Rocz Panstw Zakl Hig 2014;65(2):155-164

RESPONSIVENESS TO THE HOSPITAL PATIENT NEEDS IN POLAND

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ABSTRACT

Background. The health system responsiveness, defined as non-medical aspect of treatment relating to the protection of the patients' legitimate rights, is the intrinsic goal of the WHO strategy for 21st century.

Objective. To describe the patients' opinions on treatment they received in hospital, namely: admission to hospital, the role of patient in hospital treatment, course of treatment, medical workforce attitude, hospital environment, contact with family and friends, and the efficacy of hospital treatment in respect to responsiveness to patient's needs and expectations (dignity, autonomy, confidentiality, communication, prompt attention, social support, basic amenities and choice of provider).

Material and methods. The data were collected in 2012 from 998 former patients of the randomly selected 73 hospital in Poland.

Results. *Dignity*: Over 80% of patients experienced kindness, empathy, care and gentleness, and over 90% of them had the sense of security in hospital, met with friendliness during the admission to hospital and never encountered inappropriate comments from medical staff. *Autonomy*: About 80% of patients accepted the active role of patients in hospital, they perceived they had influence on procedures related to hospitalization and course of treatment, and they felt medical staff responded to their requests and concerns. Over 90 % of them had opportunity to communicate their concerns to medical staff and to discuss the course of treatment. On the other hand, the explanation of the reason for the refusal to meet their requests was given to only 23 % of the patients interested. *Confidentiality*: 70-80 % of patients declared the respect for privacy and confidentiality during collecting the health information and during medical examinations, and were not examined in presence of other people. Nevertheless, only 23% of patients examined so were asked of their consent. *Communication*: About 90% of patients declared they trusted their physician, received from him explanation regarding the course of treatment and information about further treatment after discharge from hospital, but physicians devoted the time and attention to only 70% of them. *Prompt attention*: Over 90% of patients perceived simplicity of the formalities of admission to hospital, and short waiting for treatment and additional tests in hospital (but only 50% received explanation of reason if they waited long). Nevertheless, 10% of them % of them perceived they waited for admission to hospital too long, and over 20% for admission to a ward as long. *Social support*: The unlimited direct and phone contact with family and friends was declared by 96% of patients. *Basic amenities*: The high percentage of patients assessed positively the marking in hospital (97%) and cleanliness of linen (89%), followed by the general indoor appearance room in which patient stayed, lack of noise (70-80%), hospital meals, furniture (60-70%), availability of personal hygienic articles (50-60%), cleanliness of hospital room, toilet, showers and bathtubs, and availability of soap (40-50%). *Choice of provider*: Only 41% of patients declared that they had influence on choice of the hospital.

Conclusion. Responsiveness of Polish hospital patient needs is similar to that of the OECD countries of the lowest health system responsiveness. Compared to the Central European countries, the responsiveness in Polish hospitals is lower than that of Czech Republic and only slightly higher of those of Slovenia, Slovakia and Hungary.

Key words: *responsiveness, patient rights, hospital*

STRESZCZENIE

Wprowadzenie. Wrażliwość systemu opieki zdrowotnej na potrzeby pacjenta, definiowana jako niemedyczny aspekt leczenia odnoszący się do ochrony praw należnych pacjentom, stanowi samoistny cel strategii Światowej Organizacji Zdrowia na 21-szy wiek.

Cel badań. Zebranie i przedstawienie opinii pacjentów o leczeniu, które zapewniono im w szpitalu, mianowicie: przyjęcie do szpitala, rola pacjenta w czasie leczenia szpitalnego, przebieg leczenia, postawa personelu medycznego, środowisko szpitalne, kontakt z rodziną i znajomymi oraz skuteczność leczenia szpitalnego, w odniesieniu do wrażliwości na potrzeby i oczekiwania pacjenta (godność, autonomia, poufność, komunikacja, niezwłoczna pomoc, wsparcie społeczne i wybór szpitala).

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Materiał i metody. Dane zebrano od 998 byłych pacjentów z losowo wybranych 73 szpitali w Polsce.
Wyniki. *Szacunek*: Ponad 80% pacjentów dostrzegało życzliwość, współczucie, troskę i delikatność, a ponad 90% miało poczucie bezpieczeństwa, spotkało się z uprzejmością podczas przyjęcia do szpitala i nie spotkało się z niewłaściwymi uwagami ze strony personelu medycznego. *Autonomia*: Około 80% pacjentów akceptowało aktywną rolę pacjenta w szpitalu, postrzegało, że mają wpływ na działania związane z pobytem w szpitalu i przebiegiem leczenia i reagowanie przez personel medyczny na ich prośby i wątpliwości. Ponad 90 % miało możliwość przekazywania personelowi medycznemu swoich wątpliwości i omawiać przebieg leczenia z lekarzem. Z drugiej strony, wyjaśnienie powodów odmowy spełnienia ich próśb przekazało tylko 23% zainteresowanych pacjentów. *Poufność*: Chociaż 70-80% pacjentów deklarowało respektowanie prywatności i poufności w czasie zbierania informacji o zdrowiu i w czasie badań medycznych, a także nie byli oni badani w obecności innych osób, jednakże o zgodę proszono tylko 23% pacjentów badanych w ten sposób. *Komunikacja*: Prawie 90% pacjentów odczuwało zaufanie do lekarza, otrzymywało od niego wyjaśnienia o przebiegu leczenia i informacje o dalszym leczeniu po wypisaniu ze szpitala, ale lekarz poświęcał swój czas i uwagę tylko 70% z nich. *Szybka pomoc*: Chociaż ponad 90% pacjentów postrzegało łatwość załatwiania formalności związanych z przyjęciem do szpitala i czas czekania na zabiegi i dodatkowe badania postrzegało jako krótki (ale jeśli długo czekali, to tylko 50% otrzymywało wyjaśnienia o przyczynie), jednakże prawie 10% czekających na przyjęcie do szpitala i ponad 20% czekających na przyjęcie na oddział postrzegało czas oczekiwania jako długi. *Wsparcie społeczne*: Brak ograniczeń w kontaktowaniu się z rodziną i znajomymi poprzez wizyty i rozmowy deklarowało 96% pacjentów. *Podstawowe udogodnienia*: Wysoki odsetek pacjentów ocenił pozytywnie oznakowania w szpitalu (97%) i czystość pościeli (89%), a w następnej kolejności: wygląd wnętrza szpitala, salę w której przebywa pacjent, brak hałasu (70-80%), posiłki, mebli (60-70%), zapewnienie papieru toaletowego, ręczników papierowych i suszarek do rąk (50-60%), czystość sali szpitalnej, toalet, pryszniców i wanien oraz dostępność mydła (40-50%). *Wybór usługodawcy*: 41% pacjentów zadeklarowało, że mieli możliwość wyboru szpitala.
Wnioski. Wrażliwość na potrzeby pacjentów szpitalnych w Polsce jest podobna do notowanej w państwach OECD o najniższej wrażliwości systemu zdrowia. W porównaniu do państw Europy Środkowej wrażliwość jest niższa niż w Republice Czeskiej i tylko nieco wyższa niż w Słowenii, na Słowacji i na Węgrzech.

Słowa kluczowe: *wrażliwość na potrzeby pacjenta, prawa pacjenta, szpital*

INTRODUCTION

The concept of responsiveness being, in addition to health outcomes and fair financial contribution, the intrinsic goal of the health system performance assessment was formulated at the beginning of 21st century in WHO strategy aimed at improving health quality and equity [6]. Health system responsiveness is defined as non-medical aspect of treatment relating to the protection of the patients' legitimate needs and expectations in the way guaranteed to him/her by the human rights and patient rights in particular. It consists of eight domains. *Dignity* refers to respectful treatment by health care staff, the right to ask questions and provide information during consultations and treatment, and privacy during examination and treatment. *Autonomy* means the right of an individual to be informed about his/her disease and alternative treatment options, to be consulted about treatment, and to express the informed consent in the context of testing and treatment. *Confidentiality* involves conducting the consultations with the patients in a manner that protects their privacy and safeguards the confidentiality of information provided by the patient, information relating to an individual's illness in particular, except in cases where such information needs to be given to a health care provider, or where explicit consent has been gained. *Communication* refers to clarity of information, careful listening to the patient's questions and explaining things to be understood. *Prompt attention* means that patients should be entitled to rapid care in emergency, and they should be entitled to care within reasonable time even in non-emergency health problems or surgery, so waiting lists should not cover long periods. Quality of *basic amenities* relates to clean surroundings, regular procedures of cleaning and maintenance of hospital buildings, adequate furniture, sufficient ventilation, clean water, toilets and linen, and healthy food. Access to *social support* during hospitalization should allow for regular visits by relatives and friends and enable religious practices that do not prove an obstacle to hospital or hurt the sensibilities of other patients. *Choice of care provider* means being able to freely choose a physician and an institution to provide health care [8].

Responsiveness research from the perspective of patients is broadly similar to that of patient's satisfaction, however they differ in their approach; the latter puts emphasis on increasing the efficacy of medical treatment, whereas the interest of this first mainly relates to ethical issues of treatment [1].

Since 2011, the analysis of factors influencing the opinions of treatment in Polish hospital granted by the Ministry of Science and Higher Education has been carried out in the Department of Health Promotion and Postgraduate Education of the National Institute of Public Health – National Institute of Hygiene in Warsaw (Poland).

The aim of present paper was to describe the patients' opinions on treatment they received in hospital, namely, admission to hospital, the role of patient in hospital cure, course of treatment, medical staff attitude, hospital environment, contact with family and friends, and the efficacy of hospital treatment, in respect with responsiveness to patient's legitimate needs and expectations (dignity, autonomy, confidentiality, communication, prompt attention, social support, basic amenities and choice of provider).

MATERIAL AND METHODS

Data collection

The hospitals where respondents were recruited, were randomly chosen from the register of Polish hospitals, and 73 public hospitals, proportionally to the number of patients hospitalised in the provinces (voivodeships), were qualified. The study was conducted among the patients of the internal medicine wards after obtaining the permission of the patients themselves and the hospital directors. Two thousand nine hundred and twenty patients being at hospital from April to September 2012 had agreed to participate in the study and provided the contact details. The data were collected from 1000 former patients in December 2012, i.e. after 3 – 9 months after discharge from hospital, and 998 correctly completed questionnaires were used for analysis. The sample characteristics is presented in Table 1.

Table 1. Sample characteristics

Demographic factors	n	%
Total	998	100
Gender		
male	451	45.2
female	547	54.8
Aged		
18-29	56	5.7
30-44	129	12.9
45-64	466	46.6
65-79	300	30.0
80 and more	47	4.7
Education		
elementary	209	21.1
vocational	258	26.1
secondary	310	31.4
post-secondary/incomplete higher	58	5.9
higher	153	15.5
Occupational activity		
employed	287	28.8
unemployed seeking work	39	3.9
unemployed not seeking work	63	6.3
pensioners	606	60.9
Marital status		
married/in permanent cohabitation	647	65.0
divorced	54	5.4
widowed	186	18.6
single	108	10.8
Place of residence		
town	581	58.2
village	417	41.8

Questionnaire

The developed questionnaire was based on the WHO responsiveness definition and modified to suit the Polish health system conditions. The questions were grouped into seven themes: admission to hospital, the role of patient in hospital care, treatment course, medical staff, hospital environment, contact with family and friends, and the efficacy of hospital treatment. The admission to hospital covered: health status at the time of admission to hospital, procedure of admission, choice of hospital, actual and perceived waiting time for admission to hospital, actual and perceived time of waiting in hospital to be admittted on a ward, simplicity of arranging the formalities of admission to hospital, staff attitude to the patient and to accompanying persons during admission. The role of patient in hospital covered: general opinion concerning the active role of the patient in the hospital, patient's influence on a course of treatment, discussing and agreeing a course of treatment with the patients, opportunity to communicate the concerns to medical staff, reporting the requests and concerns by medical staff and explanation of the reason for the refusal of fulfilling the request. Course of treatment covered: sense of security during the stay in hospital, respect for privacy and confidentiality when collecting health information, respect for privacy and confidentiality during of medical examinations, presence of unauthorized people during medical examinations or patient-doctor conversations, patient's consent to the presence of other people during medical examinations or patient-doctor conversations, inappropriate comments from the hospital staff, waiting for treatment or additional tests, explanation of the reason of the long waiting for treatment or additional tests, lack of gentleness of the medical staff during treatment and wearing rubber gloves by the medical staff during treatments. Medical staff assessment covered: kindness of the hospital staff referring to the patients, empathy and care of medical staff towards the patients, confidence to the physician attending, time and attention devoted to patients by the physician, explanation of the course of treatment given by physician, giving the information to the patient about further treatment after discharge from hospital, medical staff assistance in daily activity, quick help from nurses and assessment of the appearance of the medical staff. Hospital environment covered: the interior of the hospital, marking applied in hospital, room in which patient resides, hospital furniture, cleanliness of hospital room, linen, toilet, showers and bathtubs, availability of toilet paper, soap, paper towels and hand dryers, noise and hospital meals. Contact with family and friends cove-

red: regulation of hospital visits, phone contact with family and friends and nuisance of guest visits to other patients. The efficacy of hospital treatment covered: actual and perceived length of stay in hospital, perceived improvement in health status after hospital treatment and recommending the hospital to family and friends.

The usefulness of the questionnaire was validated in the pilot study on 25 patients.

Statistical analysis

The SPSS program was applied for establishing the database and statistical analysis. According to the WHO recommendations for responsiveness measuring [10], the ordinal variables (except those of two categories) were converted into three-categorised (positive, moderate, negative response), and the prevalence of positive responses (percentages) was set up as a measure of responsiveness in respect to the item creating the domain (i.e. dignity, autonomy, etc.). Responsiveness of a domain was calculated as the mean of percentages of positive responses to the items forming given domain, and the total responsiveness was the mean of percentages of positive responses to all items.

RESULTS

Admission to hospital

The referred planned admissions to hospital were more frequent than those due to emergency or sudden deterioration in health (Table 2). Only two of five patients declared the possibility to choose a hospital. Two-thirds of the patients waited for admission to hospital no longer than 7 days, nevertheless, over 10% had to wait more than 30 days, in that, almost 10% as long as 90 days or more. Also two-third of the patients defined the waiting time as short, while almost 10% perceived that they waited long. Only every fourth patient waited at hospital for admission to a ward up to 15 minutes, and the same proportion of them waited 16-30 minutes, while almost 30% of the patients had to wait one hour, in that, almost 7% as long as four hours and longer. Almost half of the patients described the waiting time as short, however, it was long for every one in five patient, as expected. The vast majority of the patients perceived the arranging the formalities of admission to hospital as simple, and assessed positively the hospital staff attitude to patients and accompanying persons during admission to hospital.

The role of patient in hospital

Most of the patients recognised the need for the active role of patients in the hospital, while every tenth patient was of the opposite opinion (Table 3). Majority of them experienced the influence on the procedures relating to stay in hospital and a course of treatment, however, the opponents were frequent in the latter. The vast majority of the patients discussed and agreed a course of treatment with medical staff and had opportunity to communicate their concerns to them. Every fourth of the patients reported requests and concerns and almost 80% of them received satisfactory reaction from medical staff. Nevertheless, only every fifth was given an explanation for the refusal of their request.

Table 2. Admission to hospital

Factors examined*	n	%
Health status at the time of admission to hospital		
walking unaided	733	73.4
moving with the help of other person or walker	164	16.4
not walking and conscious	79	7.9
unconscious	22	2.2
Procedure of admission		
emergency, sudden deterioration in health	433	43.5
planned admission to hospital with referral	523	52.5
transfer from another hospital	20	2.0
Hospital selection (CP)		
self-choice	200	41.2
impossibility of self-choice	285	58.8
Waiting time for admission to hospital		
up to 7 days	180	61.9
7-30 days	80	26.3
30-90 days	25	8.2
>90 days	11	3.6
Perceived waiting time for admission to hospital (PA)		
short or did not wait at all	318	64.4
middling	130	26.3
long	46	9.3
Waiting time at the hospital to admit on a ward		
up to 15 min.	231	26.3
16-30 min.	219	25.0
31-60 min.	170	19.3
61-120 min.	113	13.0
121-240 min.	85	9.7
>240 min.	59	6.7
Perceived waiting time to admit on a ward (PA)		
short	318	49.3
middling	130	28.0
long	46	22.7
Simplicity of arranging the formalities of admission to hospital (PA)		
yes	880	92.7
no	69	7.3
Staff attitude to the patient during admission to hospital (D)		
positive	933	98.2
negative	19	2.0
Staff attitude to the accompanying persons during admission to hospital (D)		
positive	655	97.5
negative	17	2.5

* Domains of responsiveness in parentheses: D – dignity, A – autonomy, Cy – confidentiality, Cn – communication, PA – prompt attention, SS – social support, BA – basic amenities, CP – choice of provider.

Table 3. The role of patient in hospital treatment

Factors examined*	n	%
Opinion concerning the active role of the patients in the hospital (A)		
yes	753	79.0
sometimes	115	12.1
no	85	8.9
Patient's influence on the procedures related to staying in hospital (A)		
often	346	81.2
sometimes	92	13.3
rarely or never	454	5.5
Patient's influence on a course of treatment (A)		
yes	734	78.2
sometimes	101	10.8
no	104	11.0
Discussing and agreeing a course of treatment with the patients (A)		
yes	943	95.9
no	40	4.1
Opportunity to communicate the concerns to medical staff (A)		
yes	867	91.6
rarely or never	79	8.4
Reporting the requests and concerns by patients		
yes	274	27.5
no	724	72.5
Responding to the patient's requests and concerns by medical staff (A)		
satisfactory	218	79.6
incomplete	31	11.3
getting rid	25	9.1
Explanation of the reason for the refusal of fulfilling the request (A)		
always	13	23.2
sometimes	22	39.3
never	21	37.5

* Domains of responsiveness in parentheses: D – dignity, A – autonomy, Cy – confidentiality, Cn – communication, PA – prompt attention, SS – social support, BA – basic amenities, CP – choice of provider.

Treatment course

The vast majority of the patients experienced the sense of security during the stay in hospital, while those who felt insecure were 2% (Table 4). Also, the most of the patients experienced respect for privacy and confidentiality when collecting health information and in time of medical examination, nevertheless, every sixth and every eighth patient, respectively, was treated with little respect. One-third of the patients were examined in the presence of unauthorised people, and only every fourth of them were asked of their consent to such presence. Although only 4% of the patients encountered inappropriate comments from the hospital staff. The vast majority of the patients waited shortly for treatment or additional tests, but the explanation of the reason of waiting was given to only the half of those who waited long. Most of the patients were always treated with gentleness , while almost 3% perceived the lack of gentleness of the medical staff during treatment. Wearing the rubber gloves by medical staff during treatments is mandatory, therefore, it is worrying that almost 5% of the patients reported that the gloves were not always worn.

Table 4. Course of treatment

Factors examined*	n	%
Sense of security during the staying in hospital (D)		
yes	953	95.6
sometimes	24	2.4
no	20	2.0
Respect for privacy and confidentiality when collecting health information (Cy)		
yes	569	72.3
sometimes	70	9.9
no	140	17.8
Respect for privacy and confidentiality in the time of medical examinations (Cy)		
yes	748	81.8
sometimes	55	6.0
no	11	12.2
Medical examinations or health talks in the presence of other people (Cy)		
no	679	69.5
yes	298	30.5
Consent on the presence of other people during medical examinations or health talks (Cy)		
yes	218	22.6
no	745	77.4
Inappropriate comments from the hospital staff (D)		
was	957	96.0
not was	40	4.0
Waiting for treatment or additional tests (PA)		
short	914	93.5
long	63	6.5
Explanation of the reason for the long wait for treatments or additional tests (PA)		
given	31	49.2
not given	32	50.8
Lack of delicacy from the medical staff during treatment (D)		
never	881	90.0
sometimes	72	7.3
often	26	2.7
Wearing rubber gloves by the medical staff during treatments		
always	935	95.3
sometimes	41	4.2
never	5	0.5

* Domains of responsiveness in parentheses: D – dignity, A – autonomy, Cy – confidentiality, Cn – communication, PA – prompt attention, SS – social support, BA – basic amenities, CP – choice of provider.

Medical staff

The majority of patients experienced kindness, sympathy and care from medical staff, and only few of them (5,5% and 2,7%) were treated otherwise. (Table 5). The attending physician was mostly described positively in answers to the questions about confidence, explanation the course of treatment, provision of the information about further treatment after discharge from hospital and, to a lesser extent, time and attention

devoted to patients. Nevertheless, one in twenty patients did not confide in their physician, and one in ten patients was not given enough attention explanation of the treatment, nor was he informed about the future treatment. Medical staff assisted in daily activity three-quarters of patients, but one in thirty patients who needed assistance did not received it. Two-thirds of patients always received the prompt help, however, every tenth of the patients experienced it rarely or never. The appearance (neat, clean) of the medical staff was positively assessed by the majority of patients.

Table 5. Medical staff

Factors examined*	n	%
Kindness of the hospital staff referring to the patients (D)		
always gentle	810	81.2
mainly	133	13.3
rarely or never	55	5.5
Sympathy and care to the patients from medical staff (D)		
very careful	839	85.0
moderately	121	12.3
little	27	2.7
Confidence to the physician attending (Cn)		
yes	894	89.8
to a limited extent	47	4.7
no	54	5.5
Time and attention devoted by the physician to patients (Cn)		
always paid attention to the patients	703	70.9
mostly	171	17.2
rarely or never	118	11.9
Explanation by the physician agreeing the course of treatment (Cn)		
yes	884	88.9
no	110	11.1
Providing by physician the information about further treatment after discharge (Cn)		
yes	913	91.9
no	80	8.1
Medical staff assistance in daily activity (PA)		
yes	753	75.6
no	31	3.1
not need help	212	21.3
Quick help from the nurses/orderlies if need (PA)		
always	556	63.1
often	251	28.5
rarely or never	74	8.4
Assessment of appearance of the medical staff (PA)		
always neat and tidy	921	92.6
mostly	60	6.2
rarely or never	14	1.4

* Domains of responsiveness in parentheses: D – dignity, A – autonomy, Cy – confidentiality, Cn – communication, PA – prompt attention, SS – social support, BA – basic amenities, CP – choice of provider.

Hospital environment

The high percentage of patients were satisfied with: the marking in hospital (97%) and cleanliness of linen (89%), the interior of the hospital and patients' room, lack of noise (70-80%), hospital meals, furniture (60-70%), availability of toilet paper and paper towels or hand dryers (50-60%), cleanliness of hospital room, toilet, showers and bathtubs, and soap (40-50%) available (Table 6).

Table 6. Hospital environment

Factors examined*	n	%
The interior of the hospital (BA)		
positive	742	74.3
moderate	173	17.3
negative	83	8.4
Marking applied in hospital (BA)		
adequate	955	97.1
inadequate	28	2.9
Patients' room (BA)		
spacious	740	74.1
middling	181	18.1
narrow	77	7.8
Hospital furniture (BA)		
positive	649	65.0
moderate	212	21.2
negative	137	13.8
Cleanliness of hospital room (BA)		
definitely clean	487	48.9
acceptably	492	49.4
dirty	17	1.7
Cleanliness of linen (BA)		
changed according to the patient needs	84	89.6
not changes	98	10.4
Cleanliness of toilet (BA)		
definitely clean	466	47.4
acceptably	450	45.8
dirty	67	6.8
Availability of toilet paper (BA)		
always	572	58.0
sometimes	164	16.6
never	152	15.4
has own paper	99	10.0
Availability of soap (BA)		
always	446	45.2
sometimes	146	14.8
never	223	22.6
has own soap	171	17.4
Availability of paper towels or hand dryers (BA)		
always	488	51.5
sometimes	184	19.4
never	276	29.1
Cleanliness of showers and bathtubs (BA)		
definitely clean	403	42.0
acceptably	498	51.9
dirty	58	6,1
Noise nuisance (BA)		
no	709	71.1
sometimes	168	16.8
yes	121	12.1
Hospital meals (BA)		
positive	565	67.6
moderately	247	29.5
negative	24	2.9

* Domains of responsiveness in parentheses: D – dignity, A – autonomy, Cy – confidentiality, Cn – communication, PA – prompt attention, SS – social support, BA – basic amenities, CP – choice of provider.

Contact with family and friends

The vast majority of patients declared they had opportunity to contact family and friends in person, or by phone (Table 7). Only every twelfth patient reported the nuisance of guest visits to other patients.

Table 7. Contact with family and friends

Factors examined*	n	%
Regulation of hospital visits (SS)		
unlimited	945	96.0
limited	39	4.0
Phone contact with family and friends (SS)		
possible	877	96.0
impossible	37	4.0
Nuisance of guest visits to other patients		
no	920	92.3
yes	77	7.7

* Domains of responsiveness in parentheses: D – dignity, A – autonomy, Cy – confidentiality, Cn – communication, PA – prompt attention, SS – social support, BA – basic amenities, CP – choice of provider.

The efficacy of hospital treatment

Over the half of patients stayed in hospital fot 2-7 days, and almost half of them stayed in hospital longer (Table 8). Those of one-day stay were few. From the patient perspective, the length of staying in hospital was adequate to their health needs, for the most of them, while every eighth patient perceived it as too short and every fifteenth as too long. The three-quarters of patients perceived improvement in their health due to hospital treatment, whereas every fifteenth did not note a positive result. The majority of patients would recommend the hospital where they were treated to family and friends. The dissatisfied patients were almost 8%.

Table 8. The efficacy of hospital treatment

Factors examined	n	%
Length of staying in hospital		
1 day	13	1.3
2-7 days	540	54.5
more than 7 days	438	44.2
Perceived length of staying in hospital		
adequate	799	82.0
too short	118	12.1
too long	57	5.9
Perceived improvement in health status after hospital treatment		
yes	778	78.0
hard to say	154	15.4
no	66	6.6
Recommending the hospital to family and friends		
yes	848	85.0
sometimes	74	7.4
no	76	7.6

Responsiveness

The unweighted means of the responsiveness domains calculated by summing the percentages of positive responses divided by the number of items of the domain were shown in Table 9. The social support presented the highest mean prevalence, followed by dignity, communication, autonomy, prompt attention, basic amenities, confidentiality and choice of provider. The mean of over 80% indicates the provision of patients legitimate needs and expectations (social support, dignity and communication), while that under 70% shows no respect for patient's rights (choice of provider, confidentiality and basic amenities).

Table 9. Unweighted means of the responsiveness domains.

Domains	no. of items	mean of positive responses (%)	range (%)
Dignity	7	92	81 – 98
Autonomy	7	76	23 – 96
Confidentiality	4	62	23 – 82
Communication	4	85	71 – 92
Prompt attention	5	70	49 – 94
Social support	2	96	96
Basic amenities	13	64	42 – 97
Choice of provider	1	41	41
Total	43	73	23 – 98

DISCUSSION

Dignity

The WHO ranking of patients' perceived importance of responsiveness domains was developed using the data from the international study on 117 549 participants from 65 countries. Dignity got the second rating of the importance and its mean was 14.8 points (in Poland – third rating and 13.7 points). The highest rating was noted in Egypt, Lebanon and Chile, while the lowest in Luxemburg, France and New Zealand [10]. The study on the health system responsiveness from the perspective of patients conducted on the sample of 27 521 inpatients from 16 OECD countries showed that the average prevalence of positive responses concerning dignity was 86% (range 61-97%). The higher responsiveness (>90%) was reported in Sweden, United States, United Kingdom, Canada, Luxemburg, France and New Zealand, while the lower (<70%) in Greece and Portugal [9]. The average percentage of positive responses related to dignity in the study conducted on inpatients from 5 Central European countries (Croatia, Czech Republic, Hungary, Slovakia and Slovenia) was 78% and ranged from 65% (Croatia) to 82% (Czech Republic) [11]. Our findings confirmed the high responsiveness to Polish hospital patients in respect to dignity is comparable to that of the OECD countries of the highest prevalence, and much higher of that of the Central European countries. In our study, the items of the questionnaire related to dignity presented the low diversity. Over 80% of patients experienced kindness,

empathy, care and gentleness, and over 90% of them had the sense of security in hospital, met with friendliness during admission to hospital and never encountered inappropriate comments from medical staff.

Autonomy

Autonomy got the sixth most important domain of responsiveness in the WHO study mentioned above and its mean was 11.7 points (in Poland – fifth rating and 12.0). The highest rating was reported in Austria, Netherlands, Switzerland, Sweden, China and Denmark, while the lowest in Egypt, Romania and Georgia [10]. The study of 16 OECD countries showed that the average prevalence of positive responses concerning autonomy was 72% (range 44-84%). The higher responsiveness (>80%) was reported in New Zealand, United States, Luxemburg, Sweden and United Kingdom, while the lower (<70) in Greece, Italy, Spain and Portugal [9]. In the study of the Central European countries, the average percentage of positive responses related to autonomy was 54% and ranged from 32% (Croatia) to 63% (Hungary) [11]. Our findings demonstrated that the responsiveness to the Polish hospital patients in respect to autonomy is slightly above the mean for the OECD countries and considerably higher than the mean for the Central European countries. Particular items of the questionnaire related to autonomy presented the high diversity. About 80% of patients accepted the active role of patients in hospital, they stated that they had influence on procedures related to staying in hospital and course of treatment, and they were given response to their requests and concerns from medical staff. Over 90% of patients had opportunity to communicate their concerns to medical staff and to discuss the course of treatment with the physician. On the other hand, the explanation of the reason for the refusal to address their requests was given to only 23 % of the patients interested.

Confidentiality

Confidentiality got the fourth rating in the WHO study and its mean was 12.4 (in Poland - sixth rating and a mean of 12.0). The highest rating was reported in Iceland, Germany, France, Belgium and Egypt, while the lowest in Lithuania, Indonesia and Romania [10]. The study of 16 OECD countries showed that the average prevalence of positive responses related to confidentiality was 82% (range 68-92%). The higher responsiveness (>90%) was reported in Ireland, Canada and United States, while the lower (70) in Italy and Portugal [9]. The average percentage of positive responses related to confidentiality was 70% and ranged from 54% (Croatia) to 78% (Czech Republic) [11]. Our findings demonstrated that the responsiveness to the Polish hospital patients in respect in terms of confidentiality is comparable with that for the OECD countries of the lowest prevalence and lowest than the mean for the Central European countries. The items of the questionnaire composing the domain of confidentiality presented the high diversity. Although 70-80 % of patients declared they experienced respect for privacy and confidentiality during collecting the health information and during medical examinations, and were not examined in presence of other people, nevertheless, only 23 % of those examined were asked of their consent.

Communication

Communication got the third rating in the WHO study and its mean was 14.0 (in Poland – fourth rating and a mean of 12.7). The highest rating was reported in Republic of Korea and Indonesia, while the lowest in Venezuela and Portugal [10]. The study of 16 OECD countries showed that the average prevalence of positive responses concerning communication was 82% (range 49-89%). The higher responsiveness (>85%) was reported in Sweden, New Zealand, France, United States and Finland and dramatically low (<50%) in Greece [9]. The average percentage of positive responses related to communication in the study of 5 Central was 72% and ranged from 56% (Croatia) to 80% (Slovakia) [11]. Our findings demonstrated that responsiveness to Polish hospital patients in respect to communication is slightly higher than the mean for OECD countries and considerably higher than that of the Central European countries. The items of communication presented moderate diversity. About 90% of patients felt they could confide in their physician, received from him explanation regarding the course of treatment and information about further treatment after discharge from hospital, but physicians devoted sufficient time and attention to only 70% of them.

Prompt attention

Prompt attention was rated as first in the WHO study and its mean was 18.0 (in Poland - also the first and a mean of 19.5). The highest rating was reported in Indonesia and Italy, while the lowest in Lebanon and China [10]. The study of 16 OECD countries showed that the average prevalence of positive responses concerning prompt attention was 77% (range 61-85%). The higher responsiveness (>80%) was reported in Germany, Netherlands, Luxemburg, United Kingdom, Ireland and Finland, while the lower (<70%) in Greece [9]. The average percentage of positive responses related to prompt attention in the study of 5 Central European countries was 58%, and ranged from 43% (Croatia) to 74 % (Czech Republic) [11]. Our findings demonstrated that the responsiveness to the Polish hospital patients in respect to prompt attention is comparable to that of

the OECD countries of the lowest responsiveness and higher than the mean for the Central European countries, however, lower than that of Czech Republic. The items of prompt attention demonstrated high diversity. Over 90% of patients experienced simplicity of arranging the formalities of admission to hospital and short waiting for treatment and additional tests in hospital (but only 50% received explanation for undergoing these procedures. 64% of the respondents declared they waited shortly for admission to hospital, and only 50% for admission to a ward.

Social support

Social support got the eighth rating in the WHO study and it mean was 6.3 (in Poland also eight rating and 4.7). The highest rating was reported in Canada and Kyrgyzstan, while the lowest in Republic of Korea , Hungary, Netherlands and Sweden [10]. The study of 16 OECD countries showed that the average prevalence of positive responses concerning social support was 88% (range 74-96%). The higher responsiveness (>90%) was reported in Netherlands, Canada, Sweden, United Kingdom and Luxemburg, while the lowest <80%) in Portugal, Greece and Italy [9]. The average percentage of positive responses related to social support in the study of 5 Central European countries was 80% and ranged from 61% (Croatia) to 93% (Hungary) [11]. Our findings demonstrated that responsiveness to Polish hospital patients in respect to social support is comparable to that of the OECD countries of the highest prevalence and higher than that of the Central European countries (except Hungary). The items of social support presented complete identity. The unlimited contact with family and friends by visits or phone declared 96% of patients.

Basic amenities

Basic amenities got seventh rating in the WHO study and it mean 10.6 (in Poland also seventh rating and 11.3). The highest ratings was reported in Turkey, Indonesia, Nigeria and Kyrgyzstan, while the lower in Canada and France [10]. The study of 16 OECD countries showed that the average prevalence of positive responses concerning basic amenities was 74% (range 59-88%). The higher responsiveness (>80%) was reported in Ireland, Germany and United Kingdom, while the lowest (<70%) in Italy, Greece and Portugal [9]. The average percentage of positive responses related to quality of basic amenities in the study of 5 Central European countries was 60% and ranged from 44% (Croatia) to 80% (Czech Republic) [11]. Our findings demonstrated that responsiveness to Polish hospital patients in respect to basic amenities is comparable to that of the OECD countries of the lowest prevalence and comparable with the mean for the Central European countries, but considerably lower of that in Czech Republic. The items of the quality of basic amenities presented high diversity. The high percents of patients assessed positively the marking in hospital (97%) and cleanliness of linen (89%), followed by the appearance inside the hospital, room in which patient resides, lack of noise nuisance (70-80%), hospital meals, furniture (60-70%), availability of toilet paper and paper towels or hand dryers (50-60%), cleanliness of hospital room, toilet, showers and bathtubs , and soap available for patients(40-50%).

Choice of provider

Choice of provider got the fifth rating in The WHO study and its mean was 12.3 (in Poland - the second rating and a mean of 13.9). The highest rating was reported in United States, Estonia, Latvia, Cyprus and Czech Republic, while the lowest in Nigeria, India and Indonesia [10]. The study of 16 OECD countries showed the average prevalence of positive responses concerning choice of provider was 87% (range 60-97%). The higher responsiveness (>90%) was noted in Belgium, France, New Zealand, Canada United States and United Kingdom, while the lowest in Finland (60%) [9]. The average percentage of positive responses related to choice of provider in the study of 5 Central European countries was 64% and ranged from 54% (Croatia) to 79% (Czech Republic) [11]. Our findings demonstrated that responsiveness to Polish hospital patients in respect to choice of provider is much lower than both: that of the OECD countries of the lowest prevalence and of the Central European countries (41% of patients declared that they had possibility to choose hospital), however, the underestimation due to only one item used for measuring should be taken into account.

Total responsiveness

The overall mean of positive responses of the total responsiveness for 16 OECD countries was 81% (range 62-88%). The higher responsiveness (>85%) was noted in United Kingdom, Ireland, Luxemburg, New Zealand, United States and Sweden, while the lower (<75%) in Greece, Portugal and Italy [9]. The overall mean for responsiveness for 5 Central European countries was 67% and ranged from 51% (Croatia) to 76% (Czech Republic) [11]. The study conducted by us showed that the overall mean of responsiveness of Polish hospital patient needs is similar to that of the OECD countries of the lowest health system responsiveness. Compared to the Central European countries, the responsiveness is lower than that of Czech Republic and only slightly higher of those of Slovenia, Slovakia and Hungary. Our findings are consistent with the common opinion on the healthcare in Poland confirmed by the population-based surveys [2, 7]. It should be noted, however, that

presented results are opposite to those of the patient satisfaction studies, which have permanently demonstrated the positive (even to 100% [3]) evaluation of medical services received in hospitals [4, 5]. The latter are undoubtedly very beneficial for hospitals when they apply for accreditation, but seem to be less sensitive to the actual patient interaction with health system. The use of the responsiveness measuring allows us to demonstrate authentic situation of the hospital patients in Poland.

CONCLUSIONS

Our findings showed that the responsiveness to Polish hospital patient needs is similar to the OECD countries of the lowest health system responsiveness. Compared to the Central European countries, the responsiveness is lower than that of Czech Republic and only slightly higher of those of Slovenia, Slovakia and Hungary. In particular:

1. the hospital patients legitimate needs and expectations were met sufficiently regarding the social support, dignity and communication;
2. the health system responsiveness was somewhat worse regarding the autonomy and prompt attention;
3. the patients' rights were not respected enough regarding quality of basic amenities, confidentiality and choice of health providers.

Acknowledgements

The study was performed as the scientific project nr N N404 168540 'Analysis of factors influencing the opinions on treatment in Polish hospitals' financed by National Science Centre, Poland.

The authors would like to thank Bożena Moskalewicz, PhD and Elżbieta Buczak-Stec, MSc, for their invaluable contribution in the project.

Conflict of interest

The authors declare no conflict of interest

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Received: 28.01.2014
Accepted: 28.04.2014