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Patients' perceptions of ambulatory healthcare work organisation and communication in healthcare entities

INTRODUCTION

Social inequalities are an inherent part of human development. They occur between countries, cities, social groups or individuals (Pliszka, 2015, p. 449). They are defined as socio-economic phenomena related to unequal access to resources, power, culture, economic goods or services, healthcare, and education or manifested by differential incomes of individual social groups. Social inequalities hinder access to socially valued goods people desire because they satisfy their needs and aspirations and bring satisfaction (Wypych-Ślusarska et al., 2019, p. 230).

This article discusses selected social determinants that may contribute to inequalities in access to healthcare. This is an issue that is still topical and extremely important for every patient. This is because the existence of inequalities in access to healthcare reduces the quality of life of the individual. The effect of these inequalities can be a reduction in health (Bayo-Idowu et al., 2023), a weakening of social bonds and trust in the health facility and the staff employed there, as well as the perception that the quality of the clinic's services is unsatisfactory from the

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patient's point of view (Padamata, Vangapandu, 2023). The cause of inequalities in access to healthcare will be differences in perceptions of the goods and services provided by the healthcare entity, and this aspect became the main motivation for undertaking the research topic.

The main aim of the study was to analyse the relationship between the ratings of perceived elements of the organisation and communication of the healthcare entity and the age of the patients. The methodology used in the study made it possible to verify the significance of differences in the ratings due to the age of the respondents, and for this purpose, the Mann-Whitney U test and the Spearman rank correlation coefficient were used. The main focus of the paper was on non-medical benefits for the patient, which may influence patient satisfaction and choices. The paper does not evaluate professional services or treatment outcomes, which are the main focus of the clinic and should be at the centre of the health facility's attention.

The main rationale behind the need for the study was the willingness to verify patients' perceptions, which were expressed as the degree of satisfaction with the clinic's services. The study investigated two aspects: the organisation of the clinic's work and the clinic's communication with the patient. The study was conducted among patients of ambulatory healthcare in Częstochowa. Respondents were divided into four test groups depending on their age. An original, anonymous survey questionnaire was used to obtain data.

The following research hypotheses were formulated in the survey design process:

(H1) Age of respondents influences perceptions of elements of the clinic's work organisation;

(H2) Age of respondents influences perceptions of elements of the clinic's communication with patients;

(H3) Satisfaction with the healthcare entity's services (in terms of organisation and communication) increases with patient age.

Statistical methods were used to verify the stated hypotheses. Calculations were made using the Statistica software.

The structure of the paper includes an introduction to social inequalities, including issues related to the accessibility of health services, patient satisfaction surveys, and a presentation of empirical research with conclusions, including research implications and limitations.

PATIENT SATISFACTION SURVEYS AND RELATED WORKS

Today, patient satisfaction is becoming an important indicator of the competitiveness of healthcare entities. Winning patient satisfaction is not easy. The feeling arises in a specific situation, usually when the patient's expectations

are met or even exceeded. Satisfaction is most often defined as an emotional state, an emotion closely related to individual preferences and needs. It is a subjective feeling, difficult to measure and predict, a psychological state resulting from the confrontation between what the patient expects and what he or she actually experiences. Nowadays, patient satisfaction is considered an important element in the measurement of healthcare quality, perception of health inequalities or access to healthcare. Indeed, patient satisfaction can be explained as the fulfilment of the patient's expectations. Meeting these expectations provides a basis for introducing measures to foster the elimination of these inequalities. Measuring patient satisfaction can also provide clues as to the direction of the organisation's development, the introduction of organisational changes or the verification of patient needs. By measuring satisfaction with the services provided by a healthcare facility or with non-medical elements such as work organisation or communication, it is possible to identify gaps in service and access to healthcare and, on the basis of these gaps, take action to improve the situation.

There is a significant number of papers in the literature on patient satisfaction, research into perceptions of the quality of health services or inequalities in access to healthcare. Such studies have been conducted, for example, among patients in Germany. Patient satisfaction with German healthcare providers was rated highly, as evidenced by the results presented by K. Achstetter *et al.* (2022). As in this study, despite the overall highly rated patient satisfaction, organisational aspects in medical centres were identified as problem areas.

The results of most of the studies presented here indicate that as people get older, respondents are more satisfied with the services they receive in the medical centre. It is well known that the older a person is, the more ailments bother them. Consequently – they are more likely to use the services of a doctor and medical treatments (Braithwaite *et al.*, 2022; Williams *et al.*, 2020). Similar observations were made in an article by Steward Williams *et al.* (2020) based on a WHO study, where patients aged 50 plus from five countries: China, Ghana, India, Russia and South Africa, rated the surveyed items on medical care higher as their age increased.

Similar conclusions can be found in the study by Tille F. *et al.* (2019) – older patients rated ambulatory healthcare higher compared to younger ones (Tille *et al.*, 2019). In the results of Tille F.'s study, more than 90% of all patients rated their last visit to their GP positively in terms of trust, communication, respect for personal dignity and autonomy, although in the case of trust in the GP, only 50.3% did so (in the research presented in this article, the result was more than 70% positive). Poor ratings were mainly given by 18–34 year-olds – these similarities can be seen in the article presented here.

The impact of inadequate quality of healthcare services was also approximated by Pui-Mun Lee *et al.* – using Singapore as an example (Lee *et al.*, 2006). The authors of this study showed how the healthcare sector is negatively affected by

poor quality of healthcare services, causing losses and the departure of current as well as potential patients. They pointed out the need for a holistic approach to patient care, with a view to considering quality, cost and efficiency factors.

A study on the perceptions of patient inequality by medical staff in a psychiatric facility was conducted in the UK (Bayo-Idowu et al., 2023). The authors of this study used a survey questionnaire aimed at hospital staff. In the study, they demonstrated the negative impact of inequality on patients' mental health and subsequent treatment. They stressed the importance of the need to train medical staff in this area in order to be able to counteract inequalities among patients and thus improve their quality of life.

Capturing perceptions of healthcare quality from the patient and staff perspectives also became the focus of a study in Indian hospitals (Padamata, Vangapandu, 2023). The authors of the study – as in this study – used the Mann-Whitney test for data reliability testing and descriptive analysis.

Patient satisfaction with health services is an issue addressed by many authors (Abera et al., 2017; Gonzalez, 2019; Hussain et al., 2019; Manzoor et al., 2019; Sun et al., 2017; Shabbir et al., 2016). All are unanimous in pointing out the need to take care of this aspect of patient service, always with a priority on treatment outcomes and health improvement. Patient satisfaction is now becoming one of the measures of the quality of services provided and a key factor in determining the success of a health facility (Gupta et al., 2022; Ferreira et al., 2020; Lagrosen et al., 2020; Rahman et al., 2021; Yarimoglu, Ataman, 2021; Yoon, Lee, 2022; Martínez et al., 2021; Vieira et al., 2022). According to scientific research, patient satisfaction also affects loyalty to the healthcare facility (Yıldırım et al., 2022).

MATERIALS AND METHODS

The empirical research was carried out in 20 entities performing medical activity in Częstochowa (Poland) in 2018–2019. All medical centres participating in the study operate on a commercial basis as non-public healthcare facilities. The present study involved 552 respondents – patients currently using healthcare services, 53% of whom were women and 47% men (adults only). The research sample for the study was determined using the formula for the minimum size for the structure indicator. The structure of the obtained sample turned out to be consistent with the structure of the population of Częstochowa (according to the data of the Central Statistical Office), thanks to which it can be considered representative (the minimum sample size was determined as 384 units).

The subject of the analyses of this study was the opinions (perceptions) of respondents regarding selected (non-medical) components of service provision by healthcare entities – organisation and communication. The structure of respondents

was analysed by age. The main assumption in determining the age groups was the change of generations and the resulting differences in the perception of health services and their different needs and expectations. The cognitive value of such a division is that by verifying the assessments of respondents from different age groups (with regard to the surveyed elements), it is possible to try to adjust the clinic's services to their expectations and thus influence their satisfaction. The higher the level of satisfaction, the more patients a given medical facility can attract. Therefore, the respondents were divided into four age categories: up to 25 years old (14% of respondents), 26–45 years old (32%), 46–65 years old (34%) and over 65 years old (20%).

The empirical research was based on a survey questionnaire (anonymous). The survey questionnaire included a metric, 8 questions assessing the organisation of the clinic's work and 4 questions assessing the clinic's communication with patients. Both the organisation of the clinic's work and communication were considered in terms of the availability of health services for specific age groups. Customer satisfaction with specific components of health service provision was assessed with the use of a 5-point Likert scale.

In the study, the author applied methods from the field of multivariate statistical analysis. The Mann-Whitney U test and Spearman's rank correlation coefficient were used to verify the significance of differences in respondents' evaluations. Statistica software was used for the calculations. The determined Alpha-Cronbach coefficient (0.954) confirmed the validity and reliability of the survey questionnaire.

RESULTS OF EMPIRICAL RESEARCH

Competition in the healthcare market is huge, and it is growing constantly. Currently, there is a trend that patients are increasingly looking for medical facilities that meet their expectations not only in terms of treatment effects (which is always a priority), comprehensive services and employed specialists, but also due to the availability of the health centre. An important element – from the healthcare provider's point of view – should be the verification of patients' perception of work organisation in the surveyed clinics. The empirical research carried out in selected medical centres served this purpose.

In order to verify the perception of ambulatory healthcare patients about the organisation of work in the healthcare entity, an analysis of patient satisfaction with individual elements in this area was carried out. As for the general assessment of the organisation of the clinic's work by the respondents, it was generally positive. The highest ratings were given to the centres' opening hours (80.3% positive), premises (79.8% positive) and location (73.0% positive). The centre's accessibility for people with disabilities was rated negatively by 15.6% of respondents, and

the availability of specialist doctors/admission limits by 19.8%. However, the availability of parking for the clinic's clients was negatively assessed by as many as 26.2% of respondents, and positive opinions did not exceed 50% (47.8%). In order to deepen the analysis and verify the hypothesis (H1), the Mann-Whitney U test was used, where the test groups were divided according to the age of the respondents (Table 1).

Table 1. Mann-Whitney U test values and their significance in relation to the correlation between age and elements of the clinic's work organisation

Test groups	elements of non-medical benefits	clinic's location	parking nearby	clinic's working hours	housing conditions	social conditions	service for disabled people	admission limit	doctor queues
≤25/ 26–45	Z	-0.321	2.049*	2.947*	1.414	0.065	2.639*	1.985*	-0.085
	p	0.748	0.040	0.003	0.157	0.948	0.008	0.047	0.932
≤25/ 46–65	Z	-2.655*	2.153*	0.594	1.149	-0.600	2.999*	1.741	-0.062
	p	0.008	0.031	0.552	0.250	0.548	0.003	0.082	0.950
≤25/ >65	Z	-2.717*	2.525*	-0.585	-0.083	-2.051*	2.949*	-0.120	-1.625
	p	0.007	0.012	0.559	0.934	0.040	0.003	0.904	0.104
26–45/ 46–65	Z	-3.056*	0.407	-3.280*	-0.467	-0.958	0.998	0.243	-0.088
	p	0.002	0.684	0.001	0.641	0.338	0.318	0.808	0.930
26–45/ >65	Z	-2.971*	0.627	-4.565*	-1.924	-2.842*	0.738	-2.682*	-1.863
	p	0.003	0.531	0.000	0.054	0.004	0.461	0.007	0.062
46–65/ >65	Z	-0.026	0.120	-1.557	-1.570	-1.981*	-0.148	-2.388*	-1.656
	p	0.979	0.904	0.120	0.116	0.048	0.882	0.017	0.098
≤45/>45	Z	-4.073*	1.588	-3.494*	-0.690	-2.202*	2.273*	-0.708	-1.119
	p	0.000	0.112	0.000	0.490	0.028	0.023	0.479	0.263

* statistically significant values at the level of $\alpha = 0.05$.

Source: own study based on the questionnaire survey.

While analysing the results of the Mann-Whitney U test, it can be concluded that people aged up to 25 years rated the availability of a car park for the centre's clients significantly higher compared to people aged 26–45 years ($Z = 2.049$; $p = 0.040$), 46–65 years ($Z = 2.153$; $p = 0.031$) and over 65 years ($Z = 2.525$; $p = 0.012$). Opening and closing hours of medical centres were rated significantly higher by those aged up to 25 years compared to those aged 26–45 years ($Z = 2.947$;

$p = 0.003$). Persons aged 26–45 rated medical centre opening hours lower compared to those aged 46–65 ($Z = -3.280$; $p = 0.001$) and those over 65 ($Z = -4.565$; $p < 0.001$).

In general, people up to 45 years of age rated the opening hours of medical centres significantly lower compared to people older than 45 years of age ($Z = -3.494$; $p < 0.001$). Younger people have fewer leisure time resources due to both paid work and childcare and other types of commitments, especially when compared to those of retirement age. Hence, there is likely to be a different approach to assessing the operating hours of medical centres. This is also due to the fact that much of the medical centre's work conflicts with the working hours of other establishments, which, excluding sickness situations – when it comes to periodic and specialised examinations – is a major problem.

Those aged over 65 years rated social conditions significantly higher compared to those aged up to 25 years ($Z = -2.051$; $p = 0.040$), 26–45 years ($Z = -2.842$; $p = 0.004$) and 46–65 years ($Z = -1.981$; $p = 0.048$). In general, older people rate the social conditions higher than younger people ($Z = -2.202$; $p = 0.028$). Regarding the adaptation of the medical centre to serve people with disabilities, people aged up to 25 years rated it significantly higher compared to people aged 26–45 years ($Z = 2.639$; $p = 0.008$), 46–65 years ($Z = 2.999$; $p = 0.003$) and over 65 years ($Z = 2.949$; $p = 0.003$). The remaining results did not show statistically significant differences.

The next stage of the research focused on analysing patients' perceptions of communication in the clinic. Efficient communication in medical entities is very important. It is a special way of exchanging thoughts and words. We live in an era when time plays an important role in every domain of life. Getting things done quickly by phone or online and appropriate signposting could make everyone's life easier. Patients communicate with the medical centre primarily to make an appointment with the doctor. Sometimes, however, this issue is, for them, a source of frustration and dissatisfaction. Long queues for doctors, distant appointments and rude staff are situations that can be encountered in many medical centres.

The level of patient satisfaction with the different elements of communication in the healthcare provider was therefore investigated. In general, communication between the healthcare provider and the patient was assessed positively by respondents. Adequate signage (77.5% positive) and precise and accessible information (76.6% positive) were rated best. The lowest ratings were given to long queues to see specialists, which are largely driven by external conditions – not directly attributable to the centre. On the other hand, it should be noted that 17.6% of respondents negatively assessed the readability of the website and 18.5% the possibility of making an appointment by phone.

To verify the hypothesis (H2), data from the survey questionnaire was analysed using the Mann-Whitney U test. The results have been summarised in Table 2.

Table 2. Mann-Whitney U test values and their significance in relation to the correlation between age and elements of communication between clinics and patients

Test groups	elements of non-medical benefits	clarity of communication	signage inside the clinic	readability and accuracy of the website	contact by phone/internet
≤25/ 26–45	Z	0.467	-0.370	1.348	1.156
	p	0.641	0.711	0.178	0.248
≤25/ 46–65	Z	-0.248	-1.372	1.228	0.313
	p	0.804	0.170	0.219	0.754
≤25/>65	Z	-0.644	-2.106*	0.187	0.146
	p	0.520	0.035	0.851	0.884
26–45/ 46–65	Z	-0.779	-1.323	-0.150	-0.853
	p	0.436	0.186	0.880	0.394
26– 45/>65	Z	-1.264	-2.222*	-1.461	-1.166
	p	0.206	0.026	0.144	0.244
46– 65/>65	Z	-0.450	-1.042	-1.317	-0.324
	p	0.652	0.297	0.188	0.746
≤45/>45	Z	-1.108	-2.386*	-0.267	-0.784
	p	0.268	0.017	0.789	0.433

* statistically significant values at the level of $\alpha = 0.05$.

Source: own study based on the questionnaire survey.

When analysing the values of the ratings of elements of medical centre communication with the patient, discernible differences can only be seen with regard to appropriate signage and information boards. This was rated significantly higher by those aged over 65 years compared to those aged up to 25 years ($Z = -2.106$; $p = 0.035$) and those aged 26–45 years ($Z = -2.222$; $p = 0.026$). The detailed results were confirmed when the age groups were combined. People up to 45 years of age rated appropriate signage significantly lower compared to people older than 45 years of age ($Z = -2.386$; $p = 0.017$). Older people need clear signage and the provision of accurate information, as this makes it easier for them to find their way around the often extensive premises of the medical centre. Information boards reduce the time spent searching for the relevant surgeries and provide necessary information without the need to queue at the information desk. These are important elements that the management of a medical facility should constantly keep in mind, and regularly examine patients' perceptions and respond to any objections in this regard.

The other organisational elements did not demonstrate statistically significant differences in any of the statements.

To extend the analysis and verify the hypothesis (H3), Spearman's rank correlation coefficient was calculated using the Statistica software.

Table 3. Values of Spearman correlation coefficients and their significance for correlations between age and accessibility factors

Question	R	$t_{(N-2)}$	p
clinic's location	0.149682	3.82084	0.000146
car park nearby	-0.079734	-2.01089	0.044762
clinic's working hours	0.116595	2.95362	0.003257
housing conditions	0.032362	0.81720	0.414122
social conditions	0.106031	2.66793	0.007830
service for the disabled	-0.104843	-2.62715	0.008823
admission limit	0.040696	1.02474	0.305876
doctor queues	0.065792	1.66150	0.097106

Note: all statistically significant coefficients are marked in bold

t_n – value of the statistic testing the significance of the Spearman correlation coefficient for n-2 degrees of freedom

Source: own study based on the questionnaire survey.

The obtained Spearman correlation values show that the perception of the accessibility of the location of the clinic increases significantly with the age of the patient and the patient's satisfaction with the convenience of the location of the clinic ($r=0.1496$).

Based on Table 3, when analysing the correlational relationships between patient age and perception of customer/patient parking accessibility, it was observed that younger patients rated the accessibility of the car park ($r=-0.0797$) and the accessibility of the clinic for disabled people ($r=-0.1048$) significantly higher. Furthermore, perceptions of the accessibility and comfort of social conditions ($r=0.106$), and the clinic's opening and closing hours ($r=0.1166$) increase with patient age. The correlation between the other variables is not statistically significant.

Table 4. Values of Spearman correlation coefficients and their significance for the correlation between age and communication factors

Question	R	$t_{(N-2)}$	p
clarity of communication	0.042656	1.07588	0.282389
signage inside the clinic	0.103367	2.62086	0.008981
readability and accuracy of the website	0.014454	0.35790	0.720543
contact by phone/internet	0.022235	0.55735	0.577490

Note: all statistically significant coefficients are marked in bold

t_n – value of the statistic testing the significance of the Spearman correlation coefficient for n-2 degrees of freedom

Source: own study based on the questionnaire survey.

When analysing the communication factors, it was observed that the evaluation of the communication factor, i.e. appropriate signposting of places/information boards in the clinic, increases significantly with the age of the patient ($r=0.1034$).

Analyses using the Mann-Whitney U test and the obtained values of Spearman's correlation coefficients allowed positive verification of all hypotheses set.

CONCLUSIONS

The results of the analyses showed which elements of work organisation and communication in the healthcare entity require improvement to ensure patient satisfaction, strengthen relationships and reduce inequalities in access to medical care for patients in different age groups. When carrying out this type of research taking into account the age of patients – medical clinics can adjust their opening hours to patients' expectations, provide easy access to the healthcare facility, prepare a car park, design a functional and easy-to-use website, create a pleasant atmosphere in the health centre, ensure the professional appearance of medical staff, regularly train staff in patient care, as well as adjust the clinic to the needs of people with disabilities. Thanks to this, inequalities in access to medical care can be eliminated, which will help to increase patient satisfaction.

Please remember that survey research is not free from limitations. Patients come to a medical facility with various, often very serious problems, and in such a situation, it is inappropriate to ask them to complete a survey. This type of examination, therefore, requires great sensitivity to the situation and assistance from medical staff so as not to disturb the treatment process.

Conducting these types of analyses helps to identify how patients perceive elements of organisation and communication in the health centre, which in the future will help to eliminate inequalities in access to healthcare from the perspective of different age groups. The implementation of patient satisfaction surveys in healthcare entities made it possible to achieve the objective set out in the introduction and to analyse the relationship between the assessments concerning the perception of elements of organisation and communication of the healthcare entity and the age of patients.

The methodology used made it possible to verify the significance of differences in evaluations due to the age of respondents and thus confirmed the truth of the research hypotheses (H1), (H2) and (H3). The results of the study clearly confirmed that the age of patients determines the perception of elements of organisation and communication in healthcare entities (Mann-Whitney U test) and that satisfaction with the healthcare entity's services increases with the age of the patient (Spearman test). It should be emphasised that patients' perceptions of the elements in question vary according to their age, and in order to eliminate inequalities, this factor should always be taken into account.

To summarise the above considerations, it should be emphasised that an effective approach to eliminating inequalities in access to healthcare should include a systematic study of patients' perceptions, identifying the level of their satisfaction and offering services in line with the expectations of both current and potential patients.

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Summary

The aim of the presented research was to analyse the relationship between assessments regarding the perception of elements of organisation and communication of a healthcare entity and the age of patients. The work focused on non-medical benefits for the patient, which may influence their satisfaction and the choices they make. The main rationale justifying the need to conduct research was the desire to verify patients' perceptions, which was expressed as the degree of satisfaction with the clinic's services. Two aspects were examined: work organisation and communication between the clinic and the patient.

The research was conducted in medical facilities in the city of Częstochowa among patients currently using ambulatory medical care. The test groups were divided depending on the age of the respondents. In order to obtain data, an original survey questionnaire was used. The following research hypotheses were formulated: (H1) age of respondents influences perceptions of elements of the clinic's work organisation; (H2) age of respondents influences perceptions of elements of the clinic's communication with patients; (H3) satisfaction with the healthcare entity's services (in terms of organisation and communication) increases with patient age. The basis for formulating the hypotheses was a review of research on social inequalities, inequalities in access to healthcare and patient satisfaction studies. In order to verify the hypotheses, statistical methods were used: the Mann-Whitney *U* test and Spearman's rank correlation coefficient. Calculations were made using the Statistica software.

The obtained results confirmed the validity of all hypotheses. The Mann-Whitney test confirmed that the age of respondents significantly affects the assessment of work organisation and communication between the clinic and the patient (H1 and H2). Furthermore, the obtained Spearman correlation values confirmed that patient satisfaction with the clinic's services increases with the patient's age (H3).

Keywords: social inequalities, inequalities in access to healthcare, patient satisfaction, organisation and communication in healthcare entities.

Postrzeżenie przez pacjentów ambulatoryjnej opieki zdrowotnej organizacji pracy i komunikacji w podmiotach leczniczych

Streszczenie

Celem prezentowanych badań była analiza zależności pomiędzy ocenami dotyczącymi postrzeżenia elementów organizacji i komunikacji podmiotu leczniczego a wiekiem pacjentów. W pracy skoncentrowano się na pozamedycznych korzyściach dla pacjenta, które mogą mieć wpływ na satysfakcję i dokonywane przez niego wybory. Główną przesłanką uzasadniającą potrzebę przeprowadzenia badań była chęć weryfikacji percepcji pacjentów, która wyrażona została jako stopień zadowolenia z usług przychodni. Zbadano dwa aspekty: organizację pracy i komunikację przychodni z pacjentem.

Badania przeprowadzono w podmiotach leczniczych na terenie miasta Częstochowa, wśród pacjentów aktualnie korzystających z ambulatoryjnej opieki medycznej. Grupy testowe podzielono w zależności od wieku respondentów. W celu pozyskania danych posłużono się autorskim kwestionariuszem ankiety. Sformułowano następujące hipotezy badawcze: (H1) wiek respondentów wpływa na postrzeżenie elementów organizacji pracy przychodni; (H2) wiek respondentów wpływa na postrzeżenie elementów komunikacji przychodni z pacjentami; (H3) zadowolenie z usług podmiotu leczniczego (w aspekcie organizacji i komunikacji) wzrasta wraz z wiekiem pacjenta. Podstawą do

postawienia hipotez był przegląd badań z zakresu nierówności społecznych, nierówności w dostępie do opieki zdrowotnej oraz badań satysfakcji pacjenta. W celu zweryfikowania postawionych hipotez wykorzystano metody statystyczne: test U-Manna-Whitney'a oraz współczynnik korelacji rang Spearmana. Obliczeń dokonano przy użyciu programu Statistica.

Uzyskane wyniki pozwoliły potwierdzić prawdziwość wszystkich hipotez. Wyniki testu Manna-Whitney'a potwierdziły, że wiek respondentów zasadniczo wpływa na oceny organizacji pracy i komunikacji przychodni z pacjentem (H1 i H2). Natomiast uzyskane wartości korelacji Spearmana potwierdziły, że zadowolenie pacjentów z usług przychodni wzrasta wraz z wiekiem pacjenta (H3).

Słowa kluczowe: nierówności społeczne, nierówności w dostępie do opieki zdrowotnej, satysfakcja pacjenta, organizacja i komunikacja w podmiotach leczniczych.

JEL: I14, I31, D63.