treatment methods. In the case of nurses, it was noted that they want to be the best as medical service providers and more often use consumer rights in the field of filing complaints. It is difficult to compare the conducted study with other publications, because currently there are very few publications in the field of consumer attitudes, and there is no original tool that would examine these attitudes. It is also worth noting that there are no studies comparing the consumer attitudes of nurses and patients. Therefore, it was not possible to compare all the obtained results with other studies.

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