OPINION OF PATIENTS ON THE QUALITY OF HOSPITAL CARE

Countries in transition, which include Central and Eastern Europe and Central Asia, are emerging from non-democratic and highly centralized systems, in which the State is the central actor in all sectors of social life, including health. Patient participation is not an issue in these systems. As a part of the transition process, some State functions have been decentralized, and the concept of a market economy introduced, with the practices of open bidding, contract negotiation and customer sovereignty—patient choice entering the health sector. Observing the changes in other areas, patients have started demanding a greater influence in all matters concerning health: selection of their physician or hospital, participation in medical decision-making, as well as the possibility of participating in local policy-making; possible now because of decentralization.

IN Volvement of Patients’ in Decision-making

Traditionally, the extent of a patient’s involvement in medical decision-making has been minimal at the level of consultations with the doctor and non-existent at the level of formulating health policy. During the past decade, however, greater involvement of the community in the context of the health sector has been advocated. The community is becoming involved by claiming patient choice as a democratic right and demanding a mechanism whereby it can exercise influence over what happens in publicly operated systems. Thus, the community would have the ability to directly influence the quality of service by the choice of provider and/or insurer. Active participation of each individual in decision-making through local community health boards or councils, such as in Finland and the UK, or through non-governmental organizations (NGOs) working in the field of health, is rapidly increasing in Central and Eastern European countries.

However, the mechanisms for the protection of patients’ rights still do not necessarily involve direct public participation.

Surveys of Patients’ Opinions

Surveys of individual patient’s opinions are being carried out as a means to view the quality of service through the consumer’s eye. These allow each individual to contribute by pointing out what is or is not going well; help in setting targets for improving care; and measure the impact of ‘efforts to improve’.

At the same time, this opportunity for patients to give a feedback (by asking their opinion and enabling their participation in decision-making) helps to restore their trust in the health care system. This trust has been challenged by the rapid advancements in health sciences, commercialization of medical care, and media attention to medical uncertainty and error.

National Survey of Hospitalized Patients

With the aim of advancing public accountability and the final goal of improving the quality of care delivered, a nationwide pilot study was started on 1 March 2001 in Croatia to survey the opinion of patients on their experiences in hospitals as a part of the ongoing health reforms.

The first part of the study will evaluate the responses of all patients admitted to hospital during the study period. Each patient will get a questionnaire (Table I) on discharge from hospital, to be filled at home and returned anonymously by prepaid mail. The questionnaire has been developed after consulting both patients and medical staff. The patients were approached through their respective patient associations while the medical staff were approached through the hospitals (from the medical director to the hospital medical advisory board) and the Croatian Medical Associations and Croatian Physicians Chamber. During the first three months, 37998 patients discharged from hospitals filled the questionnaires and sent them by post to the Ministry of Health. This shows the keen interest among patients to participate in improving standards in the hospital sector and, above all, to increase the responsiveness of the medical staff.

This survey of the opinions of patients is a part of what is hoped will become a continuous quality improvement programme. By surveying the experiences of patients we hope to identify those departments (clinics) with disproportionate shares of patient complaints, the nature of complaints patients have about such departments and the level of staff complained about. The information thus obtained should show the strengths of each hospital and the areas that should be given priority for improvement. Thus, by involving public participation, we hope to improve the health services, making them more sensitive to the demands of patients.

Table I. Questionnaire on patients’ satisfaction related to their stay in hospital

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<tr>
<th>Question</th>
<th>Response Options</th>
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<tbody>
<tr>
<td>1. For being admitted to hospital, I have waited:</td>
<td>Emergency, Up to 1 month, 2-3 months, 4-6 months, 7-12 months, &gt;12 months</td>
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<tr>
<td>2. The physician informed me about my medical condition:</td>
<td>Not at all, Not enough, Partially, Enough, Completely</td>
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<tr>
<td>3. I was informed about different possibilities of treatment of my disease:</td>
<td>I was not, Not enough, Partially, Enough, Completely</td>
</tr>
<tr>
<td>4. The physician treated me, the patient:</td>
<td>Unfriendly, Not interested, Correctly, Friendly, Very friendly</td>
</tr>
<tr>
<td>5. The nurses treated me, the patient:</td>
<td>Unfriendly, Not interested, Correctly, Friendly, Very friendly</td>
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<tr>
<td>6. The attitude of the medical personnel towards me was:</td>
<td>Less friendly compared to others, Same as towards others, More friendly compared to others</td>
</tr>
<tr>
<td>7. Please express your satisfaction or dissatisfaction with the health service on a scale from 0 to 5, where 0 corresponds to complete dissatisfaction and 5 corresponds to complete satisfaction with the health service:</td>
<td>0 — 1 — 2 — 3 — 4 — 5</td>
</tr>
<tr>
<td>8. Please state what you liked or disliked during your stay in the hospital, and feel free to suggest any idea for improvement you may have:</td>
<td></td>
</tr>
<tr>
<td>9. For the protection of your rights you are going to consult the:</td>
<td>Department Head, Hospital Director, Ministry of Health, Ombudsman, Association for patients’ right protection</td>
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REFERENCES


STIEPAN OREŠKOVIC
PATRICIJA MAJDAK
MARIJA STRNAD
SANJA BABIC

Book Reviews


This book has been very well planned and has a balanced presentation. The preface by the editors is a good summary of what to expect. It is a rare book in which the outcome of a long-time community survey is analysed in a prospective manner. The chapters have been arranged so that the initial emphasis is on the virtues of the Cretan dietary habit and its effects on coronary heart disease (CHD). These chapters emphasize the point that in several countries the dietary habit has been preserved with minimal changes. They highlight the importance of a more agrarian-based (cereals, vegetables including greens, vegetable oil) diet.

The next few chapters emphasize the importance of consumption of olives and olive oil in Mediterranean diets. The presence of n-3 fatty acids and tocopherols in olive oil is shown as a major factor in reducing coronary risk. This is further substantiated by the fact that in southern Mediterranean countries where olive oil consumption is higher, the incidence of CHD is less. At the same time, the book informs us that olive oil alone cannot ensure protection against CHD as the incidence of the disease is higher in other parts of Greece as well as Spain. It is very important to note that the overall dietary pattern plays a vital role. The chapter on wine consumption and its composition in offering antioxidants to protect tissues is encouraging. However, one has to be careful about drawing any conclusions from it.

As a whole, the book is well illustrated and the text is supported by an adequate number of tables and figures which are self-explanatory. I would consider this book an asset to nutrition, medical and public health libraries.

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This book is intended as course material for the School of Health and Social Welfare of the Open University, Milton Keynes, UK. The target readers include practitioners and frontline managers of health and social care, particularly those belonging to the so-called 'professions allied to medicine' including nurses and social workers.

The objective of the book is to make professionals of the above-mentioned categories aware of the developments/changes in health and social care policies and structure in the UK since World War II; to get them to reflect on how they would impinge on their respective work situations; and if possible, to bring about changes in the way things are decided or executed. It is this aspect of 'reflection' which is considered to be 'critical' for the practice of health and social care in the present context and the future.

The authors contributing to the book are all professionals drawn from the 'professions allied to medicine', with expertise in policy-related matters.

The book is divided into three main parts—Part I: Professional development: Contexts and processes; Part II: Challenging practice; and Part III: Working with changing structures.

In Part I, the changes that took place in the UK in the 1980s and 1990s in the health and social care structure have been described. The implications of the market economy for health and social care, the changes introduced by the Conservative governments of the 1970s and 1980s, and the policy shifts brought about more recently by the Labour government since 1997 have all been described in an engaging analysis. The concept of 'critical prac-