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Funkcjonowanie systemu opieki zdrowotnej w Polsce – zainteresowanie i samoocena wiedzy badanych

Functioning of the healthcare system in Poland – interest and self-assessed level of knowledge of the surveyed

Streszczenie

Cel. Celem pracy była analiza zainteresowania i samooceny wiedzy badanych na temat funkcjonowania systemu ochrony zdrowia w Polsce.

Materiał i metody. Badanie przeprowadzono w styczniu 2008 roku wśród różnych grup społecznych z pięciu województw: mazowieckiego, zachodniopomorskiego, śląskiego, lubuskiego i lubelskiego. Badania miały charakter anonimowy. Narzędziem badawczym był autorski kwestionariusz ankiety opracowany na potrzeby niniejszego badania. Wysłano 1200 kwestionariuszy, otrzymano 740 prawidłowo wypełnionych ankiet. Wyniki badań poddano analizie statystycznej.

Wyniki. Około 50% badanych nieszczególnie interesują sprawy reform systemu ochrony zdrowia w Polsce. Połowa ankietowanych uważa, że ich wiedza dotycząca funkcjonowania systemu ochrony zdrowia jest wystarczająca, natomiast około 43% jest zdania, że jest ona niewystarczająca. Osoby z wyższym wykształceniem bardziej interesują się problemami systemu ochrony zdrowia niż badani z wykształceniem niższym. Bardziej krytyczne w stosunku do swojej wiedzy dotyczącej funkcjonowania systemu są osoby starsze.

Podstawowe źródła wiedzy o systemie ochrony zdrowia to: radio i telewizja oraz prasa. Wysoki odsetek badanych (40,37%) jest zdania, że nowoczesna opieka zdrowotna jest najważniejszym obowiązkiem państwa wobec swoich obywateli.

Słowa kluczowe: system opieki zdrowotnej, źródła informacji, reformy.

Summary

Aim. The objective of the analysis was to assess interest and self-assessed level of knowledge of how the Polish health care system works.

Material and methods. The research was conducted in January 2008 among various social groups from five regions: Mazowieckie, Zachodniopomorskie, Śląskie, Lubuskie i Lubelskie. The author's questionnaire was used as a research tool. 1200 questionnaires have been distributed and 711 ones have been correctly filled out and submitted. The results were statistically analyzed.

Results. 50% of those surveyed are not interested in issues concerning the health care system reform. Half of the surveyed thinks that their knowledge of how the system functions is sufficient and 43% considers it too poor. The higher level of education the more interested are the surveyed in the health care system issues. Older individuals are more self-aware of their level of knowledge. Basic sources of information on the health care system are radio, television and press. A high rate of the surveyed (40.37%) believes that a modern health care is the government's most important duty.

Key words: health care system, sources of information, reform.

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INTRODUCTION

The reforms that took place in 1999 had a substantial effect on the public sphere. Institutions responsible for certain objectives and values started to evolve in their role from administering to managing. This concerns health care in particular as market principles are becoming increasingly important in satisfying health needs of the society [1].

The scale and radicalism of a reform must obviously compromise proposals of various groups and look into effectiveness, feasibility as well as legal and organizational attractiveness. It should also include social support, however reality proves that complexity of the process makes social understanding and interest rather low.

The health care system, which is one of the most important elements of public life, have become incomprehensible and regardless of the scope and quality of any new proposals, the consultation process has been limited to interest groups only. The ongoing search among scientists and practitioners for mechanisms that would reconcile quantity and quality of health services as too much market may lead to limiting access to health care. On the other hand too much state interference (as the system prior to 1999 proved) may cause misuse of funds [1-4].

OBJECTIVE

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METHODOLOGY

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THE RESULTS

Socio-demographic characteristics are presented in Table 1.

About 50% of the surveyed is moderately interested in the issue of the Polish health care system reforms. Just over one third is somewhat interested and 11% is very interested in the reforming of the healthcare system.

The education level of the surveyed significantly affects their interest in health care system issues ($p < 0.05$). Answers given by individuals with high and secondary education were comparable while individuals with elementary and vocational education indicated "great interest" less frequently. Moderate interest was a more common answer (Table 2).

TABLE 1. Socio-demographic characteristics.

age	30 and under	44.72%	edu- cation level	elementary/ vocational	16.01%
	31-40	19.27%		secondary school	47.68%
	over 40	36.01%		university	36.29%
monthly income/ person	up to 700 PLN	25.32%	health status	very good	21.79%
	701-1300 PLN	33.05%		good	47.12%
	1301-1600 PLN	15.47%		satisfactory	22.93%
	1601-2000 PLN	11.67%		poor	6.75%
	> 2000 PLN	14.49%		bad	1.41%
place of resi- dence	rural area	23.63%	gender	female	66.39%
	urban area up to 25,000 inhabitants	20.53%		male	33.61%
	25-150,000 inhabitants	42.62%			
	>150,000 inhabitants	13.22%			

TABLE 2. Interest in health care reforms in relation to level of education.

	Primary or Vocational		Secondary		Higher	
	N	%	N	%	N	%
Great interest	5	4.43	39	11.61	31	12.12
Some interest	49	43.36	114	33.93	84	32.81
Little interest	53	46.90	164	48.81	135	52.73
No interest	6	5.31	19	5.65	6	2.34
Total	113	100.00	336	100.00	256	100.00
χ^2	7.774					
p	<0.05					

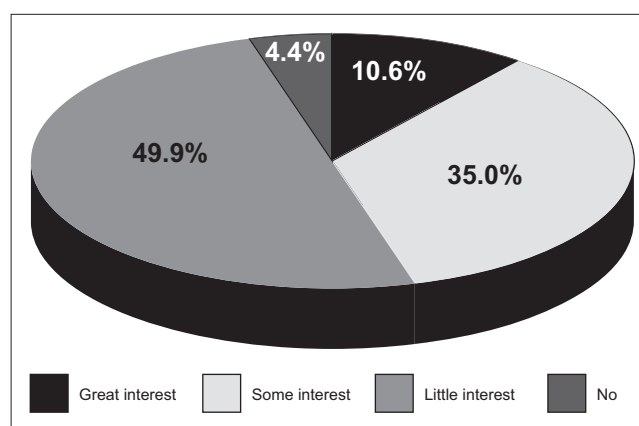


FIGURE 1. Interest in the issues of healthcare system reforms.

Half of those surveyed think that their knowledge concerning functioning of the health care system is sufficient and 43% considers it poor. A mere 3% believes their knowledge in that area is excellent.

Individuals of up to 30 years old rank their knowledge the highest among all age groups. The percentage of the

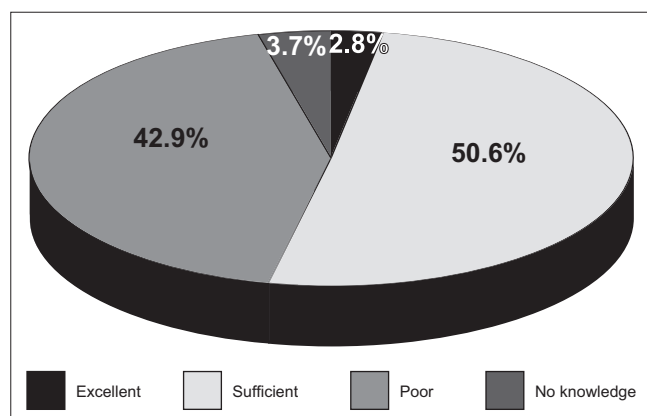


FIGURE 2. Self-assessed level of knowledge of healthcare system functioning.

TABLE 3. Self-assessed level of knowledge of healthcare system functioning in relation to age of the surveyed.

	Up to 30 year old		31-40 years old		Over 40 years old	
	N	%	N	%	N	%
Excellent	8	2.51	3	2.19	9	3.51
Sufficient	186	58.49	70	51.09	104	40.63
Poor	116	36.48	60	43.80	129	50.39
No knowledge	8	2.52	4	2.92	14	5.47
Total	318	100.00	137	100.00	256	100.00
χ^2	6.598					
p	<0.05					

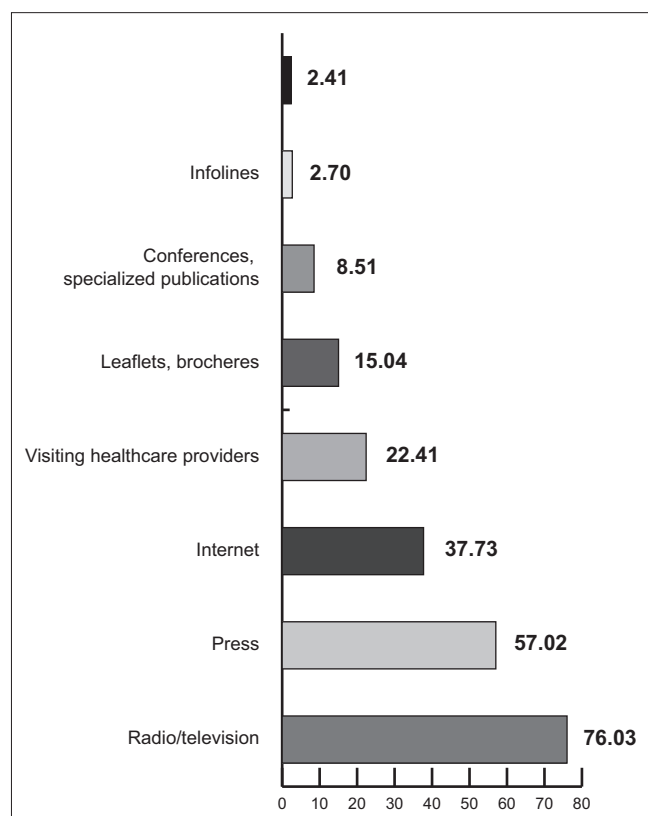


FIGURE 3. Sources of knowledge on healthcare system.

surveyed considering their knowledge “satisfactory” decreases along with age. The statistical analysis proved that there is relation between percentage distribution of the answers and the age.

Radio and television (76.03% of the answers) are the main sources of knowledge for the surveyed, followed by press (57.02%), Internet (37.73%) and one’s and friends’ own experience (22.41%). Other sources scored insignificantly (Figure 3).

The state’s most important task, according to the surveyed, is to provide modern health care facilities (40.4%), public safety (19.5%) and to facilitate economic growth (18.7%) – Figure 4 and Table 4.

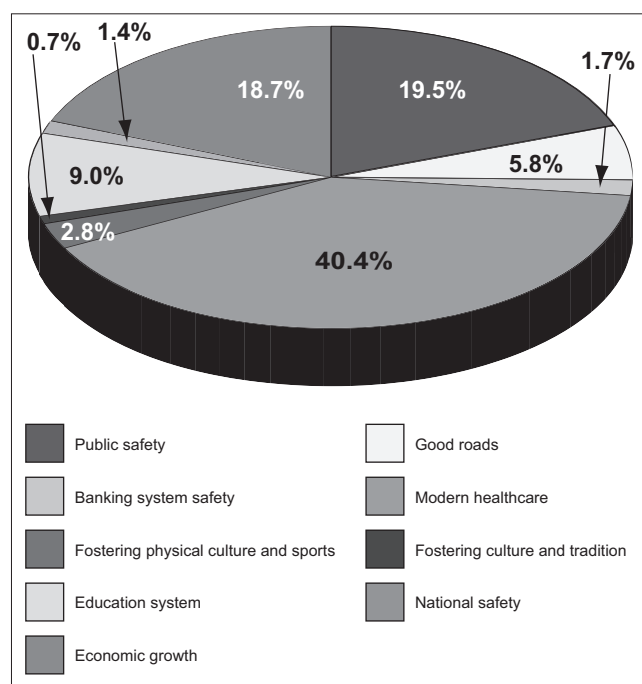


FIGURE 4. The most important tasks of the state according to the surveyed.

TABLE 4. The most important tasks of the state in a modern world in relation to a monthly net income.

	Up to PLN 700		PLN 701-1300		Over PLN 1300	
	N	%	N	%	N	%
Public safety	53	29.44	39	16.60	47	15.88
Good roads	5	2.78	20	8.51	16	5.41
Banking system safety	4	2.22	2	0.85	6	2.03
Modern healthcare	70	38.89	98	41.70	119	40.20
Fostering physical culture and sports	6	3.33	7	2.98	7	2.36
Fostering culture and traditions	1	0.56	1	0.43	3	1.01
Education system	18	10.00	28	11.91	18	6.08
National safety	2	1.11	6	2.55	2	0.68
Economic growth	21	11.67	34	14.47	78	26.35
Total	180	100.00	235	100.00	296	100.00
χ^2	8.598					
p	<0.02					

Data analysis proved that individuals with the lowest level of income much more frequently considered "national safety" as the most important duty of the state while the highest-income individuals referred to economic growth. The analysis of percentage distribution proved that there is a relation between the state's most important duties and the level of income ($p < 0.02$).

DISCUSSION

The Polish health care system is not highly ranked compared with other European systems. The Patient Empowerment Index that compares European health care systems ranked it 26th (out of 31). Research indicates that Polish patients experience too long waiting lists for diagnostic and medical procedures and specialists' consultations. There is also no 24-hour access to information providing medical assistance in case of a threat to life or health. The top of the ranking includes Denmark, Germany, Switzerland and Finland. Among EU countries, Czech Republic, Slovakia and Hungary also ranked higher than Poland which may stem from the reforms implemented in those countries. The results are different from what Poles themselves think of their health care system. Recent study conducted by Public Opinion Research Centre (CBOS) confirms bad reviews only in part. As much as two thirds of Poles is not satisfied with the public health care [5].

In a 1998 Centre for Public Opinion Research (OBOP) study one in every four Poles declared significant interest in the health care system reform that was being implemented at that time. A comparable percentage of Polish citizens said they followed with great interest news on the pension reform. 40% of the surveyed expressed some interest in both reforms, 20% declared little interest and 10% – none [6].

Ten years ago the level of interest increased along with age of the surveyed: youngest (up to 19) individuals were the least interested group (1% was very interested in the health care reform and 2% in the pension reform) whereas in the oldest group (60+) the number reached almost 40%. The group most interested in the pension system reform were the surveyed over 40 years old (36% in the 40-49 group, 32% in the 50-59 group and 34% in the 60+ group). The highest level of interest concerning both reforms was among higher educated individuals (36%) and decreased along with the education level (18% of the surveyed with primary education was very interested in reforms). Ten years ago most of the society felt insufficiently informed on new principles of health care system functioning. As in our research the basic sources of knowledge on healthcare system were radio, television and press.

According to our data people believe that the state's most important duty is to provide modern health services, public safety and facilitate economic growth.

CBOS analysis signifies that the state's duties are very diversified according to the public. Almost everyone considers it to be: protection against crime (99%), respecting property rights (97%), minimum salary (97%), free healthcare (94%), free education (90%). Most of the surveyed think the state should guarantee some kind of home (89%), employment according to one's qualifications (85%) or any employment (80%). More than a half of respondents (55%) believe that the state ought to provide welfare to every citizen. Right to teach religion at school (82%), right to emigrate (80%) and political freedom (79%) were also very highly ranked [7].

CONCLUSION

The surveyed population is not very interested in health care system reforms. 50% believes their knowledge to be sufficient, however a quite significant percentage considers it poor. University graduates are more interested in health-care problems than the lower educated group. Basic sources of knowledge on health care system are radio, television and press. Although there is little interest and insufficient knowledge of healthcare system, the surveyed believe it is the state's most important duty.

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