COMMUNICATION WITH PATIENTS AND THE QUALITY OF MEDICAL SERVICES (ON THE EXAMPLE OF HANDLING PATIENTS AT THE RECEPTION DESK)

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Purpose: The communication between a patient and the staff of a clinic's reception desk forms the patient's ideas and opinions about the entire health care facility. The purpose of this article was to analyze the assessment of the level of service provided by selected private health care facilities, on the example of handling the patient at the reception desk.

Design/methodology/approach: The SERVQUAL service quality assessment method has been used in the research. The research was carried out in seven private health care facilities located in the Silesian Voivodship, in the cities with a population of between 100,000 and 250,000. 220 patients have been surveyed. The survey consisted of two questionnaires, a section concerning the determination of the weights of specific criteria and the section with demographic questions. Both surveys included 22 statements each, and there were also 4 demographic questions included. The assessments were made by giving points on the Likert scale of 1-7. The study was carried out from January to March 2022.

Findings: The conducted analysis of the level of the studied service allowed for identifying key areas that require corrective actions. The biggest gaps between patient assessments and expectations concern such aspects as: response time, reliability, and empathy.

Research limitations/implications: Due to the fact that the worst-rated areas are closely related to communication, it is advisable to take corrective actions on the part of management as soon as possible. It is also advisable to conduct a study on the diagnosis of errors made in patient's service during registration on the example of other health care entities.

Practical implications: The application of the SERVQUAL method enabled to diagnose the expected and obtained quality level of the tested service in the opinion of patients of selected NZOZs.

Social implications: The results of the conducted research confirm that effective and efficient use of communication in the process of providing health care services influences the maximization of patients' satisfaction and, as a result, it requires systematic investments in the development of human potential.

Originality/value: In the conducted study, a model of the quality of patients service in reception desk in non-public health care units was proposed. The evaluation criteria were presented in the model in order to diagnose dimensions that are perceived well by the patients and those that, in their opinion, require improvement.

Keywords: communication, service quality, medical services market, human potential, patient service.

1. Introduction

At a time of growing competition, people managing medical facilities are wondering what actions to take in order to make the patient choose precisely their clinic. This growing competitiveness resulted in that the patient is perceived as a customer, who sets specific requirements for the clinic and expects them to be met. These requirements concern primarily areas related to providing professional service, in terms of which the patient will be handled primarily quickly and at a proper level of quality. The reception desk constitutes the place where the patient's contact with the health care facility begins. It is precisely there that the patient makes an appointment, receives information about the dates of visits, or receives test results. And that is why the impression that the patient gets during contact with the staff at the reception desk can largely decide whether that person will make an appointment at a given facility only for the initial visit, or whether that person is going to let it go after the first contact or maybe take advantage of the facility's services for a longer period of time.

Therefore, the patient's experience is shaped both by all the elements and situations encountered when taking advantage of the services of a health care facility, as well as through contact with its employees, starting from the process of making appointments. This contact builds the patient's ideas and opinions about the quality of work of the entire facility. Therefore, the aim of medical facilities is to achieve patient satisfaction and gain their trust, and the quality of medical services is becoming one of the most important elements of the effectiveness of health care facilities on a competitive market.

Due to the above, the main objective of this article was to indicate the most significant features concerning the quality of services related to handling patients at the reception desk, and then, taking advantage of the SERVQUAL method to diagnose the expected and received level of quality of the researched service according to the opinion of patients of selected private health care facilities by analyzing the quality gaps between how patients perceive the quality of handling patient at the reception desk and what are their expectations concerning this aspect.

The results of the conducted research constitute the basis for taking corrective actions in the field of improving the provided services. On the other hand, they allow the management of health care facilities to gain knowledge concerning the needs of patients and areas requiring the use of solutions improving the quality of offered services.

2. Communication with patients and the quality of medical services

The term "communication" comes from the Latin communication and means "sharing, imparting, partaking". Interpersonal communication should be understood as providing and receiving information between the sender and the recipient. A complete communication process should take place in two directions. On one side, the sender transmits a message, and on the other, the recipient reacts by sending the sender's message back (Podgórski, 2008, p. 86). Z. Nęcki (1996) points to the bidirectionality of the communication process, defining interpersonal communication as an exchange of verbal and non-verbal signals undertaken in a specific context in order to achieve better cooperation. Whereas, according to Griffin (1996), the concept of communication means an intentional exchange of both verbal and non-verbal signs (symbols), which is undertaken to improve the interaction or division of meanings between partners or as a process of transmitting information from one person to another.

In the case of medical facilities, communication aims at maximizing patient and employee satisfaction, as well as optimizing the costs associated with running a business, constantly improving the quality of provided services, maximizing financial benefits, or avoiding risks, such as lawsuits being the result of negligence or medical errors (Czerw et al., 2013, pp. 247-250). A properly conducted process of communication between the patient and the medical staff constitutes the basis for effective treatment, especially nowadays, when patients are increasingly aware of their rights.

Political changes that took place in Poland at the end of the twentieth century, and which had a significant impact on the functioning of the medical services market, caused the emergence of private medical facilities. This led to a situation in which private medical entities began to function with public medical entities on an equal level. This resulted in an emergence of competition on the market of medical services, thus creating the need to introduce marketing activities into the process of managing health care facilities. Both private and public health care facilities began to take action to increase their competitiveness on the medical services market. Communication with the patient plays an important role in this process (June, 2012, p. 191).

At such high competitiveness and availability of medical facilities, what attracts and determines patient loyalty is the quality of provided services defined by Ph. Kotler and K. Keller as the totality of the characteristics of a good or service affecting its ability to meet the determined or potential needs (2012, p. 3). Assessing the product's quality carried out by patients of healthcare facilities depends, inter alia, on previous needs and expectations. Therefore, any mistake made in the communication process can result in the health care facility losing a client. Therefore, medical care facilities in their operation should continuously strive to improve their image (Tworzydło, 2008, pp. 1842-4).

Patients, following their feelings, choose the health care facility in which the quality of offered services was, in their opinion, the highest. Whereas, a negative feeling will make the patient reluctant to return to the facility and additionally share the negative opinion with other patients. That is why it is necessary to convince the staff employed at health care facilities about the need to properly build the image of a given facility. It is precisely the patients and their families, who verify all the actions undertaken by a facility best (Heje, Vensted, 2009, pp. 1666-1670).

The consequence of incorrect communication between a patient and a health care facility consists not only in a decrease in that person's perceived satisfaction with the medical service, but also creating communication barriers, which include:

- failure to comprehensively inform the patient about the manner of performing a medical service,
- lack of comprehensive information resulting from the fact that the patent is not familiar with the specialist language used by medical staff, or
- creating a circle of internal information by patients of medical institutions (Maciąg, 2008, p. 131).

The relations between the quality of provided medical services and the degree of patient satisfaction and meeting their health needs give rise to the need to set criteria for the quality of provided health services. In order to achieve the desired effect of the effectiveness of the functioning of a medical facility, it is initially necessary to identify the source of problems resulting from the poor quality of provided services, and then initiate the implementation of procedures improving their defective quality.

In the following part of the article, an attempt was made to diagnose errors made in terms of handling patients at the reception desk on the example of selected health care facilities.

3. Research methodology

In order to carry out the research, the SERVQUAL service quality assessment method, developed by a team of American scientists led by Professor A. Parasuraman, was used. It derives from the 5 gap model (also known as the GAP model) created by Parasuraman, Zeithaml, and Barry in 1985. SERVQUAL was the first concept created to measure the quality of provided services by applying the method of statistical inference based on empirical research (Parasuraman, Berry, and Zeithaml, 1991, pp. 420-450). The main assumption of the SERVQUAL method consists in examining the qualitative gap between how customers assess a given service and what their preferences are in terms of it. According to Parasuraman, Zeithaml, and Berry, the quality perceived by customers is their feeling derived from the idea

of a perfect (expected) quality (Parasuraman, Zeithaml, and Berry, 1985, pp. 41-50). There are five dimensions of services distinguished in the SERVQUAL method (Bonsalla et al., 2005):

1. material elements – understood as the external and internal appearance of interiors and the facility, as well as the staff's behavior and presentation, and their equipment,
2. reliability – the ability to provide service at the promised level and at the indicated time,
3. reaction time – speed of action and response to the expectations set by customers,
4. certainty – professionalism, the staff's proper behavior,
5. empathy – individual approach to the client.

In the SERVQUAL method, the test results are calculated based on the average assessment for each question. Then, a compilation of the assessments given for the expected quality and the experienced quality for a given aspect is made. The quality of service according to the SERVQUAL method is considered as the difference between customer expectations in relation to the quality of services and how they perceive it. The quality of services expected by customers may result from: personal needs, experience from the past, and oral information (Wolniak, and Skotnicka-Zasadeń, 2009, pp. 38-58).

As a result, the three following situations may take place:

1. Expected quality = experienced quality
2. Expected quality > experienced quality
3. Expected quality < experienced quality (Stoma, 2012, pp. 65-66).

The first of them is a perfect situation in which the quality of provided services completely meets the respondent's expectations. In the second situation, the quality of service in a given aspect should be improved. Whereas, in the third situation, it is possible to transfer means from the implementation of a given aspect of quality to another, because in a given one the experienced high quality turns out not to be so important for the respondent.

For the purposes of this article, the research was carried out in seven private health care facilities (NZOZ) located in the Silesian Voivodship, in cities ranging in size from 100 to 250 thousand inhabitants. All of the researched facilities include a similar structure providing services in the field of: primary health care (POZ), specialized outpatient care, occupational medicine, nursing and midwifery, medical diagnostics and medical service, i.e. registration. In this work, due to the conducted study, the focus was placed primarily on the latter element of the structure, i.e. on handling the patient in medical terms. In the researched NZOZs, making appointments by patients takes place in person, by phone, via a third party, or via e-mail. Registration takes place from Monday to Friday from 8.00 AM to 5.30 PM in person or by phone from 9.00 AM to 5.00 PM. Three people work at the patient service station during working hours, two of them handle appointments of adults, and one handles appointments to a pediatrician. On average, between 250 and 300 patients are handled during the day in all of the researched health care facilities.

The statistical analysis included 220 fully completed questionnaires. The questionnaire, according to the rules developed by A. Parasuraman's team, consisted of two survey questionnaires, a part concerning determining the value of individual criteria, and a metric. The first survey was aimed at diagnosing the expected level of service, while the task of the second survey was to diagnose the received level of service (Wolniak and Skotnicka-Zasadń, 2009, pp. 38-58). Each of the surveys contained 22 statements. The metric consisted of 4 questions. The assessment was made by granting points on a Likert scale of 1-7, where 1 means "strongly disagree" and 7 "strongly agree". Using an odd scale allows the respondent to maintain a neutral position. The survey was conducted on a randomly selected sample of patients of the researched health care facilities. Due to the number of researched patients, the survey was conducted over a period of three months (January-March) of 2022. The research has a pilot character.

4. Study results

Characteristics of the researched group

The study analyzed the results of surveys obtained from 220 people. Women constituted the majority of the research group – 70% (153). The research was carried out in selected health care facilities and the respondents were also their patients. Table 1 presents the age distribution of the researched respondents – patients of the studied health care institutions. Most of them (35% in total) are over the age of 66. The second group was people aged 56-65 (27%). The third group of respondents consisted in patients aged 45-55 (21.5%). Patients aged 26-35 years account for 12%, while patients aged 18-25 years accounted for only 4.5%. Therefore, the largest group in the study consisted in patients – respondents over 66 years of age.

Table 1.
Age of respondents

Respondent age	NZOZ facilities	
	n	%
18-25	10	4.5
26-35	26	12
46-55	47	21.5
56-65	60	27
Over 66	77	35
Total	**220**	**100**

Note: n – number of patients, % - percentage of the group.
Source: own study.

Table 2 presents the education of the researched persons. The majority of respondents (38% in total) participating in the research had a master's degree. A bachelor's degree was declared by 29.5% of respondents. Secondary education was indicated by 20% of all respondents. The smallest group of respondents – 12.5% marked primary education.

Table 2.
Education of the respondents

Education	NZOZ facilities	
	n	**%**
Primary	28	12.5
Secondary	44	20
Bachelor's degree	65	29.5
Master's degree	83	38
Total	**220**	**100**

Note: n – sample; % – percentage of the group.
Source: own study.

Table 3 indicates which factor was the most decisive for choosing services in a given clinic. The proximity of the place of residence in the first place was indicated by 31.8% of patients taking advantage of the services of the researched health care facilities. A good assessment of the level of provided service was the most important for 27.7% of the studied patients. A habit, as a factor determining the choice of a given facility, was indicated by 26.9% of patients. The presented data indicates that patients, when choosing a health care facility, are guided primarily by: its proximity to their place of residence, good assessment of the level of provided services, a habit and opinion of other people.

Table 3.
Factors determining choosing a facility

Factor	NZOZ facilities	
	n	**%**
Proximity of the place of residence	70	31.8
Good assessment of provided services	61	27.7
Opinion of others	30	13.6
Habit	59	26.9
Total	**220**	**100**

Note: n – number of persons; % – percentage of the group.
Source: own study.

Table number 4 indicates how long respondents take advantage of services of given health care facilities. The largest group consists in patients with several years of experience – generally 38%, the second largest group are patients using the services of selected facilities for over 10 years (32%). Whereas, 28% of the respondents are patients, who have been using the services of institutions for several months. Those taking advantage of the services of the researched institutions for the first time accounted for 2% of all respondents.

Table 4.

The period of taking advantage of the services of a given facility by the researched patients

Time of taking advantage	NZOZ facilities	
	n	**%**
more than 10 years	71	32
for several years	84	38
a few months	61	28
For the first time	4	2
Total	**220**	**100**

Note: n – number of persons; % – percentage of the group.

Source: own study.

Assessment of the quality of handling patients at the reception desk

In the first part of the study, a survey consisting of 22 statements grouped into five aspects was developed (Table 5). For the purposes of the study, a model of the quality of handling patients at the reception desk at private health care facilities was proposed, presenting assessment criteria for diagnosing aspects that in the opinion of patients are well perceived and those that in their opinion need to be improved. In this model, the first aspect – material elements – includeed: order and cleanliness at the reception, proper equipment of facilities, modern equipment; behavior as well as a neat and aesthetic appearance of the staff. The second aspect – reliability – included the following statements: efficient answering of telephones, returning missed calls, responding to e-mails, reliability of performing services at the promised level and at the indicated time. The third aspect – response time – concerned such statements as: Quick action and response to expectations set by patients, offering convenient hours of examinations and appointments, short waiting times for an appointment. The fourth aspect – certainty – included: the staff's competences and qualifications, accurate information, informing about a doctor's absence, informing about appointment delays, appointment reminders. And the final – empathy – included the following statements: kindness of the staff, individual approach to the patient, politeness, understanding, willingness to help.

Table 5.

Aspects of the assessment of the quality of handling patients at the reception desk

Assessment aspects	Detailed description
Material elements	Order and cleanliness at the reception, proper equipment of facilities, modern equipment; behavior as well as neat and aesthetic appearance of the staff
Reliability	efficient answering of telephones, returning missed calls, responding to e-mails, reliability of performing services at the promised level and at the indicated time
Response time	Quick action and response to expectations set by patients, offering convenient hours of examinations and appointments, short waiting times for an appointment
Certainty	competence and qualifications of the staff, precise information, informing about a doctor's absence, informing about delays in visits, reminding about a visit
Empathy	Kindness of the staff, individual approach to the patient, politeness, understanding, willingness to help

Source: own study.

After familiarizing the model presented above, respondents assessed the value of five criteria (from Table 5) by dividing 100 points between individual dimensions as they desired.

Table 6.

Determining the value of aspects by the researched patients

Aspects of assessing the quality of services	Average SERVQUAL values
Material elements	21
Reliability	22
Response time	23
Certainty	16
Empathy	18
Total	**100**

Source: own study.

In the following part of the study, a seven-point Likert scale was used to measure individual criteria of service quality. Respondents rated each of the 22 survey items twice. The SERVQUAL method is a tool that allows accurately determining "quality gaps" in order to measure the difference between the customer's expectations and that person's perception of various aspects of the service. Analyzing "quality gaps" therefore allows determining the directions and priorities in terms of improving the quality of the provided services. The analysis of individual questions (Table 7) allowed obtaining average arithmetic assessments of the quality of services in the field of handling patients at the reception desk in the examined health care facilities and the arithmetic mean of the preferences of the examined patients concerning the mentioned service. Respondents rated the "aesthetic, impeccable appearance of the staff", their "competences and qualifications", and "modern equipment of the facilities" the highest, while the possibility of "reaching the reception by phone" and "waiting time for a doctor's appointment" were assessed the worst. Additionally, the SERVQUAL survey also allowed calculating relative and absolute quality gaps. The relative quality gap consists in the difference between the assessment of the quality of services provided by the researched health care facilities given by respondents and their preferences (respondent's assessment minus the assessment of their preferences). Whereas, the absolute quality gap consists in the difference between the respondents' assessment and their maximum preferences (respondents' assessment minus the maximum assessment). The largest relative quality gaps indicated by the respondents concern such criteria as: the possibility of reaching the reception by phone (-2.1), reminding about a visit (-2.1), or efficient answering of calls (-1.9), and the smallest relative quality gaps were obtained by such criteria as: aesthetic, impeccable appearance of the staff (-0.9), modern equipment of the researched health care facilities (-1.1), competences and qualifications of the staff (-1.1), or understanding and patience of the staff in relation to patients (-1.1). Whereas, the largest absolute qualitative gaps concern issues related to reminding patients about a visit (-4.9), the possibility of reaching the reception by phone (-3.9), waiting time for an appointment (-3.9), informing about delays in visits (-3.8). The smallest absolute quality gap was obtained

by such criteria as: aesthetic, impeccable appearance of staff (-2.8), modern appearance of health facilities (-2.9), as well as the competences and qualifications of the staff (-2.9).

Table 7.
Preferences and assessments of respondents concerning the quality of handling patient at the reception desk of the researched health care facilities (NZOZ)

No.	Feature	Respondent preferences	Respondent assessment	Relative quality gap	Absolute quality gap
1.	**Modern equipment**	5.2	4.1	-1.1	-2.9
2.	**Order and cleanliness at the reception**	4.7	3.4	-1.3	-3.6
3.	**Easiness of reaching the reception by phone**	5.2	3.1	-2.1	-3.9
4.	**Aesthetic, impeccable appearance of the staff**	5.1	4.2	-0.9	-2.8
5.	**Modern equipment**	5.1	3.6	-1.5	-3.4
6.	**Efficient answering of calls**	5.3	3.4	-1.9	-3.6
7.	**Calling back on missed calls**	5.2	3.4	-1.8	-3.6
8.	**Answering emails**	4.9	3.5	-1.4	-3.5
9.	**Reliability of performing the service and within the indicated time,**	5.0	3.6	-1.4	-3.4
10.	**Quickly acting and responding to the expectations of patients**	4.7	3.4	-1.3	-3.6
11.	**Convenient examination and visiting hours,**	4.8	3.5	-1.3	-3.5
12.	**Waiting time for an appointment**	4.6	3.1	-1.5	-3.9
13.	**Precise information**	5.1	3.8	-1.3	-3.2
14.	**Reminding about a visit**	5.2	3.1	-2.1	-4.9
15.	**Informing about delays in visits**	4.9	3.2	-1.7	-3.8
16.	**Competences and qualifications of personnel**	5.2	4.1	-1.1	-2.9
17.	**Informing about the absence of a doctor**	5.1	3.5	-1.6	-3.5
18.	**Trust towards the staff**	5.0	3.6	-1.4	-3.4
19.	**Kindness on the part of the staff**	5.1	3.8	-1.3	-3.2
20.	**Staff understanding and patience**	5.0	3.9	-1.1	-3.1
21.	**Willingness to help the patient**	5.2	3.8	-1.4	-3.2
22.	**Individual approach to the client**	5.2	3.4	-1.8	-3.6

Source: own study.

In the following step of the study, an assessment of the individual aspects of Servqual for the examined health care facilities has been carried out. For this purpose, an analysis of unweighted results was carried out by comparing the arithmetic mean in a test of actually perceiving the quality of patient service with the outcome of the expected results for each respondent and for each of the assessment aspects (Figure 1). The aspect assessed best is "material elements" (-1.14 and the worst assessed aspect is "response time") (-1.48). This result constitutes a confirmation of the assessments provided by the researched patients. The total unweighted SERVQUAL assessment concerning the quality of services in the field of handling patients at the reception desk was -1.32 and, according to the adopted criteria, this rating can be considered as average.
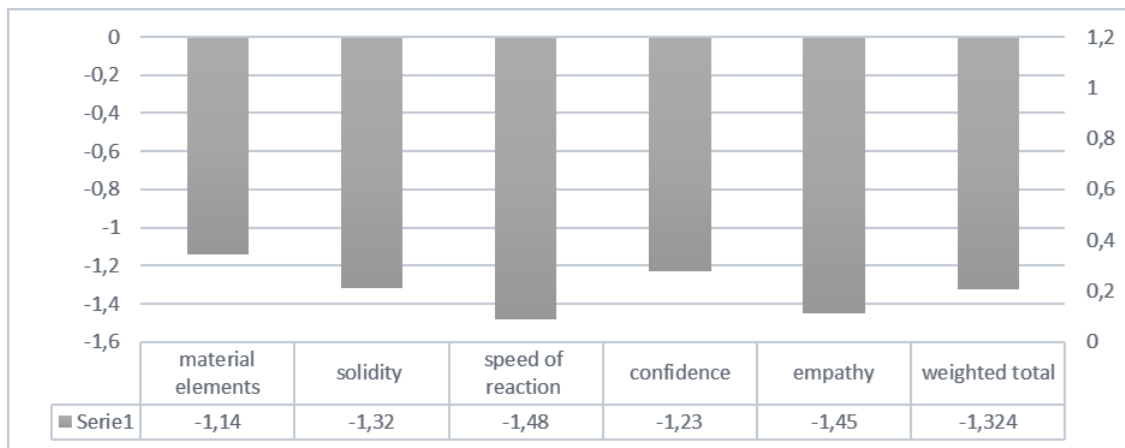
Figure 1. Assessment of SERVQUAL aspects calculated using the unweighted method for the researched health care facilities. Source: own study.

In the following part of the study, the weighted SERVQUAL score was calculated. For this purpose, the data determining the average values of aspects given by the researched patients was multiplied with the assessment of aspects calculated using the unweighted method. The lower the weighted average value for a given aspect, the greater the required improvement actions (Figure 2).
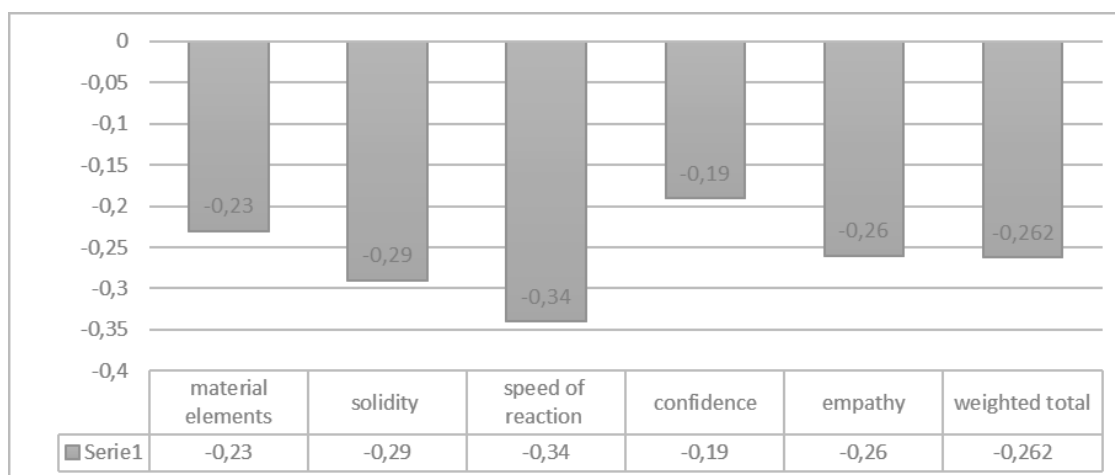

Figure 2. The SERVQUAL weighted average for individual quality aspects of the researched health care facilities. Source: own study.

5. Conclusions from the study

The results of the conducted research indicate that for patients taking advantage of the services of the researched health care facilities, the greatest problem consists in the aspect of the "response time" (-0.34). This may result from the waiting time for a visit (-1.5), the speed of responding to the patients' needs (-1.3), or determining the hours of visits (-1.3). Taking into account the obtained results, it can be assumed that the managers of the researched private

health care facilities should undertake the fastest possible actions in order to improve the speed of response to customer needs, and in particular shortening the waiting time for an appointment.

The second dimension requiring corrective actions is "reliability" (-0.29). The biggest gaps between the statements of patients and their preferences concern issues related to efficiently answering calls by the staff and returning missed calls (-1.9). One of the manners of solving the problems indicated by the respondents is the possibility of implementing modern technologies that significantly facilitate the work of the medical staff, including staff dealing with handling patients at the reception desk. Taking advantage of virtual telephone exchanges, Call Center class software enabling the handling of incoming and outgoing traffic, or using a consultant app could improve the staff's work at the reception desk and thus improve the quality of the offered services.

The third area requiring change is the aspect of "empathy" (-0.26). The largest gap (-1.8) between patients' expectations and their assessments concerns an individual approach to the customer. That is why the management of the researched health care facilities should undertake actions aimed at training the staff in terms of handling patients in the scope of an individual approach to the patient, a kind approach to the patient's problems, expressing understanding, patience, and willingness to offer assistance.

It should be remembered that the assessments made by the researched patients and, consequently also the study results, may have been influenced by the Covid-19 pandemic, during which contact with health care facilities was peculiar and communication took place mainly by phone. The assessment of the quality of handling patients at the reception desk could also be determined by: the age of the researched patients – more than half (62%) were over 56 years old; education - more than half – (67%) declared higher education, or the time of taking advantage of the services provided by a given clinic – more than 10 years indicated by 32% of the respondents. It is worth noting that almost 28% of respondents take advantage of a given health facility because they assess the level of services provided by it as good.

Due to the fact that the three aspects assessed the worst are closely related to the field of communication, it is recommended to take action on the part of the management as soon as possible. That is because properly conducted communication in health care facilities affects the maximization of patient satisfaction, as well as the optimization of costs associated with the functioning of a health care facility.

6. Summary

The conducted study proposed a model of the quality of handling patients at the reception desk of private health care facilities, which presented assessment criteria aimed at diagnosing the aspects that patients believe are well perceived and those that they believe need improvement. The conducted analysis of the level of the researched service allowed identifying key areas that require corrective actions.

A SERVQUAL rating higher than −1 can be considered as positive - this is a situation in which customers are generally satisfied with the quality of service. A rating between −1 and −2 can be considered as average, in this case, customers assess the level of quality of a provided service as average. Whereas, a rating lower than –2 is considered negative (in this situation, customers are dissatisfied with the quality of services). Even though the obtained results are not fully satisfactory for the examined health care facilities, they constitute positive assessments.

Using the SERVQUAL method allowed diagnosing the expected and received level of quality of the researched service in the opinion of patients concerning given NZOZs, and the results of the conducted research confirm that effective and efficient use of communication in the process of providing health services requires systematic investments in developing human potential and in modern technologies. Improving the staff's communication skills concerning handling patients and the possibility of using proper technologies in such a way so that it translates into perceiving the quality of provided services should be important for the management of health care facilities.

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