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Patients' Satisfaction in Health Care on the Example Euro Health Consumer Index Report

Summary: The goal of the present paper is the analysis of the term patient/healthcare services client, the analysis of the definition of patient satisfaction and presenting the results of the Euro Health Consumer Index of 2017. The EHCI report concerns healthcare system functioning in particular European countries. The subject of the research is perception of healthcare system by patients/healthcare services consumer. The goal of the EHCI research is comparison of healthcare systems in Europe, determining healthcare standards and identifying areas that need improvement.
Keywords: patient/healthcare services client, satisfaction, EHCI report.

Introduction

Presently patient satisfaction becomes a key element of building an advantage on the competitive healthcare services market. Healthcare services are included into the group of professional services (professional services are a set of complex services, which require maximum adjustment to the needs and expectations of clients and which require providing them in a constant stream of transactions) [6]. What makes healthcare services different from professional ones is their interpersonal nature and importance of consequences for patients as a consequence of unsuccessful service process. Thus, patient satisfaction with healthcare services is of vital importance. Patients, as specific clients of healthcare services, shape this market through expressing their subjective opinions. More and more organizations are currently interested in building patient opinions in the scope of perceiving the healthcare system, in order to identify drawbacks, weak and strong points of the given medical facilities. The paper presents latest results of the Euro Health Consumer Index of 2017, which compares healthcare systems in Europe, in this in Poland.

1. Patient – a specific healthcare services client

Nowadays the client and its needs and expectations are becoming a starting point to conduct any activity. All processes taking place in organizations are car-

ried out in order to satisfy needs of the clients. Without them, any activity would be pointless [8]. A key role in conducting a medical activity, also in manufacturing or service ones, belongs to an external client (patient) and internal client (medical personnel). In case of healthcare it is a specific type of the client – the patient. The patient as a potential consumer of medical services in a way shapes this market through expressing tis opinions. In this situation, the service provider is forced to constantly adjust itself to the patient's needs and expectations.

The origin of the word "patient" can be found in Latin "patiens", which means "the one who suffers", "ill". According to the patient rights law and the Patient Ombudsman a patient is a person who requests for healthcare services or uses healthcare services provided by the entity which provides such services or the person who performs a medical profession [14]. According to the World Health Organization (WHO) a patient is a person who uses medical services regardless of their health condition – this can be a healthy or ill person [8], [13]. Thus, a patient is each person who has contact with healthcare services. Currently, one can notice that the term client is more and more frequently used towards the patient, which results from medical services commercialisation. The patient, from the economic sciences point of view, becomes a client of healthcare [2]. Similarly, a healthcare service is defined as a medical service and the whole of the healthcare functioning is called service production. Healthcare managers have appeared, too. Health issues take an interdisciplinary nature. They are no longer the domain of medicine, but also economic, legal and social sciences. Economization of terms in healthcare has been observed for years now [12].

The patient/medical service consumer perceives everything received form a given provider in subjective and emotional way. Patient's satisfaction can depend on many factors, among others: treatment results, service availability or the course of doctor's visit. On the other hand, patient's bad health, lack of knowledge on medical terminology used by medical personnel or the doctor, unfriendly environment of the medical facility, lack of improvement in health despite the used therapy, can evoke negative feelings in patients. Patients become careful observers, they remember details, reactions and behaviours they encounter in the healthcare institution. Therefore, their needs and expectations are the starting point for all activities, as patients become best "information carriers" about a given medical facility [7]. The factor that determines very seriously patient satisfaction with the medical service is first of all the patient-doctor relationship, which has been the subject of interest of other scientific sciences, not just medicine, but also psychology and sociology.

2. Satisfaction of patient/healthcare services client

Presently patient/client satisfaction is becoming a vital element that influences organization's competitiveness on the market [11]. For small client-

oriented companies, satisfaction of their clients becomes the main goal of operations, as well as success measure. In Poland, it has been noticed only after the healthcare sector reform took place how important patient satisfaction is [5]. Nowadays it is becoming an unquestionable measure of healthcare quality. There are numerous definitions of the term "satisfaction". Only some of them have been used for the needs of the present paper.

The term "satisfaction" has its origins in the Latin word – "satisfacto" and literally it means compensation. "Satis" = "satisfactory", "enough" and "facere" = "do", "produce". Thus, client satisfaction will mean satisfying their needs, expectations, requirements at al least satisfactory level. According to the definition by Phillip Kotler client satisfaction is the level at which perceived qualities of a product/service meet the purchaser's expectations [4]. Clients feel various levels of satisfaction resulting from comparing product evaluations with own expectations. If the product or service meets their expectations – clients are satisfied, if it does not – clients are dissatisfied, if it exceeds their expectations – clients are very satisfied. The larger the compliance with an earlier expectation, the bigger the satisfaction. The fewer obstacles placed by the system in satisfying one's needs and limitations to the rights, the greater client satisfaction [5].

Patient satisfaction is a totally subjective measure, which is subject to a multi-element conditioning [5]. The subjective feeling of satisfaction of clients/patients is influenced by their needs, opinions and feelings correlated with the system of values, personality and psychological qualities, their self-evaluation, previous experiences with healthcare system and external factors and stereotypes present in the society.

Nowadays, patient opinion surveys are becoming more and more popular. They constitute a reflection of the healthcare system sensitivity to patient's needs and in accordance with the recommendations of the WHO they should comprise in their scope both medical and non-medical aspects of this care, that is among others satisfaction with the services [8]. A number of measurement methods, a lot of criteria have been developed in order to establish which areas of medical care are poorly evaluated by patients and require improvement. One of such research is conducted by the research institute – Health Consumer Powerhouse, which develops each year a ranking of healthcare systems in chosen European countries. The ranking is used to compare healthcare systems in different countries, and thus presenting opinions of patients on their functioning. This research reflects patient satisfaction level with medical services in the given country and can constitute a source of inspiration for the governments in order to conduct reforms in this area.

3. Healthcare ranking in Europe (EHCI)

The Euro Health Consumer Index – EHCI is the ranking which concerns functioning of healthcare systems in European countries. It is conducted by the

research institute Health Consumer Powerhouse (HCP), a private company with the seat in Sweden, established in 2004 [10]. The HCP is the institute which conducts analyses and prepares information on health organizations. It issues comparative publications concerning healthcare systems in particular countries [10]. The starting point for research and interpretations is a subjective perception of healthcare system by consumers themselves. The HCP evaluates the standard of healthcare in Europe and Canada, strengthening in this way the position of patients and service recipients. The chairwoman of the HCP is Professor Arne Björnberg, Ph. D (Chairman of the Health Consumer Powerhouse).

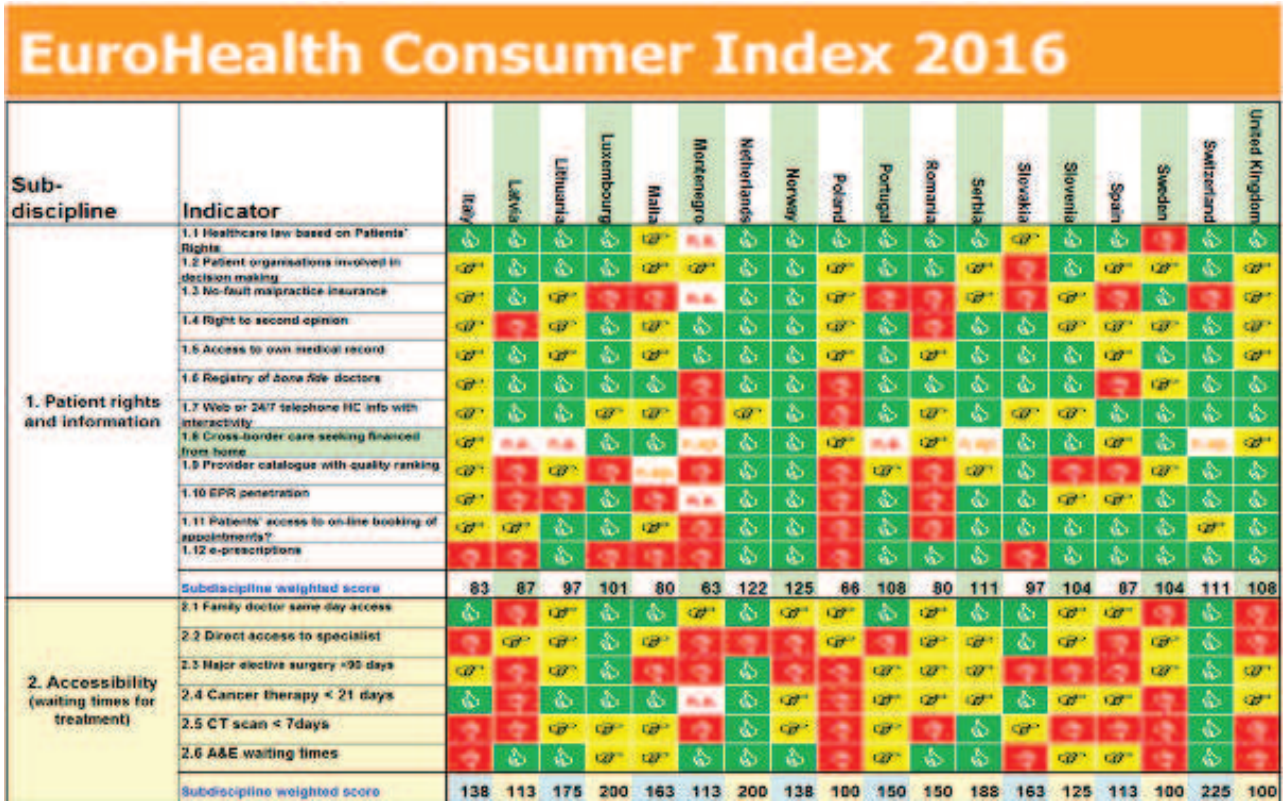
The consumer health ranking (EHCI) is a questionnaire survey conducted annually, the research subject of which is healthcare perception by patients/consumers of medical services in Europe. Since the firs publication appeared in 2005 the Euro Health Consumer Index has gained the reputation of the "industry standard" in the scope of healthcare monitoring. 35 countries participate in the ranking, including Poland. The ranking is prepared on the basis of publicly available statistical data, questionnaires filled in by patients, data gathered by the WHO and independent research conducted by the Health Consumer Powerhouse company.

The first EHCI ranking was prepared in 2005 [9]. The research shows the current state of healthcare in European countries and establish what standards of patient service should be achieved and which healthcare areas need modernising.

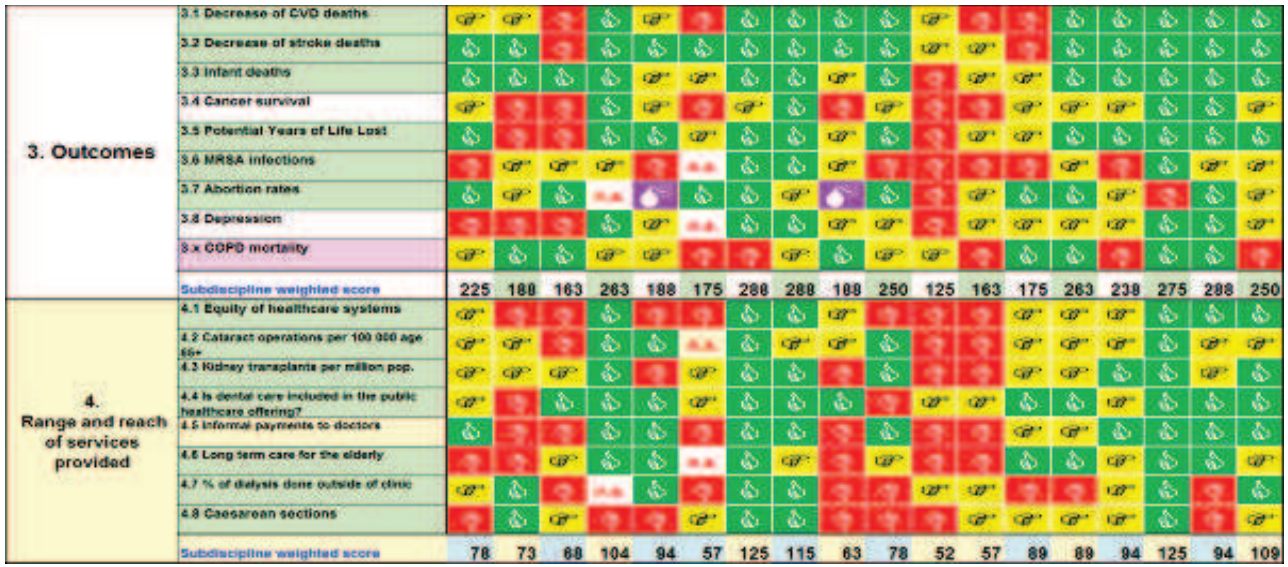
The Euro Health Consumer Index evaluates healthcare condition taking into consideration 48 indexes grouped in 6 categories:

— Patient rights and information,
— Accessibility (waiting times for treatment),
— Outcomes,
— Range and reach of services provided,
— Prevention,
— Pharmaceuticals.

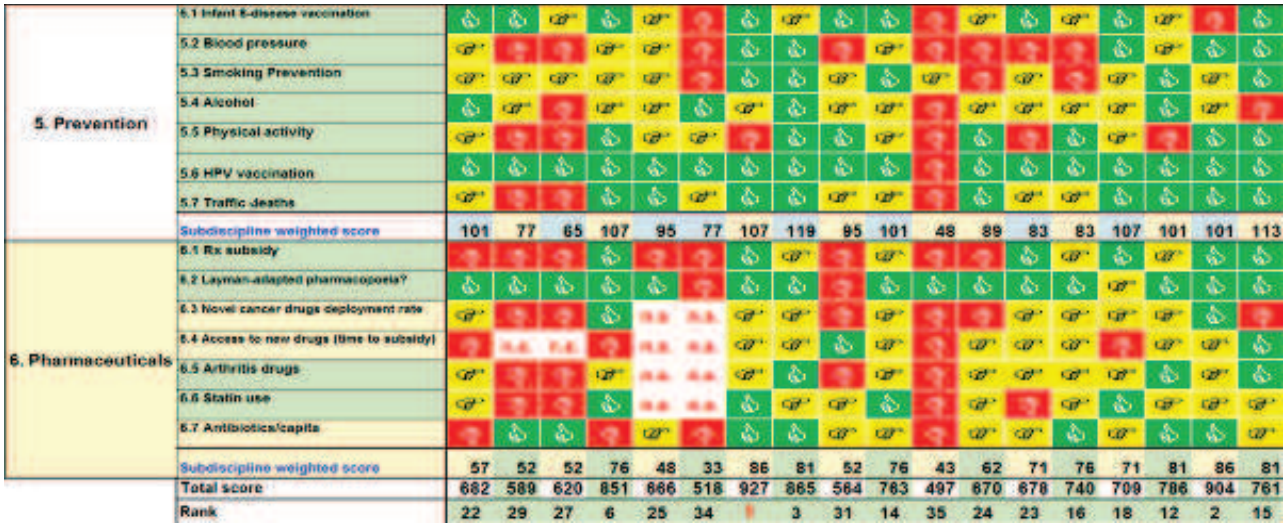
The minimum possible result to be obtained in the EHCI ranking is 333 points, the maximum result is 1000 points. In the first editions of the ranking the situation was slightly different, e.g. in 2005 the maximum number of points was 60, and the number of countries participating in the research was also smaller – only 12. In the course of time the number of countries participating in the ranking was changing as well as the number of researched indexes. In 2006 25 member states and Switzerland participated in the research, 28 indexes were considered, maximum number of points in this year was 750. In 2007 the ranking comprised 29 countries and 27 indexes. In 2008 – 31 countries and 34 indexes. In 2009 – 33 countries and 38 indexes. In 2012 – 34 countries and 42 indexes. In 2013 – 35 countries and 48 indexes. In 2014 the EHCI described 48 indexes for 28 member states of the EU and also Norway, Switzerland, the Republic of Macedonia, Albania, Iceland, Serbia and Montenegro, Bosnia and Hercegovina [3].



Picture 1. List of categories evaluated in the EHCI ranking in 2016 (part 1 of 3)



Picture 1. List of categories evaluated in the EHCI ranking in 2016 (part 2 of 3)



5. Prevention	5.1 Infant 8-disease vaccination																		
	5.2 Blood pressure																		
	5.3 Smoking Prevention																		
	5.4 Alcohol																		
	5.5 Physical activity																		
	5.6 HPV vaccination																		
	5.7 Traffic deaths																		
	Subdiscipline weighted score	101	77	65	107	95	77	107	119	95	101	48	89	83	83	107	101	101	113
6. Pharmaceuticals	6.1 Rx subsidy																		
	6.2 Layman-adapted pharmacopoeia?																		
	6.3 Novel cancer drugs deployment rate																		
	6.4 Access to new drugs (time to subsidy)																		
	6.5 Arthritis drugs																		
	6.6 Statin use																		
	6.7 Antibiotics/capita																		
	Subdiscipline weighted score	57	52	52	76	48	33	86	81	52	76	43	62	71	76	71	81	86	81
	Total score	682	589	620	851	666	518	927	865	564	763	497	670	678	740	709	786	904	761
	Rank	22	29	27	6	25	34		3	31	14	35	24	23	16	18	12	2	15

Picture 1. List of categories evaluated in the EHCI ranking in 2016 (part 3 of 3)

Source: Report Health Consumer Powerhouse Ltd., 2017, ISBN 978-91-980687-5-7, p. 27.

The table below presents the number of points obtained in the latest edition of the ranking by countries participating in it in particular six categories.

Table 1. Results of the EHCI ranking in 2016

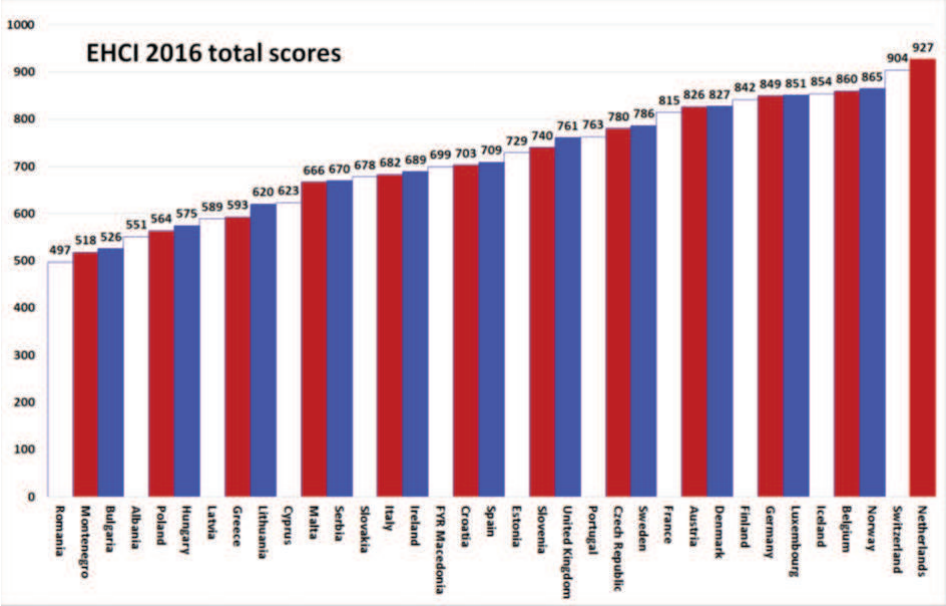
Subdiscipline / Country	Overall ranking (1)	Total score (2)	Patient rights and information (3)	Accessibility (4)	Outcomes (5)	Range and reach of services (6)	Prevention (7)	Pharmaceuti-cals (8)
Netherlands	1	927	122	200	288	125	107	86
Switzerland	2	904	111	225	288	94	101	86
Norway	3	865	125	138	288	115	119	81
Belgium	4	860	104	225	250	109	95	76
Iceland	5	854	115	163	288	115	113	62
Luxemburg	6	851	101	200	263	104	107	76
Germany	7	849	104	188	288	83	101	86
Finland	8	842	108	150	288	115	101	81
Denmark	9	827	111	150	275	115	95	81
Austria	10	826	108	200	238	99	101	81
France	11	815	90	188	263	94	95	86
Sweden	12	786	104	100	275	125	101	81
Czech Republic	13	780	87	213	238	104	77	62
Portugal	14	763	108	150	250	78	101	76
United Kingdom	15	761	108	100	250	109	113	81
Slovenia	16	740	104	125	263	89	83	76
Estonia	17	729	108	163	238	94	65	62
Spain	18	709	87	113	238	94	107	71
Croatia	19	703	108	175	188	104	71	57
Macedonia	20	699	118	225	138	68	89	62
Ireland	21	689	80	100	250	78	95	86
Italy	22	682	83	138	225	78	101	57
Slovakia	23	678	97	163	175	89	83	71
Serbia	24	670	111	188	163	57	89	62
Malta	25	666	80	163	188	94	95	48
Cyprus	26	623	73	125	213	68	83	62
Lithuania	27	620	97	175	163	68	65	52
Greece	28	593	63	125	213	52	83	57
Latvia	29	589	87	113	188	73	77	52
Hungary	30	575	73	125	163	73	89	52

Table 1. Results of the EHCI ranking in 2016 (cont.)

Subdiscipline / Country	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Poland	31	564	66	100	188	63	95	52
Albania	32	551	73	163	175	42	65	33
Bulgaria	33	526	66	150	150	47	65	48
Montenegro	34	518	63	113	175	57	77	33
Romania	35	497	80	150	125	52	48	43

Source: Report Health Consumer Powerhouse Ltd., ISBN 978-91-980687-5-7, p. 31.

The first place in the 2016 ranking won the Netherlands, which obtained 927 points (jointly in 6 categories, high scores in almost all categories). This is a very good result as in the previous editions none of the countries obtained the maximum number of points. The picture of Poland compared with other European countries is not very good. In the ranking, it obtained only 564 points out of 1000 possible ones, occupying 31st position out of 35 countries. This result is still better than the one in previous year, however it is far from being perfect. In 2016 Poland was last but one – 34th position and obtained 535 points [10].



Picture 1. Number of points obtained in the EHCI ranking in 2016

Source: Report Health Consumer Powerhouse Ltd., ISBN 978-91-980687-5-7, p. 28.

At the top of this year ranking are the Netherlands (927/1000 points), Switzerland (904 points) and Norway (865 points). In the previous edition, the same

countries were on the podium, but this year the Netherlands won 11 more points and Switzerland – 10 more points than the last year. This year winners are presented in the table below.

Table 2. Top countries in EHCI rank 2016

Sub-discipline	Top country/countries	Score	Maximum score
1. Patient rights and information	Norway	**125!**	**125**
2. Accessibility	Belgium, FYR Macedonia, Switzerland	**225!**	**225**
3. Outcomes	Finland, Iceland, Germany, Netherlands, Norway, Switzerland	288	300
4. Range and reach of services provided	Netherlands, Sweden	**125!**	125
5. Prevention	Norway	119	125
6. Pharmaceuticals	France, Germany, Ireland, Netherlands, Switzerland	86	100

Source: Report Health Consumer Powerhouse Ltd., ISBN 978-91-980687-5-7, s. 31.

The table below presents the results of Poland obtained in the EHCI ranking in the years 2005–2016, in the brackets the place of Poland in the given year in comparison with three top places occupied by particular European countries.

Table 3. Place of Poland in the EHCI ranking compared with top places occupied by particular European countries in the years 2005–2016

	Country and number of points obtaine din the ehci ranking in the years 2005–2016			
Year	**Poland (place)**	**Ist place in the ehci ranking (number of points)**	**IInd place in the ehci ranking (number of points)**	**IIIrd place in the ehci ranking (number of points)**
2005	25 pts / 60 (12 place)	Netherlands (48)	Switzerland (47)	Germany (46)
2006	409	—	—	—
2007	447	—	—	—
2008	511 (25)	Netherlands (824)	Denmark (820)	Austria (784)
2009	565 (26)	Netherlands (824)	Austria (813)	Luxemburg (795)
2010	556 (30)	Netherlands (857)	Germany (825)	Iceland (821)
2011	—	—	—	—
2012	577 (27)	Netherlands (872)	Denmark (822)	Iceland (799)
2013	521 (31)	Netherlands (870)	Switzerland (851)	Iceland (818)
2014	511 (31)	Netherlands (898)	Switzerland (855)	Norway (851)
2015	523 (34)	Netherlands (916)	Switzerland (894)	Norway (854)
2016	564 (31)	Netherlands (927)	Switzerland (904)	Norway (865)

Source: own elaboration on the basis of EHCI reports from the years 2005–2016.

The table shows that since the very beginning of the research conducted by the HCP, the Netherlands consistently occupies the first position. It is the leader of all EHCI rankings. It seems that the Dutch healthcare system is deprived virtually any weak points. The only area which needs improvement in this country can be shortening the treatment awaiting time [10]. Next positions on the podium belong to: Switzerland (which possesses a wonderful, yet very expensive healthcare system), Austria, Germany, Norway (large expenditures on healthcare, but a long time of waiting for the treatment), Denmark and Iceland. These are countries where the healthcare system is best evaluated by patients, Poland usually occupies last positions in the ranking. The results are not satisfactory. There is no substantial improvement between particular years. The worst results in Poland are the ones concerning the time of awaiting for the visit to the doctor (in this mainly the specialist doctor) and time of waiting for surgeries and operations (for example the patient has to wait for the visit to the specialist about 3 months, and for some surgeries such as a cataract operation, endoprosthesis, neurosurgical operation – 3–4 years), as well as for access to pharmaceutical resources. Worst grades in Poland were given to abortion indexes. The authors of the research claim that Poland (similarly to Hungary) does poorly in the EHCI rankings, the reason for which is not the amount of money spent on healthcare, but the manner in which it is spent. For example, in Sweden, which spends really large amounts of money on healthcare, the time of awaiting for the visit to the doctor and surgeries are much longer than in Poland. The research authors emphasise the necessity to dismiss politicians from making decisions concerning the healthcare system and conduct fundamental reforms in the Polish healthcare [10].

In the summary of the EHCI report in 2016 it has been stressed that the quality of healthcare systems in Europe improves every year and there is a group of the EU countries that possess the healthcare system functioning positively from the perspective of patients. According to the EHCI report in 2016 the Netherlands has strengthened its leading position and for years has occupied top positions in the ranking. Poland in turn, despite a small improvement, still falls behind. It has to be stressed that the EHCI report does not decide which European country possesses the best healthcare system, but concentrates on evaluating a "friendly attitude" of healthcare systems to patients/clients [10].

Summary

Nowadays it is patients/consumers who shape the healthcare services market through expressing their subjective opinions and determining their preferences and expectations towards the given service provider. Not taking proper care by service providers of specific needs and expectations of patients can result in a real probability of losing the reputation of the given healthcare institution, and

what follows – losing patients and the money, which follows them. Presently patients are becoming best "information carriers" about a given organization. Patients satisfied with medical services become almost living advertisements, through which they influence the positive opinion about the given healthcare institution.

Conducting the patient opinion surveys concerning satisfaction with medical services, asking about their opinions on healthcare system functioning is becoming very popular nowadays. This allows to identify the areas in which the quality of medical services is unsatisfactory according to subjective opinions of the respondents and needs improvement. Patient opinion surveys can help indicate advantages of organizations, which often go unnoticed by the decision makers or unappreciated. Moreover, they facilitate diagnosing weak and strong points of the given medical facility. Satisfaction of medical services clients can become an effective index of a given organization management efficiency.

While analysing the results of the EHCI reports in the years 2005–2016 one can notice that Polish healthcare has occupied last positions in the international rankings. The poorest results have been recorded in the scope of awaiting for treatment and access to pharmacological resources. The Polish healthcare system has been quite poorly evaluated by the consumers, although year by year the score is better, Poland does not do well in comparison with other countries. The leader of the EHCI ranking remains consistently the Netherlands and its healthcare system should serve as a model to follow for other countries.

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Satysfakcja pacjentów w opiece zdrowotnej na przykładzie raportu Europejskiego Konsumenckiego Indeksu Zdrowia

Synopsis: Celem artykułu jest analiza pojęcia pacjent/klient usług zdrowotnych, analiza definicji satysfakcji pacjenta oraz przedstawienie wyników rankingu Europejskiego Konsumenckiego Indeksu Zdrowia z 2017 r. Raport EHCI dotyczy funkcjonowania systemu ochrony zdrowia w poszczególnych krajach europejskich. Przedmiotem badań jest postrzeganie systemu opieki zdrowotnej przez pacjentów/konsumentów tych usług. Celem badań EHCI jest porównanie systemów ochrony zdrowia w Europie, określenie standardów w opiece zdrowotnej oraz zlokalizowanie obszarów wymagających udoskonalenia.
Słowa kluczowe: klient klienta usług socjalnych, satysfakcja, raport EHCI.