

SURVEILLANCE

Why Croatian patients increasingly opt for treatment in private medical clinics?

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Abstract: The professional conduct of medical professionals should be a guarantee to the citizens of Croatia that, if they become patients, their medical institutions, regardless of whether they are private or state-owned, will provide them with a good-quality and timely medical care. Efficient organization of medical care depends on the entire medical community, and patient's satisfaction is a result of its members' interaction. Unacceptably long waiting lists, preoccupied primary care doctors, insufficient quantities of drugs and financial resources make the functioning of public medical institutions difficult. The objective of this article is to assess the reasons why patients opt for treatments in privately owned medical centers. The survey has been conducted in February 2008 on 200 patients of one privately owned health institution in Zagreb. The questionnaire consisting of 13 questions, compared different aspects of treatment in private and public health care institutions. Answers pointed out that three most frequent difficulties the patients meet while being treated in public institutions are long waiting lists for examination or surgery, too long waiting times in outpatient clinics, and indifference of the medical staff. The average grade of satisfaction with treatment is 4.57 in public institutions and 8.89 in private institutions (*Tab. 8, Ref. 14*). Full Text (Free, PDF) www.bmj.sk.

Key words: state-owned health-care institution, privately owned health care institution, patient's satisfaction, communication, doctor-patient relationship.

The health care system's first and foremost objective is to meet the needs of customers. The requirements and needs of customers should be the key factor in organizing the health care system. In addition, the quality of health care is not solely influenced by the work of individual medical professionals, but depends on how the health care system as a whole is organized. Therefore, the patients' satisfaction with the work of medical professionals is the result of interaction of these two factors.

The doctor – patient relationship includes both obligations and privileges. A patient's obligation is to maintain health and a healthy lifestyle, to be motivated for recovery, to seek professional assistance, and to trust their attending doctor. Doctors, on the other hand, are obligated to act for the benefit of patients, to observe the professional and ethical code of the medical profession, to apply the available knowledge and skills, as well as to be objective and emotionally neutral. However, even though the neutrality is desirable in doctors, patients do not want them to be indifferent to their problems, which, unfortunately, are not so rarely seen in doctors' surgeries these days (1). A user of an internet blog described this problem in the following way: "I sometimes think about the relationship between doctor, patient and relatives. In all those years, I have met only a few doctors who were

friendly and wanted to talk. Most of them are cold, distant and see everyone around them as fools. As if they have had a chip implanted during their schooling to gradually erase certain feelings, and to introduce a new program" (2).

During April and May 2006, the Croatian Ministry of Health and Social Welfare in collaboration with the Croatian National Institute of Public Health Institute conducted a survey into the quality and patients' satisfaction with the medical services in hospitals and primary health care centers (3). The poll conducted at all general and clinical hospitals, clinics, and clinical hospital centers in Croatia showed that 63 percent of patients were completely satisfied with the medical services they received. The average rating indicated by patients to evaluate hospital services ranged between 3.75 and 3.97. The seven most frequently stated improvement proposals included refurbishment of wards, better quality of food, more money for medical equipment, rebuilding of hospitals, improvement of hygiene conditions, and a larger number of nurses. In this connection it would be interesting to take a look at how patients' satisfaction and transparency of the health care system are dealt with in the United Kingdom (4). The Document "Patients' Character" issued by the *National Health Service* clearly defines the rights and expectations of users and patients aimed at improving the quality and satisfaction with the system. It is distributed among patients and users so as to inform them about what to expect from the system, to what extent and in which period of time. For example, NHS defines the maximum allowed time of waiting for specific surgeries and specialist examinations, the waiting time before receiving medical first aid

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or emergency medical assistance. Although the timeframes are not ideal (the waiting time for a hip joint endoprosthesis is 18 months), the users know what and how much the system offers, and they express their dissatisfaction if the set standards are not met. The availability of such information about the users' rights and system limitations may lead to greater satisfaction resulting from the mere fact that they are informed. Another positive example is the patients' rights protection system that is applied in some parts of Austria with the help of the *ombudsman* for patients' rights. Financed by the town budget, the ombudsman has relieved the courts of a considerable case burden. Actions taken by the ombudsman include introduction of yellow road strips to facilitate faster movement of ambulance vehicles, introduction of interpreters for immigrants and the deaf-mute, compensation with service instead of money, etc.

Objective

The objective of this article is to assess the reasons why patients opt for treatments in privately owned medical centers. The professional conduct of medical professionals should be a guarantee to the citizens of Croatia that, if they become patients, they will be provided with good-quality and timely medical care. However, this is not always the case due to various factors: the waiting lists for surgeries are unacceptably long, doctors in outpatient clinics are overburdened, medicines are not always available, and funding is insufficient. The latter drawbacks result in doctors losing their patience in daily work with patients.

How to meet the objective health needs of the population? Why are medical services becoming more easily available at private medical clinics than at the public ones? Is it possible to combine and complement the services in the public and private health care sectors in order to improve the quality of health care in Croatia?

Methods

Respondents

The survey was conducted at a private polyclinic in Zagreb on a sample of 200 respondents. Participation in the survey, which was conducted using an anonymous questionnaire, was voluntary. All patients were informed about the survey by the clinic's nurses and doctors.

Instruments

The authors conducted the survey using questionnaires consisting of 13 questions. The structure of the questions was such that they compared specific aspects of treatment or service in public and private medical centers. The authors devised the questions on the basis of their experience in both of these two types of medical institutions. Those interested in the questionnaire should contact the corresponding author.

The respondents were asked to circle one or more answers that best described their experience as well as to provide a written opinion.

Tab. 1. Overview of difficulties patients encountered while treated in state health care institutions.

	Frequency (%)
Bad health care	43 (21.5)
Negligence in treatment	43 (21.5)
Indifference of the medical staff	129 (64.5)
Insufficient informing on health state and planned treatment	67 (33.5)
Incompetent staff	19 (8.5)
Poorly equipped institutions	97 (48.5)
Lousy accommodation	88 (44)
Drugs insufficiency	19 (9.5)
High costs of treatment	31 (15.5)
Long waiting lists for examination or surgery	164 (82)
Too long waiting time in outpatient clinics	137 (68.5)
Inadequate nutrition	26 (13)
Money request for given service	13 (6.5)
Unmannerly medical staff conduct	48 (24)
Patient discrimination	17 (8.5)

The survey was conducted in February 2008. The questionnaire was applied individually. At the top of the page the questionnaire stated the goal and objective of the survey, and the respondents were guaranteed complete anonymity.

The methods used in processing were as follows: descriptive statistics (frequencies, arithmetic means and standard deviations), parametric statistic (t-test for dependent samples), and non-parametric statistics (chi square). The free text containing respondent's opinions was used for describing and substantiating the points made.

Used software: SPSS v.15.0, Command Syntax Reference 2006, SPSS Inc., Chicago III, and Raynald Levesque, SPSS Programming and Data Management: A Guide for SPSS and SAS Users, 4th ed, 2007, SPSS Inc., Chicago III.

Results

According to the answers given, the three most frequent difficulties encountered by respondents during treatment at public medical institutions were as follows: long waiting lists for examinations or surgeries (82 % respondents), too long waiting time at outpatient clinics (68.5 %), and indifference of the medical staff (64.5 %) (Tab. 1).

Of the total of 200 respondents, 164 respondents stated that the greatest difficulty encountered in treatment was the long waiting time for examinations and surgeries. The latter point confirms the well-established fact about waiting lists, namely that they are one of the major grievances of the Croatian health care system.

The results of our survey showed that of the 200 respondents 137 believe that the time spent in outpatient clinic's waiting rooms is too long. Table 2 shows the difference in waiting times in min-

Tab. 2. Overview of waiting time (in minutes) spent in state and private health care institutions.

Institution	N	M	SD	t-test (p)
Public care	179	132.43	20.296	13,957
Private care	179	11.77	18.237	p<0.0011

Tab. 3. Reasons for treatment in private medical centers.

	f (%)	chi ² (p)
Second opinion	23 (13%)	
Could not wait for an appointment in a public institution	85 (48.3%)	76.818
Assumed the health care received in public institutions is inadequate	11 (6.3%)	p<0.001
Other reasons	57 (32.4%)	

Tab. 4. Overview of respondents' responses to question "Have you previously seen a doctor in a public health service for the same medical problem?" and "Were you satisfied with the treatment in private care?"

	n	Frequency (%)		chi ² (p)
		yes	no	
Have you previously seen a doctor in a public health service for the same medical problem	191	121 (63.4)	70 (36.6)	
Were you satisfied with the treatment in private care	191	188 (98.4)	3 (1.6)	

utes for examinations at public medical institutions vs. private clinics. It makes clear that the average time of waiting for an examination at a public medical institution is 132.43 minutes (more than 2 hours), whereas the average waiting time for an examination at a private polyclinic is 11.77 minutes. Thus, there is a substantial statistical difference between waiting times for examinations at public health care institutions and the waiting times for examinations at private clinics (p<0.001).

Also very indicative is the total number of 129 respondents, who circled "indifference of medical staff" in answer to the question about the difficulties they encountered when treated at public medical institutions. Emotional neutrality in general communication is acceptable, nevertheless there is no excuse for indifference of medical professionals to patient's health problems.

Table 3 shows the reasons why patients chose private clinics for their treatments: 48.3 % of respondents said they were not willing to wait for their appointments at public institutions, 13 % of respondents said they came for second opinion, 6.3 % assumed the health care received at public institutions was inadequate, and 32.4 % stated other reasons. Those other reasons include: treatment at private clinic is more expensive, but faster; medical staff at public institutions treat patients in an arrogant manner, and they are uncooperative in their mutual relationships; general medical

Tab. 5. Overview of the average rate of satisfaction with treatment in the public and private care.

Institution	N	M	SD	t-test (p)
Public care	190	4.57	1.844	23.334
Private care	190	8.89	1.519	p<0.001

Tab. 6. Differences in received emotional support in public and private health care institutions.

	f (%)	chi ² (p)
Public care	3 (1.6)	
Private care	152 (81.7)	326.129
Equal	26 (14)	p<0.001
None	5 (2.7)	

Tab. 7. Household budget and treatment in private health care institutions.

	f (%)		chi ² (p)
	yes	no	
Will treatment in private institution put pressure on your household budget?	117 (61)	75 (39)	9.188 (0.002)
Will you choose private institution exclusively in the future?	94 (51.9)	87 (48.1)	0.603 (0.603)

check-up organized by employer; recommendation by a doctor from public medical institution; and satisfaction with health care services provided by the clinic in which the survey was conducted.

Furthermore, before visiting a private clinic the majority of respondents (63.4 %) had previously seen a doctor from public health service for the same medical problem. A vast majority of respondents stated they were satisfied with the treatment in private care (98.4 %) (Tab. 4). Namely, the average rate of satisfaction with treatment received at public and private care was 4.57±1.844 and 8.89±1.519 respectively, with p<0.001 (Tab. 5). In other words, respondents rated the services received at private care statistically significantly better than services in public health care.

Table 6 indicates that the respondents included in the survey received a greater degree of emotional support in private care. A total of 81.7 % of respondents had the latter feeling.

Table 7 shows that treatment received at private clinics puts considerable pressure on the household budget of respondents, however, despite this, the majority of respondents (51.9 %) stated that they intend to seek treatment exclusively at private clinics, although some of them stated that the price of services was a significant factor in deciding where to go for an examination or treatment. Respondents who stated that they had not planned to receive treatment exclusively at private care noted that they would opt for treatment in a private clinic if the costs were more acceptable.

Tab. 8. Overview of answers to question: "Which qualities should the medical staff possess for quality performance of their job?"

	Frequency	f (%)
Professional competence	6	3
Professionalism	8	4
Friendliness	12	6
Ethical conduct	10	5
All of the above stated	162	81
None of the above stated is a guarantee for a successful treatment	2	1

The last question the respondents were asked to answer was: "Which qualities should the medical staff possess for quality performance of their job?" (Tab. 8). For respondents the most important single quality of medical staff is friendliness (6 % of respondents), followed by ethical conduct (5 % of respondents), professionalism (4 % of respondents), and professional competence (3 % of respondents). It is interesting to note that 81 % of respondents stated that all of the above qualities are important for the quality practice of medicine. Only 1 % of respondents stated that none of these qualities can guarantee successful treatment.

Discussion

The Three Grievances of the Croatian Health care System

As indicated by the survey, the three major grievances of the Croatian health care system are as follows: long waiting lists for examinations or surgeries, too long waiting at outpatient clinics, and indifference of the medical staff to patients' problems. One of the reasons for the first of these grievances lies in the fact that the Croatian health care system has no clearly defined methods of functioning and that there is no prescribed minimum for the services to be performed during specific diagnostic and therapeutic procedures. A possible explanation is that physicians from primary care over-prescribe diagnostic tests that require highly sophisticated equipment mostly available in large hospital systems, consequently resulting in long waiting lists. However, the long waiting lists may also result from the fact that patients increasingly demand to be submitted to sophisticated examinations, but also due to the uneven quality and non-coordinated development of general hospitals and large clinical centers. The grey area of the Croatian health care system are also the waiting lists that are mostly inaccessible to the general public, the privileged position of individual patients, and very often the emergency treatments for life-threatened patients.

The survey showed that a large number of patients complained about the long waiting time spent in waiting rooms. An internet survey conducted in the United States on a sample of 5 030 patients revealed that the long waiting time is connected with low patients' satisfaction, while the time of examination and the time spent talking to the physician is the strongest predictor of patients' satisfaction (5). Furthermore, the high dissatisfaction caused by the long time spent in waiting rooms decreases the

more time the patient spends in consultations with the physician. Still the most significant conclusion is that the combination of long waiting followed by short time spent with the physician is associated with a very low level of satisfaction.

"It may sound strange to expect us to love our patients. Perhaps it is better to say: we must commit ourselves to their well-being. Only thus can we achieve patients' and our own fulfillment. Patients should not be viewed as merely bodies that ought to function, but as *independently thinking and autonomous beings* that lead meaningful lives and *deserve to be respected as persons*" (6).

The third grievance – indifference of the medical staff – has become an acute problem of the Croatian health care system. Thus, it often happens that a doctor who has good communication skills but poor competence is better rated than a more competent doctor with poorer communication skills. In their relationship with patients, doctors have specific professional privileges such as access to patients' privacy, professional autonomy and superiority. Through interaction of these factors, three basic doctor-patient relationship models are created: complete patient's passivity; patient's guidance and co-operation with the patient; and joint participation in the treatment process (patients are included in the work and selection of their doctors). Good communication with patients also ensures a good patient's perception of the patient-doctor relationship because the elements of dependence most often surpass problems in regard to doctor's professional competence. One of the respondents thus described her satisfaction with the services received at a private clinic with the following words: "I would like to mention that I came to this clinic on recommendation... In my family two people have literally been saved and cured of serious illnesses because they received the assistance of 'true' doctors in this clinic".

Reasons for Going to a Private Clinic for Treatment

Private health care institutions do not necessarily provide services that are not available in the public health care sector. Nevertheless, in the former, the waiting time for appointment is shorter, new equipment is more easily procured, and the management in such clinics make efforts to keep abreast of the new treatment techniques. Following the example of developed countries, a large number of medical services in Croatia are being increasingly performed in private care. The principal advantage of treatment at private clinics seems to be in segments where the public sector has the most disadvantages. Time is exchangeable for money, so those who have more of the latter than the former increasingly opt for services in the private sector. However, time saving is only one of the important parameters that come into the equation when we are faced with the dilemma: to go to a public or private institution?

As already stated, the average rate of satisfaction with treatment in public care is 4.57 ± 1.844 , and the average rate of satisfaction with treatment in private care is 8.89 ± 1.519 . These figures are not surprising considering that patients think that private clinics provide sufficient care and understanding for their needs. The very fact that they have to wait too long in waiting

rooms is frustrating for the patients and the knowledge that they will be admitted within a matter of minutes (as is the case in private clinics) has an encouraging effect on patients. Furthermore, the belief that their doctor will listen to them and that they are not mere cases, but persons worth the medical staff's attention contributes to the creation of a positive atmosphere. As already mentioned, the treatment begins with good communication and a good patient-doctor interaction, which is one of the reasons why patients prefer private to public care for medical examinations. The empathy of the medical staff often acts like medicine itself. A bad health prognosis told in an adequate manner is somewhat easier to face than the one expressed in a professional but cold manner.

Strain on the Household Budget More Acceptable than Long Waiting

The changes that took place in Croatia after the war have challenged the standard of conduct and introduction of rules in the health care system, especially when determining the prices of medical services. Treatment at private clinics puts a strain on the household budget of our respondents, but still 51.9 % of respondents stated that in future they plan to seek treatment only in private care. One of the principal questions is: are the medical services available to all social categories? The excessive use of highly sophisticated technology greatly reduces the possibility of applying lower level measures in a large scale. Also, it makes it impossible for health care to be provided outside large hospital systems. This challenges the sustainability of the principle of equal medical care for all. The fact that patients still opt for private care despite the strain it puts on the household budget, makes us wonder whether patients are prepared to buy emotional support.

Is the Medical Profession Losing its Humane Dimension?

A patient wrote the following remark in the questionnaire: "In public care I noticed an unnecessarily tense atmosphere among nurses and doctors. Customers at a farm market receive better and more polite treatment than patients in public health care institutions. Of course, there are some honorable exceptions to this".

A responsible and professional conduct of the medical professionals is the essential guarantee that patients will receive good care from a responsible doctor when they need it. The times that we remember for unpleasant and cold waiting rooms, endless queues, obsolete equipment, unfriendly medical staff and appointments for procedures that disregard emergencies and life-threatened patients, must be put behind us.

Conclusion

Most diagnostic tests and treatments in Croatia are still performed in public health care centers, which despite the current complicated situation in the Croatian health care system, have a highly developed medical infrastructure and the largest number of renowned experts. In the survey conducted for the purpose of this article, one respondent has put it as simple as this: "Our doctors are highly qualified, but the conditions and organization

in health care are deficient, both in primary and specialist care. Hospitals are in a rather bad state and in need of repair".

From the reasons elaborated in this article we may draw the conclusion that there is a threat that private health care institutions may take over the entire health care. One should bear in mind that patients in both public and private health care systems are often submitted to medical examinations that are not always absolutely indicated, thus creating unnecessary expenses. Another factor is the poor communication among medical professionals, but also between doctors and patients.

Each individual is entitled to timely and adequate health care, and the quality of services received should not depend on an individual's financial status, but on the responsible behavior of doctors, which means the application of available knowledge and skills, empathy and co-operation with patients. What is more, patients should develop a positive attitude towards treatment and build a relationship of trust with their doctors. It is important to adopt standards and algorithms of treatment in compliance with the realistic financial possibilities, to ensure an adequate infrastructure, personnel, and technological support, as well as to approach the professional responsibility of all employees in health care, both in public and private sectors, from the perspective of competence, information, trust and quality, absence of conflicts of interest and professional accountability. In the contemporary society, the health care too has become subject to market conditions. The current public health care systems, aware of its limitations in providing services, mostly due to poor financial resources and legal restrictions, is increasingly referring patients to private clinics, some of which are only starting to adopt the principles of professional and ethical responsibility. Every socially responsible society must provide adequate care for its citizens, and therefore the national responsibility and interests of decision-makers in private and public health care must rise above the cruel, relentless and often unscrupulous principles of capitalism.

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