INTRODUCTION

In health services management, quality is possible as it can distinguish between suppliers and can intervene in the mechanism of supply and demand of services.

For this, we should have a good definition of the concept of quality in health services and, where possible, units or options to compare it. In reality, it is difficult to measure quality in healthcare, much more difficult than in other sectors, where the „raw material” entering the production process and the finished product is something tangible and measurable. For example, in a clothing factory, the raw material entering the production process is the fabric while the suit is the finished product, which can be accurately analyzed and assessed in terms of quality. In health, the „raw material” entering the system is the sick man, and the „finished product” is the health of the patient, his degree of satisfaction, aspects that are more difficult to quantify. Moreover, the medicine cannot put a sign of equality between the results of the medical activities and the quality of care. Maximum service may be granted to an elder patient without biological reserves, with a serious illness, or with underlying conditions, where the result is the desired one, regardless of the consumed resources, or the quality of service.

In the conditions of free competition, quality is an important tool for mobilizing human resources to find the limits which separates quality from non-quality and over-capacity, which are both extremes, both harmful and costly. Quality is a matter of balance, which seeks to achieve maximum benefit for the patient and minimal risks. The competitive health services market in Romania will allow in time the disappearance of the monopoly imposed by the state units and the quality of new providers of medical services for which we will need to provide criteria in order to compare themselves. At the same time, we have to offer the service recipient that is the patient, the possibility to differentiate between what is good or bad, a mean to shift towards services that meet mostly their needs.

PURPOSE OF THE STUDY

The purpose of this study is to assess the patients’ satisfaction concerning the quality of care provided within the primary care and secondary units, in Sibiu.

MATERIAL AND METHOD

The study was conducted in 2010, the medical units with and without beds, public and private sectors. The study group consists of a total of 80 patients, randomly selected. As study material, we used the anonymous questionnaire working with a number of 25 questions, with pre-formulated answers. The work technique consisted of applying the questionnaires followed by processing, analysis and synthesis of the data obtained.
Under these conditions, we followed the main positive aspects reported by patients in relation to services provided by suppliers, but we also identified the main complaints of the people studied in relation to medical care they received.

RESULTS AND DISCUSSIONS

The results show that the studied people have different opinions regarding the medical care they received according to certain criteria such as age (Figure 1), social class (Figure 2), as well as the way of perceiving their own health needs, more or less satisfied with the services received. Within primary care, doctor-patient relationship is perceived by the patients as being favoured by the continuing basis of this relationship, which gives the patient a degree of safety and confidence. The highest level of satisfaction is seen in the elderly who frequently resort to general practitioner services having thus, a closer relationship with this one.

Figure no. 1. Satisfaction of the people studied, depending on age.

The studied patients studied have an increased level of satisfaction and the results of different studies have been influenced by the type of care and the context in which treatment was given. In this study we found that hospitalized patients, whose health has improved, are more satisfied than the patients treated in ambulatory services, who were dissatisfied with the waiting time at the offices of polyclinics. Another discontent was the high prices of drugs in relation to their material possibilities, most patients are older people with low incomes. (Table no.1)

Table no. 1. Main discontents of the people studied, in order of importance:

<table>
<thead>
<tr>
<th>Complaints of the type studied</th>
<th>Type of Health Care</th>
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</thead>
<tbody>
<tr>
<td>Hotel and food conditions</td>
<td>Secondary Health Care</td>
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<tr>
<td>Lack of secondary drug</td>
<td>Secondary Health Care</td>
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<tr>
<td>Lack of environmental health staff</td>
<td>Secondary Health Care</td>
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<tr>
<td>The patient awareness about the disease</td>
<td>Secondary Health Care</td>
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<tr>
<td>Waiting time for outpatient consultation</td>
<td>Outpatients services</td>
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<tr>
<td>Solving incomplete health problems (offer limited services)</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>Inadequate facilities with the primary equipment</td>
<td>Primary Health Care</td>
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<td>The cost of drugs</td>
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CONCLUSIONS

1. Older people tend to report higher levels of satisfaction than the younger patients, and women tend to be more satisfied with the medical care than men.
2. Patient satisfaction decreases with the increasing of the level of their training.
3. The studied patients studied have an increased level of satisfaction directly proportioned with the behaviour of the team that meets their needs and expectations.
4. Patients’ expectations vary greatly depending on age, personality, socio-cultural level, and the context in which the medical services are provided - ambulatory or hospital.
5. A continuing doctor-patient relationship provides a higher degree of confidence and patient safety and thus, a higher degree of satisfaction related to the medical care.
6. Patients appreciate more the quality of communication with the health professionals rather than their professional competence. Patient satisfaction is closely related to the clarity of the information received.
7. The main complaints of the studied patients are related to accommodation and lack of medicines in hospitals, the promptness with which the medical staff respond to the patients’ requests, long time waiting in the ambulatory system, inadequate provision of medical equipment and reduced offer of services at primary care level.

BIBLIOGRAPHY