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Postawy kobiet wobec pomysłu współpłacenia za leczenie szpitalne

Female attitudes towards the idea of co-participation in the costs of hospital treatment

Streszczenie

Wstęp. Pomysł współpłacenia za usługi medyczne pojawił się w Polsce wraz z rozpoczęciem reform systemu ochrony zdrowia.

Cel. Celem pracy było sprawdzenie, jakie są postawy kobiet poddających się operacji ginekologicznej wobec pomysłu współpłacenia za leczenie szpitalne oraz czy i jaką część kwoty przeznaczonej na wypoczynek roczny gotowe byłyby poświęcić na ten cel.

Materiał i metoda. Badaniami objęto 272 kobiety, które w okresie 2 miesięcy 2008 roku poddały się wcześniej zaplanowanej operacji ginekologicznej. Zastosowany w badaniach kwestionariusz (własnego autorstwa) kobiety otrzymywały w drugim dniu po zabiegu operacyjnym. Badania główne poprzedziły badania pilotażowe wśród 25 losowo wybranych kobiet.

Wyniki. Pomysł współpłacenia za leczenie istotnie częściej popierały kobiety o wyższym poziomie wykształcenia (p=0.002), zamieszkujące w dużym mieście (p=0.04), zamężne (p=0.02), posiadające stałe zatrudnienie (p=0.01) oraz lepiej sytuowane materialnie (p=0.001). Gotowość rezygnacji z całości kwoty, przeznaczanej na urlop, na rzecz współpłacenia za leczenie szpitalne, deklarowało 148 (54.4%) kobiet, a z połowy kwoty 34 (12.5%). Nie potrafiły się jeszcze w tej kwestii określić 74 (27.2%), a zdecydowanie nie chciało rezygnować z żadnej kwoty 16 (5.9%). Przyjęte w tym opracowaniu zmienne, oprócz miejsca zamieszkania, stanu cywilnego i subiektywnej oceny warunków socjalno-bytowych, istotnie różnicowały częstość tych stwierdzeń (p<0.05).

Wnioski. Postawy kobiet wobec współpłacenia za leczenie szpitalne są zróżnicowane oraz istotnie związane z wykształceniem, miejscem zamieszkania, statusem zawodowym i rodzinnym oraz sytuacją materialną. Gotowość kobiet do rezygnacji, bądź nie, z kwoty przeznaczanej na wypoczynek roczny, na rzecz współpłacenia za leczenie szpitalne, zależy od ich wieku, poziomu wykształcenia, statusu zawodowego i rodzinnego oraz rodzaju medycznego wskazania do zabiegu operacyjnego.

Słowa kluczowe: operacje ginekologiczne, usługi medyczne, współpłacenie za leczenie.

Abstract

Introduction. The idea of patients' co-participation in the costs of medical care services first appeared when the authorities began to reform the system of medical care.

Aim. The purpose of the study was to investigate the attitudes of women undergoing gynecological operations towards the idea of co-participation in the costs of hospital treatment and to find out what part of money allocated for summer holidays they would be ready to spend on treatment.

Material and methods. In total 272 women, who underwent elective gynecological operation within two months in 2008 were surveyed. The women were asked to fill in a specially developed questionnaire on the second day following the operation. First, the questionnaire was verified by pilot study in the group of 25 women; their results were excluded from final scores.

Results. The results confirmed found that the respondents who had higher education supported the idea of co-participation in covering the costs of treatment more often (p=0.002), living in big cities (p=0.04), married (p=0.02), employed (p=0.01) and in better economic situation (p=0.001). The age turned out to be insignificant (p=0.09). The respondents reported that they were ready to use all that money to co-participate in the costs of hospital treatment - 148 women (54.4%); 34 (12.5%) respondents would use half the money for that; 74 (27.2%) women were unable to take decision and 16 (5.9%) would definitely not use that money for that. Variables assumed in the study, apart from living place, marital status and subjective perception of social conditions significantly differentiated the frequency of these statements.

Conclusions. Women's attitudes towards co-participation in the costs of hospital treatment vary and significantly correlate with education, place of living, professional and family status aside their economic situation. The fact that women are ready to resign from the money allocated for annual leave to co-participate in the costs of hospital treatment depends on their age, level of education, professional and family status and medical indication for surgery.

Key words: gynecological operations, medical care services, co-participation in the costs of medical care.

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INTRODUCTION

The constitution of Poland guarantees all Polish citizens the right to receive medical care and equal access to medical service which are financed by public means, disregarding their social status [1]. However it does not mean that all types of medical service are guaranteed, nor they are accessible free of charge.

The idea of patients' co-participation in the costs of medical care services first appeared when the authorities began to reform the system of medical care. The reform was to introduce the solutions that proved effective in other EU member states thus ensuring high quality of medical services [2]. However the reforms introduced made free access to highly specialized medical procedures very difficult and limited. As a result the new system legally sanctioned so called waiting lists for certain procedures which in turn increased the number of patients dissatisfied by the service supplied within the new system [3-6].

AIM

The purpose of study was to investigate the attitudes of women undergoing gynecological operations towards the idea of co-participation in the costs of hospital treatment and to find out what part of money allocated for summer holidays they would be ready to spend on treatment.

MATERIAL AND METHODS

The investigation was carried out in two university hospitals and two regional hospitals in Lublin and in Warsaw. Hospitals were selected basing in the criterion of more than 400 surgical procedures performed annually.

In total 272 women, who underwent elective gynecological operation within two months in 2008 were surveyed. The exclusion criteria included

- patients under 60 year of age
- patients giving consent to participate in the survey prior to operation or in the second day afterwards.

There were 43 women (13.7%) who refused to participate with no reason recorded.

The women were asked to fill in a specially developed questionnaire on the second day following the operation. The questionnaire was composed of two parts. One was to collect demographic data, e.g. age, education, place of living, marital status, occupation, children and subjective assessment of economic and living conditions. The other asked about the amount of money allocated for summer holidays and if they would be ready to co-participate in covering the costs of hospital treatment.

The questionnaire was constructed according to general methodological directives presented in literature; suggestions of other experts, e.g. gynecologists, sociologists, psychologists were taken into account too. The form and terms used were adjusted to versatile intellectual level of the respondents and their perception. First, the questionnaire was verified by pilot study in the group of 25 women; their results were excluded from final scores.

Each respondent was instructed on the survey method and informed about anonymity of their participation and ensured that the results would be used only for research reasons whose aims are to improve the quality of hospital care.

The term "procreation age" used in the questionnaire defines the period of time when woman is biologically capable to give birth. In our climate zone it refers to the age of 15–49 years [7]. The term "very good" evaluating living conditions meant that the respondents have independent accommodation, i.e. a flat or house; "good" evaluation meant accommodation such as a bed-sitter or a room at parental flat or house; sharing a flat with the rest of family or not living in a self-contained flat were considered as "bad living conditions". Monthly income over 1,500 PLN was considered very good economic conditions, income between 1,500 and 750 PLN as good, from 750 to 350 PLN - average and lower than 350 was considered poor. Medical indications for surgery were taken from medical records, i.e. case histories of the respondents participating in the survey.

The results were analyzed descriptively and statistically. Nominal parameter values were presented as numbers and ratios, quotients as medians (Me) and lower and upper quartiles $(Q_1;Q_3)$. To evaluate differences or correlations between parameters χ^2 test was used, for small quantities (<5) Yates correction was applied; 5% conclusion error and $p<0.05$ were considered statistically significant [8]. Statistical calculations were done by STATISTICA v. 7.1 (StatSoft, Poland).

RESULTS

The age of respondents ranged from 18 to 60 years (*Me 34;Q_1 24;Q_3 48)*; there were two times more women in the procreation age than older women: 183 (67.3%) and 89 (32.7%) respectively. Almost all respondents reported secondary or higher education n=104; 38.2% and n=101; 37.2% respectively; 67 (24.6%) women had lower than secondary education. Among the examined 97 (35.7%) women lived in the country and 175 (64.3%) in town; 200 (73.5%) of them were married and 72 (26.5%) single. Among the respondents 212 (77.9%) were employed, 60 (22.1%) were off work, continued their education or received disability benefits; 208 (76.5%) respondents had children and 64 (23.5%) had no children.

The analysis of the item on co-participation in the costs of treatment revealed the most frequent answers were "rather yes" and "rather not" n=86, 31.6% and n=85, 31.3% respectively. "Definitely for" were 27 (9.9%) respondents, „definitely against" were 20 (7.4%), the others 54 (19.9%) did not have any opinion. The results found that the respondents who had higher education supported the idea of co-participation in covering the costs of treatment more often (p=0.002), living in big cities (p=0.04), married (p=0.02), employed (p=0.01) and in better economic situation (p=0.001). The age turned out to be insignificant (p=0.09).

The amount of money allocated for annual leave varied: 145 respondents (53.3%) said it was more than 2,000PLN, 71 (26.1%) women reported to have less than 500 PLN and for 56 (20.6%) respondents it was from 500 to 2,000 PLN. There were no significant differences between demographic features characterizing the group (p>0.05).

The respondents reported that they were ready to use all that money to co-participate in the costs of hospital treatment –| 148 women (54.4%); 34 (12.5%) respondents would use half the money for that; 74 (27.2%) women were unable to take decision and 16 (5.9%) would definitely not use that money for that. Table 1 presents correlations between demographic data and the variables (Table 1).

TABLE 1. Patients' readiness to use the money planned for summer holidays to co-finance hospital treatment and demographic data.

Demographic data		Ready to resign from the money allocated for annual leave							
		all that money n=148; 54.4%		half the money n=34; 12.5%		unable to take decision n=74; 27.2%		definitely not n=16; 5.9%	
		n	%	n	%	n	%	n	%
Age	≤ 49 years n=183; 67.3%	104	70.3	19	55.9	48	64.9	12	75.0
	> 49 years n=89; 32.7%	44	29.7	15	44.1	26	35.1	4	25.0
Significance		χ^2=39.61; p<0.0000001							
Education	< middle school n=67; 24.6%	34	23.0	12	35.3	15	20.3	6	37.5
	middle school n=104; 38.2%	57	38.5	15	44.1	29	39.2	3	18.7
	> middle school n=101; 37.2%	57	38.5	7	20.6	30	40.5	7	43.8
Significance		χ^2=22.18; p=0.0002							
Place of living	village n=97; 35.7%	54	36.5	16	47.1	20	27.0	7	43.8
	town/city n=175; 64.3%	94	63.5	18	52.9	54	73.0	9	56.1
Significance		χ^2=5.53; p=0.06							
Marital status	married n=200; 73.5%	104	70.3	25	73.5	59	79.7	12	75.0
	no married n=72; 26.5%	44	29.7	9	26.5	15	20.3	4	25.0
Significance		χ^2=0.93; p=0.63							
Employed	yes n=212; 77.9%	114	77.0	23	67.6	60	81.1	15	93.8
	no n=60; 22.1%	34	23.0	11	32.4	14	18.9	1	6.2
Significance		χ^2=14.43; p=0.0007							
Children	yes n=208; 76.5%	119	80.4	23	67.6	53	71.6	13	81.3
	no n=64; 23.5%	29	19.6	11	32.4	21	28.4	3	18.7
Significance		χ^2=7.74; p=0.02							

Patients' intention to use the money allocated for annual leave to co-participate in covering the costs of treatment correlated with age (p<0.0000001), education (p=0.0002), employment (p=0.0007) and children (p=0.02) however the place of living and marital status were insignificant (p=0.06 and p=0.63 respectively).

Most of the respondents evaluated their economic status as average (n=112; 41.2%), good (n=96; 35.3%), very good (n=44; 16.2%) or very bad (n=20; 7.3%). Accommodation was evaluated as very good (n=165; 60.7%), good (n=96; 35.3%) and bad (n=11; 4.0%).

The indications for surgical treatment were divided into two groups:

1. Cancer diseases – malignancies (involving the lymphatic system), benign and marginal tumors (n=123; 45.2%).
2. Others, i.e. bleeding from the genital system of various intensity, pains, displacement and altered static of the uterus, incontinence, inability to conceive (n=149; 54.8%).

Table 2 presents data concerning patients' readiness to use the money for summer holidays to co-participate in the costs of hospital treatment and their subjective assessment of accommodation and economic status (Table 2).

TABLE 2. Patients' readiness to use the money planned for summer holidays to co-finance hospital treatment and their subjective assessment of accommodation and economic status.

Variables		Ready to resign from the money allocated for annual leave							
		all that money n=148; 54.4%		half the money n=34; 12.5%		unable to take decision n=74; 27.2%		definitely not n=16; 5.9%	
		n	%	n	%	n	%	n	%
Living conditions economic status	very good n=44; 16.2%	25	16.9	6	17.6	12	16.2	1	6.2
	good n=96; 35.3%	47	31.8	11	32.4	30	40.5	8	50.0
	average n=112; 41.2%	65	43.9	13	38.2	27	36.5	7	43.8
	bad n=20; 7.3%	11	7.4	4	11.8	5	6.8	0	0.0
Significance		χ2=3.3; p=0.95							
Opinion of accommodation	very good n=165; 60.7%	99	66.9	12	35.3	43	58.1	11	68.8
	good n=96; 35.3%	45	30.4	18	52.9	29	39.2	4	25.0
	bad n=11; 4.0%	4	2.7	4	11.8	2	2.7	1	6.2
Significance		χ2=11.76; p=0.07							
Cancer diseases – malignancies	yes n=123; 45.2%	81	54.7	24	70.6	16	21.6	2	12.5
	no n=149; 54.8%	67	45.3	10	29.4	58	78.4	14	87.5
Significance		χ2=37.79; p<0.0000001							

The analysis of results revealed that patients' readiness to use the money for annual leave to co-participate in the costs of hospital treatment correlated significantly with medical indications, i.e. with cancerous diseases (p<0.0000001) but not with patients' evaluation of their living or economic conditions (p=0.95 and p=0.07 respectively).

DISCUSSION

The access to medical care services has been an important topic of debate on the reformed system of medical care in Poland. The access to medical care services is an essential issue defined by the standards of medical care. Total quality management (TQM) and a strategy oriented at patient's satisfaction are crucial to long-term success [9-14].

Recent opinion poll conducted by CBOS on a representative sample of 1021 adult Poles revealed that over half of the respondents cannot afford even partial co-participation in the costs of medical care service (state health care system) and for them the idea is unacceptable. Only every six respondent supported the idea of co-participation and stated they can afford to cover the expenses; almost every fourth respondent approved of the idea despite their inability to cover additional costs [15]. Younger persons, self-employed (outside agri-

culture), better educated and living in big cities approved of the idea more frequently. Our results correspond with the results of the survey quoted but the ratio of women who approved of co-participation in the costs of hospital treatment was smaller (16.0%-9.9%). The respondents' age was insignificant in that respect. The results might have been different if other age ranges had been assumed.

The study by Kalinowski and Jędrzejewska [2] found that the majority of respondents stated that medical taxes are enough to cover the costs of medical services and the costs of medicines are too high. The authors concluded that the people are much used to the systemic solutions from before the reform and they are afraid of unequal access to the same standard of medical care services and difficult access to specialist treatment as well. In general, the patients do not want to pay any additional costs connected with medical treatment.

Annual leave is a period off work guaranteed by constitution. In other words employee's leave from work is their right, personal in character, which employee cannot resign from or transfer onto another person. It should be used to regenerate physical and emotional resources worn out at work and enables employee to take advantage of the effects of work. It helps face all needs and improves the quality of life [16]. In general, employees are much attached to that right, plan their leave time beforehand and save up money for that. Considering that it may sound surprising that a substantially high percentage of women (66.9%) are ready to use either the whole or half of the money for their annual relax to co-participate in the costs of hospital treatment. Worth mentioning is the fact that half of that group (42.3%) were operated for other reasons than cancer disease which is sure to arouse fear and makes them change or modify life plans [17]. Thus it is difficult to find out patients' motivations determining such opinions as earlier they were less or more strongly against co-participation in the costs of medical care services. It is likely that high value of health and/or high determination to take actions in health-threatening situations account for such opinions however the data do not allow for such conclusions.

The system of patients' co-participation in the costs of medical care services has functioned in the majority EU member states [18,19]. The implementation of that solution into our system of health care requires change in social mentality and certain civil courage of politicians responsible for the reform. Many Poles still think that medical care should be provided free of charge and should maintain high world standards. They forget or do not know that it requires high financial expenditure on medical care, especially to purchase modern apparatuses and post-graduate training of medical personnel. Implementation of modern procedures is impossible without that, which is also confirmed by other reports [20-25].

Patients' co-participation in the expenditure on medical care seems to be a must in our reality. It is worth remembering that the main objective of that solution is not as much to increase fund for medical services as it is their rational usage. The cost of medical service should be calculated at the level that would not limit the access to service, especially for the elderly people and for those with the lowest income.

CONCLUSIONS

1. Women's attitudes towards co-financing hospital treatment vary and significantly correlate with education, place of living, professional and family status aside their economic situation.
2. The fact that women are ready to resign from the money allocated for annual leave to co-finance hospital treatment depends on their age, level of education, professional and family status and medical indication for surgery.

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