

MEDICAL WORKER'S EMPATHY AS DETERMINANT OF MEDICAL SERVICES QUALITY

JOANNA ROSAK-SZYROCKA – STANISŁAW BORKOWSKI

*Only one boss is existing. It's a customer.
He is able to dismiss all one in the company,
beginning from the president. (S. Walton)*

Abstract

The specificity of medical services makes, that character of the doctor – patient relation it is possible to determine as highly individual and private, it is going about the strict medical activities. Impressions and generated emotions in this phase have the biggest participation in shaping the patient's satisfaction. It was showed in the article that the professional's form, his approach to the patient and the style of work was gathering key importance in the provision of medical services.

Key words: empathy, medical services quality, workers, efficient management, patient-medical personnel relations.

Classification JEL: M12 – Personnel Management

1. Introduction

An interest in issues from undertaken conscious, i.e. system and planned activities directed to the increasing quality of health provisions in Poland (GUS, 2004, p. 15). For centres of the health care (currently 790 medical centres are located in Poland; in it 643 public centres of the health care and 147 non public) is necessary efficient management i.e. effective and economically effective, realized by the professional division of this organization, which should occupy with forming desired attitudes both preservation professing values shared together, personnel and the purposes essential for the realization working in the determined organizational structure of the institution. An interest in issues from collecting conscious, i.e. system and working on time of health provisions directed to the refinement in Poland is increasing. Strategy proceeding with the client/patient should be characteristic the desire authentic and attentive listening intently oneself in his "voice". It requires to maintain pro quality cultures of work.

The quality of services processes in the health care has direct influence on health, the life and mood of persons using these services. Human resources management is a process combining a number of peculiar functions, being particular of management universal functions and separated because of the specificity both main realizations and detailed purposes in this sphere of management (Lisiecka, 2003, p. 32 – 36). Effective location and usage of human resources favouring development and reaching their individual purposes and making it possible to reach complex organizational purposes is assumed in human resources management (Kozdrój, 1993, p. 43).

2. Patient-medical personnel relation

Sale of medical services requires contact patient-personnel of the centre, it is important so that personnel was complying principles referring to personal sale of services (Bukowska-Piastryńska, 2007, p. 54):

- A. It is necessary to utilize to maximum a patient-customer contact during render serving by:
- testing his needs and stand-bies,
 - calling desired feelings and buyers' impressions,
 - and to recommending services to the other potential patients.

- B. For the estimation of the service quality it is possible to come into by:
- adapting oneself to the anticipated by the patient quality standard,
 - regarding the patient's stand-bies as the criterion of the own estimation of the quality.
- C. It is necessary to check in the patient's/client's reception the service became the material product through:
- giving information about the alternative service,
 - advising what service is the most fit for the concrete patient,
 - returning the patient's remark for unique features of the service.
- D. It is necessary to care for the image of the hospital by:
- delivering to the patient general knowledge about offered services,
 - and informing about advantages of these services,
 - training patients in the field of the prevention and health hygiene (e.g.: hygiene of the oral cavity).
- E. It isn't possible to ignore patient/customer as outside channel of information about the service (it is necessary to encourage satisfied patients to recommend the service to other). Positive service contacts require from workers effective, verbal communicating oneself. Conversations of the doctor and the medical staff should with patients build the agreement and mutual confidence. It is important (Bukowska-Piastrzyńska, 2007, p. 32):
- not to be in a hurry,
 - to become interested e.g.: where the patient is working,
 - to find something personal about the patient and to use it at the next visits. Then the patient will feel that the doctor remembers him,
 - show the empathy – understood as the ability to empathize with the other person's position, identifying sentimental oneself with somebody,
 - confirm understanding and the reception the patient's messages,
 - limit one's „professional rigidity” to the minimum.

Table 1. Terms that the medical staff should avoid in communication with the patient

Turns that it is necessary to avoid	Terms recommended in communication with the patient
- I don't know...	- I will find out and call you back.....
- I've no idea...	- I will check it and we will return in a minute for conversation...
- I'm not able of do that...	- I'm able to do that now...
- It doesn't belong to my duties...	- Let me ask my friend that is care about that...
- You are right, it is a difficult problem...	- I understand your nervous...
- It's not my fault...	- I will check what is possible to make in this regard...
- Calm down, please...	- I'm very unpleasant, I'll immediately explain that...
- You are wrong...	- I probably wrong explain it to you...
- I don't hale time now...	- I am writing down and I will take it up promptly after...
- You hale to do that...	- Don't you think that...
- We don't practice that...	- I will consult with my superior and I will call you back...

Source: own study

Personnel has to acquire the difficult art of the conversation and thinking not only about it, what is going to tell, but also somehow not to annoy additionally frustrated because sick people, sometimes sore, scared patients'. Table 1 is presenting terms that workers being in touch with patients should avoid.

3. Method of quality services examination – Servqual

Servqual is serving for verifying the quality estimation. The method was elaborated by Parasurman A., Zeithaml V. A. and Berry L. in 1983 – 1985 (Borkowski, Čorejová, 2004, p. 125). This is one of most popular methods, utilized by numerous organizations (academic institutions, the health care, banks, hotels, as well as offices legal). The questionnaire consists of three parts. The first and second part consist the number of 20 statements. The first part contains illustrating assertions anticipated provider with consideration the given service, however, the second one contains assertions referring to estimations of the analysed hospital service. To formulating stand-bies, as regards of various features provided services and fulfilling estimations of these stand-bies the scale is serving from 1 for 7 (where: 1 – the respondent doesn't agree with the assertion entirely, 7 – the respondent agrees with the assertion entirely).

The third part of the questionnaire is being formulated in the form of the assertion affording to identify the purpose importance for attributes leading five providers of the service (the material certificate of the service, reliability, the provider's sensitivity, certainty and the empathy) through dividing 100 points between the ones determinants. Examinations referring to the quality estimation of the stationary medical treatment were resisting on following models Borkowski, Čorejová, 2004, p. 92; Rosak, 2006, p. 75; Stasiak-Betlejewska, 2004, p. 234):

$$S = P - O \quad (1)$$

where: S – Servqual result,
P – perceiving the service by clients,
O – expectation clients with respect to the service.

Examination the services quality with Servqual method is relying on the estimation of the stand-bies level and on the check how the perception of the service is forming that's how clients'/patients' stand-bies are being fulfilled by the given company. The specification of the perceived services quality consists in the count of the products between perception of the service, but perfect (desired, anticipated) level of services that is tolerating for revealing the gap that is showing up between perception of the service but with expectations. The application of the Servqual method will permit to point the areas critical of the quality of medical services.

4. Analysis of obtained examinations results

65 hospitals located in the area of Poland were subjected to examinations. It was examined by the Servqual method how empathy of the medical staff is being judged from the patient's point of view. Among tested hospitals 28 possesses I mark of the reference, 33 hospitals possess the II mark of the reference, 4 possess the III mark of the reference (Rosak, 2006, p. 89). Empathy examinations referred to occurring assertions:

- A. The model hospital is treating every patient in the individual way.
- B. The model hospital is providing services in the time convenient for every patient.
- C. Personnel of the model hospital is spending its remark for every patient.
- D. Personnel of the model hospital understands peculiar needs for patients.

All assertions were evaluated by patients, and then calculated according to the Servqual method (Stasiak-Betlejewska, 2004, p. 236; Rudawska, Kiecko, 2000, p. 23 – 28). Empathy effects at hospitals possess I level of the reference were presented in the figure 1. It can be seen

from the figure that the empathy is evaluated highest in 21 research object, reaching the value 0.3775. The empathy was evaluated lowest in 8 research object reaching the value -4.5.

Empathy effects at hospitals possess II level of the reference were presented in the figure 2. An empathy was evaluated highest in 30 (value 0.5) and 31 (value 1) research object. Patients evaluated the empathy of the medical staff lowest in 15 research object. This determinant obtained the minimum value -10.55.

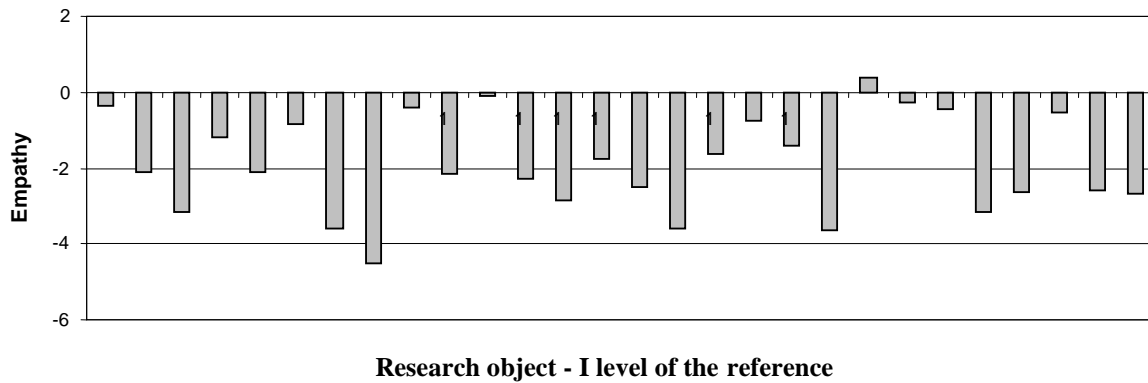


Fig. 1: Estimation of the empathy of the medical staff from the point of patients' view – I level of the reference

Source: Own study

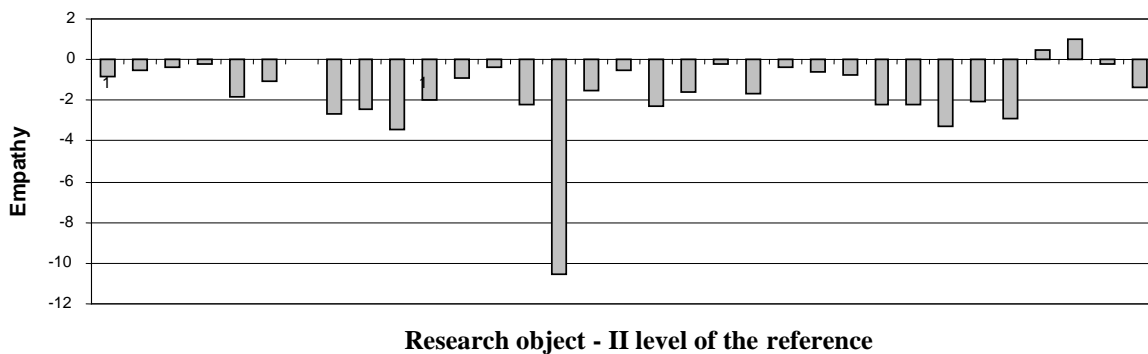


Fig. 2: Estimation of the empathy of the medical staff from the point of patients' view – II level of the reference

Source: Own study

Empathy effects for research objects with the III level of the reference were presented in the figure 3. It can be seen from the figure that the empathy is estimated highest in 3 research object, receiving the value 3. Empathy was evaluated lowest in 4 research object, where determinant reached the value -3.04.

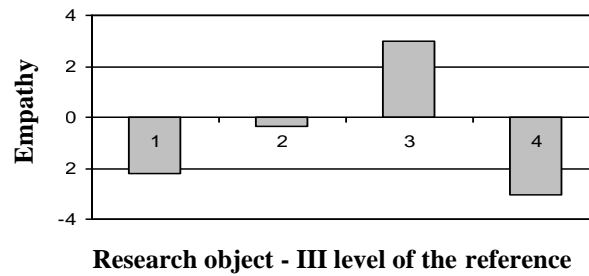


Fig. 3: Estimation of the empathy of the medical staff from the point of patients' view – III level of the reference

Source: Own study

5. Summary

Results of examinations and their analysis showed, that role of personnel in the process of the medical services provision is very important. Personnel's qualifications, skills, aptitudes, the kind-hearted relation to the buyer, the desire of involving help have basic importance in acquiring and entering into durable relations with them. It was stated, that next the strict medical activities, influence of the provider on the patient's emotional state is important. Important here there are (Rudawska, 2005, p. 43):

- a) the doctor's attitude – features of his personality and the temperament that are finding the transfer the determined relation to people and own work; his behavior in crisis situations, particularly when he is tired, irritated, impatient,
- b) parameters of the communication process – the doctor should shape them consciously so that the quality perceived by the patient was highest maximally.

Fostering the empathy in every doctor is very important. It is significant from the point of the view of interpersonal communication. Good interpersonal communication is the heart of the healthy organization and its contacts with patients.

The code of medical ethics is saying that the doctor should kind and with culture treat patients. Respecting their personal status and the right to the privacy. Relations between the patient but the doctor should based on mutual confidence (...) [10]. And so the doctor's empathy should always „to concur” with experience and reliable medical knowledge. Only these three guilds are giving the ideal doctor's image.

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Address of authors:

Mgr. Joanna ROSAK-SZYROCKA, PhD.
Department of Management
Division of Production Engineering
Technical University of Częstochowa
ul. Armii Krajowej 19B
42-200 Częstochowa
Poland
e-mail: jrosak@zim.pcz.czest.pl

Prof. dr hab. inż. Stanisław BORKOWSKI
Department of Management
Division of Production Engineering
Technical University of Częstochowa
ul. Armii Krajowej 19B
42-200 Częstochowa
Poland
e-mail: bork@zim.pcz.czest.pl