STUDY ON HEALTH PROFESSIONALS’ PERCEPTION OF QUALITY OF HEALTHCARE PROVIDED TO PATIENTS

Daniela Druguș1, C. Oprean2, Doina Azoică1
University of Medicine and Pharmacy “Grigore T. Popa” of Iasi
Faculty of Medicine
1. Department of Preventive Medicine and Interdisciplinarity
University “Politehnica” of Bucharest
2. Faculty of Engineering and Management of Technological Systems

STUDY ON HEALTH PROFESSIONALS’ PERCEPTION OF QUALITY OF HEALTHCARE PROVIDED TO PATIENTS (Abstract). The quality of the health care system is an essential condition for in improving the quality of health services and satisfying both the patients and healthcare professionals. Research objectives: To identify the characteristics of medical profession, the factors of professional satisfaction or dissatisfaction and health care team-related factors that influence the quality of care. Material and methods: Qualitative study using a SurveyMonkey online questionnaire consisting of 14 open-ended questions. The respondents were 1013 health professionals in university and non-university hospitals with various unit profiles. Results: According to healthcare professionals, medical profession is defined by: humanism and personal sacrifice (33.37%) and also high professional competence (33.07%). Satisfaction factors are: patient health (40.57%), high social status (36.33) and saved lives (33.07%). Dissatisfaction may be due to: low salary (39.98%), disorganization (38.10%) and lack of procedures (33.96%). Performance may decrease as a result of: stressful working conditions, lack of adequate medical supplies, lack of recognition at work, routine, and strained relations with superiors. Conclusions: The study shows the need for correlating the medical education system and health systems, and for an integrated analysis of both systems by determining the required skills and modeling the medical team behavior in accordance with the performance variables which take into account satisfaction among both patients and health care professionals. Keywords: PROFESSIONAL, PERCEPTION, QUALITY, HEALTHCARE.

Every healthcare professional knows that the needs of patients vary from individual to individual. Also, patient safety and quality of care make a difference for patients and their families (1). Thus, on the one hand, healthcare professionals use their knowledge and skills, and on the other hand their experience, intuition and creativity to meet these needs. Health professionals must know that the quality of care is assessed by outcome measurement (2). Implementation of a monitoring system is essential for a successful quality improvement program. Even with limited resources systematic methods can be used to constantly monitor the quality of care. Quantifying the effect that nurses and nursing interventions have on the quality of care processes, and on patient outcomes, has become increasingly important to support
evidence-based staffing plans, understand the impact of nursing shortages and optimize care outcomes” (3, 4).

Monitoring the quality of care is the regular collection and analysis of a set of quality indicators, and is frequently directed toward the measurement and analysis of processes. This process allows health care providers to assess whether the program or its performance targets are met (5, 6).

**Aim of the study:** To improve health system performance in accordance with the elements identified by assessing the degree of satisfaction of both patients and healthcare professionals.

**Research objectives:** To identify the significant characteristics of medical profession, factors of job satisfaction or dissatisfaction, and health care team-related factors that influence the quality of care.

**MATERIAL AND METHODS**

The qualitative survey research was conducted by using SurveyMonkey online questionnaire consisting of 14 open-ended questions. It has been applied to a number of 1013 health professionals in hospitals from 6 university centers in Romania: Iasi, Bucharest, Cluj-Napoca, Târgu Mures, Timișoara, Craiova and non-university hospitals in 9 cities. The profile of these hospitals was varied: obstetrics and gynecology, neurology and psychiatry, lung disease, pediatrics; medical rehabilitation; infectious diseases or general hospitals (emergency hospitals). Their inclusion in the study was possible after obtaining the agreement of hospital managers, doctors or other healthcare professionals.

The questionnaires included open-ended questions aimed at identifying the degree of satisfaction of responders. Thus, 10 important issues were addressed: delivered health care, humanism reflected in treatment, absence of pain, prompt response to all requests and needs. Respondents’ opinions on dissatisfaction factors that have bothered them most were expressed about the 30 possible factors that contribute to a disturbing degree of dissatisfaction during hospitalization. The non-response rate/refusal rate was 0.1%, not influencing significantly the quality of results. Data were processed according to the studied qualitative variables for a statistical significance of the results with 95% confidence interval.

**RESULTS**

**Description of study population**

The analysis of study group composition showed that respondents were people with higher education. According to the variable "age" the group showed a relatively homogeneous distribution, consisting of 149 persons under 30 years (14.7%), 207 persons aged 30-35 years (20.4%), 218 aged 35-45 years (21.5%), 287 people aged 45-50 years (28.3%) and 152 people aged over 50 years (15%). According to "length of service" 37.8% had more than 20 years professional experience; 25% of 10-20 years; 22.2% between 5-10 years, and a relatively small percentage (14.7%) had worked in the healthcare system less than 5 years.

The results obtained after processing the responses to the questions reveal the following:

1. "What are the three main characteristic features defining the medical profession?" Responses revealed that an equal number of physicians, 338 (33.4%) believe that sacrifice and humanity, respectively are defining characteristics of their profession. Other responses were: competence (335/33.1%), dedication and thorough theoretical knowledge (0.1% each).
Dedication and knowledge were for 170 physicians each (16.8%) the basic characteristic features of medical profession, while 16.7% each opted for talent and perfection. Similar percentages were obtained for responsibility and self-control. Respect and rigor were preferred by 170 respondents each (16.8%) and experience and intelligence by 169 respondents each (16.7%). Work speed was selected by 168 respondents (16.6%) as an essential condition that must be met in order to practice medicine. In conclusion, according to our respondents the 3 main characteristic features of medical profession are: humanism and sacrifice (33.37% each), and competence (33.07%).

2. "What are the three factors of satisfaction with medical profession?" The results show that: the highest percentage of responders (40.57%) considered patient health as the most important factor impacting professional satisfaction; other responses were: saving lives (33.1%); social status (265 respondents (26.2%); freedom in decision making (1 respondent / 0.1%). Patient gratitude is considered by 332 physicians (32.8%), as the main factor contributing to professional fulfillment and satisfaction, while the same is true for respect in the community according to 289 physicians (28.5%). 19.9% of respondents find professional satisfaction in their status, and 9.9% believe that nothing can please them more professionally than one recovered patient. Synthesizing the answers it can be concluded that there are 3 primordial factors of professional satisfaction: patient health (40.57%), high social status (36.33) and saved lives (33.07%).

3. "What are the three main factors of dissatisfaction in the medical profession?" The results showed that: for the highest percentage (40.0%) of respondents the main reason for professional dissatisfaction is related to low salary, while 34.6% attribute it to physical wear and 25.2% to lack of respect. Another factor responsible for the lack of satisfaction is the absence of procedures, according to a number of 344 physicians (34.0%). A percentage of 26.7 believe that lack of discipline leads to professional dissatisfaction, and 21.4% attribute it to lack of culture. "Insufficient funds to equip the hospital" is the reason for professional dissatisfaction for a number of 98 physicians (9.7%). One physician (0.1%) considers denigration as the key factor of professional failure to which the lack of professional recognition and community appreciation is added. The lack of organization in the health system is a factor that causes professional dissatisfaction in the opinion of a number of 386 physicians (38.1%). Interpretable legislation is another plausible cause of achieving the level of professional dissatisfaction for 252 physicians (24.9%). After analyzing all responses it can be concluded that the main factors of professional dissatisfaction are: low salary (39.98%), lack of organization (38.10%) and the absence of procedures (33.96%).

4. “Sorting by relevance the factors related to patient care”. The analysis of a first group of factors (group 1) aimed to determine the importance of: equipment, medical resources, prompt response to patient requests or needs, patience, and kindness. The variable “equipment" was ranked second among the factors related to patient care by 71.08% of responders, third by 6.52%, fourth by 6.91%, sixth by 0.10%, seventh by 8.39, and eighth by 7.01%. "Medical resources" (medical supplies) were ranked second by 0.10% of the respondents and fourth by 8.49%, while the
highest percentage of responders (61.8%) ranked it ninth. The variable "patience" was ranked: first by 6.42%, second by 6.92%, third by 8.39%, while most respondents (66.54%) ranked it ninth. According to 0.10% of the respondents "kindness" is the third most important factor related to patient care, being ranked sixth by 8.39%, seventh by 7.01%, eighth by 6.91% and tenth by 77.59% of the respondents. In the second group of factors related to patient care (group 2) the following variables were analyzed: competence, hospital environment, empathy, counseling time allocated to each patient, nurse dedication, responsiveness and patient attitude. The synthesis of results showed the following ranking in order of importance: “competence” (71.27% of respondents), “equipment” (71.08%), "counseling time allocated to each patient" (51.53%), "responsiveness and patient attitude" (55.97%), "nurse dedication" (44.82%), "hospital environment" (51.04%), "empathy" (51.04%), "prompt response to the patient requests and needs" (51.04%), “patience" (66.54%), "kindness" (77.59%), "medical resources" (61.8%). According to the cumulative summary of respondents' opinion on issues that can diminish work performance at work, these were in order of importance the stressful working conditions, lack of adequate medical resources, lack of recognition, routine and strained relations with superiors (tab. I).

**DISCUSSION**

The responses of the study subjects related to ranking the factors influencing the quality of patient care revealed that a significant percentage of respondents (70%) ranked the variables “competence” and “equipment" first and second, and over half of respondents considered the variables “counseling time allocated to each patient" and "responsiveness and patient attitude".

A significant proportion of respondents (60%) believe that the following variables influence the quality of care to a lesser extent: "patience", “kindness" and "medical resources (medical supplies)". As to respondents' opinion on issues that may negatively influence job performance, over 50% of respondents ranked first the variable "stressful working conditions" and about 40% also considered important the variable "lack of appropriate medical resources ", ranking it second (out of nine). In a performance health system the most important variables are “competence” and “equipment", variables depending on the education system and the level of funding (7). A highly trained staff cannot compensate for lack of funding and modern equipment, but the latter cannot replace professional competence (8).

**CONCLUSIONS**

1. Our research demonstrates the need for correlating the education and health systems in view of establishing the knowledge and skills required for modeling the medical team behavior in accordance with patient satisfaction.

2. An organizational culture that creates an environment based on respect, kindness, courtesy, recognition for a job well done has to be developed.

3. Based on the obtained results the introduction into educational curricula in Romania of research directions aimed at developing behavioral and ethical practices specific to health professional-patient relationship, knowledge and respect of patient rights, and increased resistance to demanding work is recommended.
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REFERENCES


EU RECOMMENDS APPROVAL OF GARDASIL 9 VACCINE

The European Medicines Agency (EMA) has recommended approval for the new vaccine Gardasil 9, which provide protection against the infection caused by nine serotypes of Human Papillomavirus (HPV) – 6, 11, 16 and 18 (from the earlier version of the vaccine), and other five - 31, 33, 45, 52, 58, which are new. The latter HPV types are responsible for around 1 in 5 cases of cervical cancer. EMA highlights on the implications of the infections with HPV: about 100% of cervical cancers, 90% of anal cancers, 70% of vaginal cancers, and 15% of vulvar cancers; also, certain types of HPV are linked to mouth and throat malignancies. The indications of this new vaccine include: 1. girls and young women, between 9 and 26 years (it offer protection for cervical, vulvar, vaginal and anal cancers caused by HPV types 16, 18, 31, 33, 45, 52, 58; genital warts produced by HPV types 6 and 11; and other dysplastic lesions of the cervix, vulva, vagina and anus, caused by these all HPV serotypes). 2. boys, between 9 and 15 years (to prevent anal cancer caused by oncogenic HPV types 16, 18, 31, 33, 45, 52, 58; genital warts caused by the benign HPV types 6 and 11; and anal intraepithelial neoplasia). The EMA recommendation is based primarily on four studies that analysed the efficacy of Gardasil 9 for the protection against the infections caused by HPV types 31, 33, 45, 52 and 58, but also assessed the protection against the HPV types 6, 11, 16, 18, compared with the first variant of the vaccine, Gardasil (which was authorized for use in the European Union since 2006). One of these studies was conducted on 14,000 young women, between 16 and 26 years, who were negative for vaccine HPV types at the beginning of the study. The results showed that Gardasil 9 was 97% effective in preventing cervical, vulvar and vaginal cancers caused by the additional HPV types (31, 33, 45, 52 and 58) and had similar efficacy as Gardasil against 6, 11, 16 and 18 (on the basis of similar antibody responses). The EMA notes that the safety of Gardasil 9 was evaluated in more than 23,000 people included in seven clinical trials. The most frequent side effects were injection site pain, swelling, redness and headaches. Gardasil 9 is already approved by US Food and Drug Administration for marketing in the USA (since the end of the last year) (Nelson R. EU Recommends Approval of Gardasil 9 Vaccine. Medscape. March 27, 2015).

Mioara Matei