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## Jakość usług świadczonych w ramach pomocy doraźnej w opinii pacjentów

### Streszczenie

**Wstęp.** Satisfakcja pacjentów jest coraz częściej brana pod uwagę jako istotny czynnik w pomiarze jakości opieki zdrowotnej. Jedną z metod pomiaru satysfakcji biorcy usług medycznych jest badanie ankietowe.

**Cel.** Celem pracy była ocena jakości usług świadczonych w ramach pomocy doraźnej w opinii pacjentów oraz wpływu wybranych czynników socjodemograficznych na uzyskane oceny.

**Materiał i metoda.** Badaniem ankietowym objęto 132 pacjentów oddziałów szpitala rejonowego na terenie południowo-wschodniej Polski, którzy byli hospitalizowani po udzieleniu pomocy doraźnej w ramach pogotowia ratunkowego. Ankietowani oceniali przebieg kontaktu z dyspozytorem, pracę lekarza i pozostałego personelu ambulansu, zespołu wyjazdowego po dotarciu do szpitala oraz ogólnej jakości udzielonej usługi od chwili wezwania karetki do momentu hospitalizacji. Zastosowano trójstopniową skalę ocen: dobra, zadowalającą i negatywna. Badano wpływ: wieku, miejsca zamieszkania, stanu cywilnego, statusu zawodowego i materialnego ankietowanych na ocenę jakości opieki zdrowotnej.

**Wyniki.** Praca pogotowia ratunkowego została oceniona pozytywnie przez około 86% ankietowanych. Osoby negatywnie oceniające pracę dyspozytora, lekarza, pozostałego personelu ambulansu i działania zespołu wyjazdowego po dotarciu do szpitala stanowiły od 1/5 do 1/4 ogółu ankietowanych, przy czym najwięcej negatywnych ocen stwierdzono w grupie osób gorzej uposażonych.

**Wnioski.** Stałe monitorowanie jakości świadczonych usług medycznych, w tym poznanie przyczyn niezadowolenia pacjentów z usług świadczonych przez pogotowie ratunkowe, pozwala na bieżące eliminowanie niedociągnięć w ramach istniejących możliwości finansowych i organizacyjnych. Ukierunkowanie na wprowadzanie sprawdzonych standardów usług zdrowotnych, poszerzonych o działania preferencyjne dla pacjentów, niewątpliwie wpłynie na poprawę oceny jakości usług świadczonych w ramach pomocy doraźnej.

**Słowa kluczowe:** zadowolenie pacjentów, opieka zdrowotna, pogotowie ratunkowe, ocena jakości.

## The quality of first aid services on the basis of patients' opinions

### Summary

**Introduction.** Patient satisfaction has assumed an increasing importance the evaluation of the quality of medical care. One of the methods to measure satisfaction of the health service recipient is a questionnaire survey.

**Aim.** The aim of the study was to evaluate the quality of first aid services on the basis of patients' opinions, and to assess the influence of selected socio-demographic factors on the expressed views.

**Material and methods.** The survey covered 132 patients of a regional hospital in south-eastern Poland who were hospitalised after having been provided with first aid by the emergency department. The respondents assessed their contact with a call taker-dispatcher, the work of a physician and other ambulance staff, the work of an ambulance crew on arrival at a hospital and the overall quality of the service they received from the moment of calling an ambulance to hospitalization. The respondents could evaluate emergency services on a three-grade scale, as good, sufficient or bad. The study also examined the influence of age, place of residence, marital status, as well as the professional and material situation of the respondents on their assessment of the quality of health care.

**Results.** The work of an emergency department was assessed positively by about 86% of the respondents. Patients who negatively evaluated the work of a call taker-dispatcher, physician, or ambulance crew members, as well as the behaviour of an ambulance crew on arrival at a hospital, ranged from 1/5 to 1/4 of all respondents. The majority of negative opinions came from patients with low income.

**Conclusions.** Constant monitoring of the quality of medical services, including identification of the causes of patient dissatisfaction with services provided by emergency departments, makes it possible to immediately respond to deficiencies within the limits of available financial and organizational resources. Working towards reliable standards of health services, including a preferential approach to patients, would undoubtedly improve their evaluation of the quality of emergency services.

**Key words:** patient satisfaction, health care, emergency ambulance, quality evaluation.

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## INTRODUCTION

The quality of services is one of the foundations of modern health care. Important factors that affect the quality of health care include: qualified staff, safe procedures, services available close to the patient's place of residence and at the right time, continuity of care, despite the fact of referring the patient to various service providers, care adapted (services planned) according to health needs of the patient, effectiveness, efficiency and patient satisfaction [1].

The level of satisfaction is assessed on the basis of the patient's subjective experience and their evaluation of a received diagnostic or therapeutic service. This indicates satisfaction or dissatisfaction of the patient with health care and shows how safe they feel about meeting their health needs [2]. One of the methods to measure satisfaction of the health service recipient is a questionnaire survey [3].

## AIM

The aim of the study was to evaluate the quality of first aid services on the basis of patients' opinions, and to assess the influence of selected socio-demographic factors on the expressed views.

## MATERIAL AND METHODS

One of the methods to measure satisfaction of the health service recipient is a questionnaire survey. The crews that delivered first aid had two ambulances at their disposal. The average response time was from 15 to 40 minutes. The ambulance crews that responded to calls consisted of a driver, a paramedic and a physician, and provided first aid according to the pre-hospital treatment standard procedure.

The questionnaire included questions concerning evaluation of the contact with a call taker-dispatcher, the work of a physician and other crew members, the work of the crew on arrival at a hospital, as well as the overall assessment of the work of first aid providers. The services could be evaluated on a three-grade scale as good, sufficient or bad. The respondents were also asked about their age, place of residence, marital status, professional and financial situation. In the case of children and elderly patients, questionnaires were filled in by parents/guardians or other family members who accompanied the patients while they were provided with first aid up to the moment of hospitalization.

The studied population consisted of 57 women (43.2%) and 75 men (56.8%) aged from 6 to 86. The patients were divided into the following age groups: up to 40 (53 respondents – 40.2%), between 41 and 60 (54 respondents – 40.9%), over 60 (25 respondents – 18.9%). Rural inhabitants were the majority of respondents – 93 (70.5%), while 39 patients (29.5%) lived in a city. 93 (70.5%) respondents were married, 9 (6.8%) – divorced or widowed, and 30 – single (22.7%). The majority of patients (57 – 43.2%) received old age or disability pension, 27 (20.5%) respondents were employed by the state, 25 (18.9%) worked as farmers, and 23 (17.4%) had no regular income. 98 (74.3%) respondents evaluated their own financial status as good, 23 (17.4%) – as worse than good, and 11 (8.3%) – as better than good.

The results were analysed statistically with the variable independence test (the level of significance:  $p=0.05$  or  $0.01$ ) using Microsoft Excel and Statistica for Windows.

## RESULTS

The contact with a call taker-dispatcher was assessed as good by 43.2% of the respondents, as sufficient – by 33.6% and as bad – by 24.2%. The analysis of frequency of respective evaluations according to sex, age, place of residence, marital status, financial and professional status did not reveal any influence of the selected socio-demographic factors on how the work of a call taker-dispatcher's work was evaluated.

The work of an emergency physician was assessed as good by 47.0% of the respondents, as sufficient – by 31.0% and as bad – by 22.0%. Sex, age, place of residence, marital and professional status did not exert a statistically significant influence on the evaluation. Statistically significant differences in the assessment of an emergency physician's work, however, depended on the financial situation of the patients ( $\chi^2=13.484$ ,  $p=0.009$ ). The majority of negative evaluations of a physician's work were made by the respondents with the lowest income, while the lowest number of such responses were given by the patients with the highest income.

Assessment of the work of other members of the ambulance crew was similarly structured. The distribution of the evaluations was as follows: good – 45.4%, sufficient – 33.8, bad – 20.8%. Statistically significant differences in the frequency of respective evaluations were related only to the financial status ( $\chi^2=10.412$ ,  $p=0.034$ ). Other analysed socio-demographic factors did not affect the assessment of other ambulance crew members' work in a statistically significant way.

Similar results were obtained also for the assessment of the emergency crew's work on arrival at a hospital. Their work was assessed as good by 47.7% of the respondents, as sufficient – by 32.3%, and as bad – by 20.0%. In this case, no influence of the analysed socio-demographic factors on the evaluations was found.

The overall evaluation of the work of emergency departments – of the quality of the received medical care was as follows: 44.96% of the respondents assessed it as good, 41.6% – as sufficient, and 13.18% – as bad. Of the analyzed socio-demographic factors, the respondents' financial situation was found to exert a statistically significant influence on the overall assessment of the work of emergency departments ( $\chi^2=11.379$ ,  $p=0.022$ ).

## DISCUSSION

The issue of how to reorganize health care, including emergency departments, has been debated for years. Emergency departments are expected to provide services, at the same time evolving to become a more efficient structure in terms of finance, organization and the quality of care, despite the fact that the actual expenditure on health care has been continually decreasing. For health care managers to provide quality care means to correctly, dependably follow the mandatory procedures, standards, algorithms, and to meet the requirements of financial efficiency. For patients,

however, other factors are important: the condition of a health care centre and the way it operates, availability of services and their continuity, waiting time, the attitude of staff, health effects and the patients' financial contribution to their treatment.

Patient satisfaction with health care services is a result of the comparison of expectations with a response to the received services, and takes on the character of subjective evaluation of the level of service delivery. The level of patient satisfaction with health care services on the one hand reflects the needs of service recipients, while on the other, it draws attention to those services.

Our study shows that ca. 86% of the respondents positively evaluated the work of emergency departments. This is extremely important as patients consider emergency care a special segment of the health care system. Emergency departments are referred to in unexpected situations with the hope of obtaining quick and effective care provided by highly qualified staff who, with their behaviour and appearance, would create for patients and their families an atmosphere of trust and safety [4]. Another study conducted in the Lublin Province found that a slightly lower percentage of respondents (83.7%) positively evaluated the work of ambulance crews who delivered services to victims of accidents in this area [5].

Our study showed that the group negatively assessing the work of ambulance crew was the least numerous, while those negatively assessing the work of call taker-dispatcher, were the most numerous. There is no doubt that the quality of contact between a caller and a call taker-dispatcher is an essential factor that affects the reputation of an emergency department. Communication between patients and medical staff, in this case a call taker-dispatcher, is one of the most important factors in the process of health service delivery, is the basis for diagnosis and decision concerning further management of a patient. Poor communication skills, insufficient experience, or a lack of personality predisposition in a call taker-dispatcher can unfavourably affect the process of health service delivery [6].

The fact that the highest number of negative opinions came from respondents with the lowest income is alarming. It seems that health care, especially first aid, should involve, apart from the diagnostic and therapeutic aspect, also the social and psychological aspects that become particularly important when the economic status of the service recipient is poor.

There is no doubt that staff training should include reliable standards, theoretical knowledge and practical skills, including correct interpersonal relations, which will positively affect health service evaluation.

## CONCLUSIONS

1. The work of an emergency department was assessed positively by about 86% of the respondents. Patients who negatively evaluated the work of a dispatcher, physician, other ambulance crew members and the behaviour of an ambulance crew on arrival at a hospital, reached from 1/5 to 1/4 of all respondents. The majority of negative opinions came from patients with low income.
2. Constant monitoring of the quality of medical services, including discovering the causes of patient dissatisfaction with services provided by emergency departments, makes it possible to immediately respond to deficiencies within the limits of available financial and organizational resources.
3. Working towards reliable standards of health services, including a preferential approach to patients, would undoubtedly improve their evaluation of the quality of emergency services.

## REFERENCES

1. Włodarczyk WC. Polityka zdrowotna w społeczeństwie demokratycznym. Kraków: VESALIUS; 1996. p. 306-12.
2. Filip RS. Marketing specjalistycznych ambulatoryjnych usług medycznych. Lublin: Wydawnictwo Czelej; 2002. p. 44.
3. Józwicka M, Ślusarz R, Szewczyk M, Tafelski M, Beuth W. Satysfakcja pacjenta z opieki medycznej – sposoby przeprowadzania badań. *Ann UMCS*. 2005;60 Suppl 16,7:65-7.
4. Wrzesiński AG. Subiektywne aspekty jakości usług świadczonych przez dyspozytorki pogotowia ratunkowego. *Antidotum*. 1994;12:3-8.
5. Florek M. Jakość pomocy doraźnej i leczenia szpitalnego w ocenie osób poszkodowanych w wypadkach. *Zdr Publ*. 2005;15(3):303-6.
6. Steciwko A. Zasady komunikowania się lekarza z pacjentem z uwzględnieniem przewlekłe i ciężko chorego. In: Barański J, Wyszyński E, Steciwko A, editors. *Komunikowanie się lekarza z pacjentem*. Wrocław: Wydawnictwo Astrum; 2000. p. 121.

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