THE INFLUENCE OF RESOURCES ON THE QUALITY OF MEDICAL SERVICES FROM THE WORKERS OF THE HEALTH CARE IN POLAND PERSPECTIVE

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Abstract
A pressure of society demanding high quality from medical provisions increased especially after the entrance health care reforms. The growing interest in this subject matter appeared on the providers’ side too that in the face of growing rivalry on the market of medical services more often aim at the optimisation the quality of the patient care and the improvement in efficiency of offered services. It was showed in the article that human resources on which both the quality of provided services and the client’s/patient's satisfaction depend was the most important resource in every organization.

Key words: human resources, quality, health care, management, satisfaction.

1. Introduction
Human resources (immaterial) these are workers about the various level and the kind of education, the gender, the cover, people coming from various professional environments and political [1, 2]. The worker is the internal customer of the organization and therefore it is necessary to look after his planes carefully, as for the outside customer [3]. Care of the worker should embrace [4, 5]:
- method of behaviour towards internal and outside customers,
- preparing the profitable climate, the workers' community.

Personnel is considered for the most important resources of the organization because:
- efficiency of working the organization is starting with the quality of it’s workers' work that have impact their talent, education, skills, experience, purposes and values, attitudes and behaviours, features of the personality and motivations,
- problems are being solved thanks to personnel in the organization,
- it is a strategic resource, able at learning and the improvement in one's potential, able at conceptive thinking resource, as well as creative.

In popular feeling of medical environment, shared by persons from other professional environments, the level of doctors' payment in the Polish health care system is nonadequately that has influence for the satisfaction at executed work. A form of employment doctors’ on vacancies was pervading among doctors in public centres of the health care until the end of 80 years. Diversity the level of income each social groups was occurring within 90 years. Representatives of competition requiring high specialized competence began to obtain higher payment: lawyers, economists, computer scientists and various engineering competition. In popular feeling environments, medical doctors were excluded from this process, to a considerable degree from the reason of obtaining the majority one's profits on the public health care sector. Clients/patients feeling authorized to obtain provisions about various type, supported by social and political environments in this conviction, as well as informed of the newest achievements of medicine in the world, are expressing bigger and bigger dissatisfaction from the activity of the system. Workers of the health care sector are being subjected to financial limitations and the constant pressure for increasing the range and the volume of services.
Doctors are limiting or they are quitting practices in the public sector as a result, moving their activity to the private sector, financed by clients/patients directly. Customers' patients’ huge part searching for the medical assistance and no becoming reconciled for limitations and often low standard of the public sector services, is proceeding to the private sector too. Doctors' year-long payment [USD] in primary health care was presented in the figure 1.

*Fig. 1. Year-long income doctors of the primary health care*

![Chart showing year-long income doctors of the primary health care](image)

Source: Own study

The present level of doctors' payment in Poland is departing from the level of developed countries considerably, that can be the strong migrant impulse for these doctors and it is certainly for what day strong cause for frustration. Present level of doctors' payment in Poland in relation of other workers payment is departing considerably from similar relations in other countries, that can be the strong impulse for quitting disappointment, or not choosing this disappointment by young people, and what the day is the cause for frustration.

2. **Characteristic of the test object**

The research object is a centre offering the broad assortment about the high medical services quality from the range: the primary health care, the specialized health care, the hospital treatment, the stomatology, radiology, rehabilitation, diagnostic examinations, the occupational medicine. The centre is serving both for customers/patients insured in the National Fund of Health and for patients not insured, and so who want to pay for using services of the centre. Also work centres, for that services are being provided within the confines for are customers of the company of the occupational medicine and the school where children, and school where children, young people and school personnel are being surrounded with the medical treatment. Material resources of the hospital are posing:

- buildings (along with installing),
- leased rooms of the branch,
- medical equipment,
- auxiliary equipment,
- sanitary transport.
3. Result of examination and their analysis

Estimations the quality level of provided services were carried out by poll examinations carried out by the Servqual method [6, 7, 8, 9] among 20 workers of the hospital. Respondents' selection was random to the examination, as regards of the gender, age, education, the seniority in centres of health care for workers, the purpose stay for patients in the medical centre (table 1).

**Table 1. Certificate of the medical staff**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of answers</th>
<th>Percentage participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman</td>
<td>17</td>
<td>85 %</td>
</tr>
<tr>
<td>Man</td>
<td>3</td>
<td>15 %</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To 20 years</td>
<td>0</td>
<td>0 %</td>
</tr>
<tr>
<td>20 – 30</td>
<td>7</td>
<td>35 %</td>
</tr>
<tr>
<td>30 – 50</td>
<td>10</td>
<td>50 %</td>
</tr>
<tr>
<td>50 and more</td>
<td>3</td>
<td>15 %</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher</td>
<td>3</td>
<td>15 %</td>
</tr>
<tr>
<td>Average</td>
<td>17</td>
<td>85 %</td>
</tr>
<tr>
<td>Basic</td>
<td>0</td>
<td>0 %</td>
</tr>
<tr>
<td>Elemental</td>
<td>0</td>
<td>0 %</td>
</tr>
<tr>
<td>Seniority at the hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To 10 years</td>
<td>16</td>
<td>80 %</td>
</tr>
<tr>
<td>10 – 20</td>
<td>0</td>
<td>0 %</td>
</tr>
<tr>
<td>20 – 30</td>
<td>3</td>
<td>15 %</td>
</tr>
<tr>
<td>Above 30 years</td>
<td>1</td>
<td>5 %</td>
</tr>
</tbody>
</table>

Source: Own study basis on polls

Medical staff stand-bies towards determinants shaping the medical services quality (the highest estimation) were presented in the figure 2.

**Fig. 2. Personnel’s expectation towards the quality of medical services**

Source: Own study
As it can be seen from presented data, that personnel has the highest stand-bies with respect to the engagement and understanding peculiar needs for clients/patients (6,9). Perceiving the quality of medical services in personnel's estimation were presented in the figure 3.

*Fig. 3. Perceiving the quality of medical services by personnel*

Source: Own study

Personnel is estimating highest keeping promises put together and personnel's involvement at the analysed hospital (6,5). Lowest however modernity of equipment (5,75) and attractiveness halls of sick people. Determinants of medical services quality in personnel's estimation were presented in the figure 4.

*Fig. 4. Determinants of medical services quality in personnel's estimation*

Source: Own study
As it can be seen from the figure, that in the medical staff estimation determinants decisive about quality of medical services are before everything professional competence and reliability.

4. Summary

Results of examinations and their analysis showed, in order increasing the quality of provided medical services a change the mentality of this medical staff who only can see in the client/patient „sickness case", rather than the client/patient about unmet needs and determined preferences is important [10]. It was stated that a situation was possible, in that client/patient is anticipating not only the diagnosis of one’s ills automatically, but treat devoting the attention to his person, hearing out or chance of the statement. Even if the provider shows the empathy towards the client/patient, he is able to take away abnormally each of his anticipating. Also a skill of the diagnosis and understanding values anticipated by the client/patient is important by simultaneous respecting principles of professional professionalism. Quality of the relation that is forming between the client/patient but the worker is posing an important factor influencing on the course of the treatment process, and for it’s effect.

Literature:

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