

The patient as a factor in assessing the quality of health services in private practice institutions

Edin Međedović¹, Sabina Šehić-Kršlak², Neriman Ljevo², Amer Iglica³, Edin Begić⁴, Alma Suljević⁵, Sabaheta Jonuzović - Prošić⁵

¹ Clinic of Gynecology and Obstetrics, Clinical University Center Sarajevo, Sarajevo, Bosnia and Herzegovina, Department of Gynecology, Obstetrics and Reproductive medicine, School of Medicine, Sarajevo School of Science and Technology, Sarajevo, Bosnia and Herzegovina

² Faculty of Management and Business Economics, University of Travnik

³ Intensive Care Unit, Clinic for heart, blood vessels and rheumatism, Clinical University Center Sarajevo, Sarajevo, Bosnia and Herzegovina

⁴ Department of Cardiology, General Hospital "Prim.Dr. Abdulah Nakas", Sarajevo, Bosnia and Herzegovina

⁵ Clinic of Gynecology and Obstetrics, Clinical University Center Sarajevo, Sarajevo, Bosnia and Herzegovina

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Correspondence:

Sabina Šehić - Kršlak
sabina.sehic.krslak@gmail.com

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ABSTRACT:

Introduction The concept of the quality of healthcare services is constantly evolving and transforming depending on the interest in it and the level of involvement of medical staff and patients. **Aim** To assess patient satisfaction with the quality of health services in private practice condition. **Methods** 105 (n=105) subjects participated in the study, and it was conducted by an anonymous survey of the clinic which offers medical services, tests, and diagnostic procedures in the fields of gynecology, internal medicine, surgery, radiology, urology, and neurology. The research was conducted among patients who used the health services of a private practice institution from January to September 2022. The patient questionnaire consisted of 14 questions. Five questions related to identifying the sociodemographic characteristics of the respondents, and 9 questions were research questions of the Lickert type. For this purpose, the standardized Laschinger HCAHPS (*Hospital Consumer Assessment of Healthcare Providers and Systems*) questionnaire on patient satisfaction with the quality of healthcare services was used. Differences in numerical variables were tested by Student's t-test or analysis of variance (ANOVA). All P values are two-sided (p<0.05). The statistical program MedCalc Statistical Software version 18.2.1 was used for statistical analysis. **Results** The research was conducted on 105 patients, 28% of whom were male and 72% female. Most patients were in the age group of 61 to 70 years (30%). Patients are satisfied with the quality of healthcare services. The highest average score for reception and waiting time (4.9), the lowest score for being informed about upcoming interventions and treatments and professional approach (4.68). **Conclusion** Patients show a high degree of satisfaction with the general services provided.

KEYWORDS: patient satisfaction, health service, personal satisfaction.

SAŽETAK:

PACIJENT KAO FAKTOR PROCJENE KVALITETA ZDRAVSTVENE USLUGE USTANOVE PRIVATNE PRAKSE

Uvod Koncept kvaliteta zdravstvenih usluga neprekidno napreduje i transformira se ovisno o zainteresiranosti za njega i niova uključenosti medicinskog osoblja i pacijenata. **Cilj rada** Procijeniti zadovoljstvo pacijenata kvalitetom zdravstvenih usluga u uslovima privatne prakse. **Materijali i metode**

U ispitivanju je učestovalo 105 (n=105) ispitanika, a provedeno je anonimnom anketom klinike koja nudi medicinske usluge, pretrage i dijagnostičke postupke iz područja ginekologije, interne medicine, hirurgije, radiologije, urologije i neurologije. Istraživanje je sprovedeno među pacijenatima koji su koristili zdravstvene usluge ustanove privatne prakse u periodu od januara do septembra 2022. Anкета za pacijente se sastojala od 14 pitanja. Pet pitanja odnosilo se na identificiranje sociodemografskih obilježja ispitanika, a 9 pitanja su bila istraživačka pitanja Lickertova tipa. U tu svrhu korišten je standardizirani Laschingerov HCAHPS (*Hospital Consumer Assessment of Healthcare Providers and Systems*) upitnik o zadovoljstvu pacijenata kvalitetom zdravstvene usluge. Razlike brojčanih varijabli testirane su Studentovim t-testom ili analizom varijanse (ANOVA). Sve P vrijednosti su dvostrane ($p < 0,05$). Za statističku analizu korišten je statistički program MedCalc Statistical Software version 18.2.1. **Rezultati** Istraživanje je provedeno na 105 pacijenata, od kojih je 28% muškog spola i 72% ženskog spola. Najviše pacijenata je bilo u dobnoj skupini od 61 do 70 godina (30%). Pacijenti su zadovoljni kvalitetom zdravstvene usluge. Najveće zadovoljstvo iskazali su u pogledu prijema u zdravstvenu ustanovu i čekanja na pregled, dok je zadovoljstvo bilo nešto manje kad je u pitanju stručni pristup i informiranost o predstojećim intervencijama i tretmanima.

Zaključak Pacijenti pokazuju visok stepen zadovoljstva opštim pruženim uslugama.

KLJUČNE RIJEČI: zadovoljstvo pacijenata, zdravstvena usluga, lično zadovoljstvo.

INTRODUCTION

The quality of services in healthcare is increasingly the subject of research. A special place in such researches is the measurement of the quality of health services, where an important role is played by determining how they are perceived by users. The quality of services in general, including health services, is subjective in nature. It depends, first of all, on the level of meeting the needs and expectations of the users. Quality is considered a key factor in differentiation and service excellence. It is a potential source of sustainable competitive advantage, so understanding, measuring and improving it are important challenges for all healthcare organizations [1]. Many researchers have emphasized the importance of determining the role of quality in patient choice of hospital, as well as patient satisfaction and retention, and argued that improving the quality of hospital services will increase the number of satisfied patients and thus patient loyalty [2,3]. Patient satisfaction is defined as the difference between what the patient expects and what he experiences as a user [4]. The degree of patients' satisfaction with the health service is one of the indicators of the quality of health care within the World Health Organization "Health for All" program - WHO HFA [5]. The perception of the quality of health care depends on: physical access to patients, the fulfillment of their psychosocial needs, and the multidimensional responsibility of the nurse [6]. Measuring patient satisfaction is becoming part of social participation in the healthcare system [7]. Satisfaction is increased when patients feel that they are active participants in their treatments, when they participate in treatment planning, when they are encouraged to ask questions and when they feel that they are provided with emotional support [8].

METHOD

105 (n=105) subjects participated in the study, and it was conducted by an anonymous survey of patients of a private clinic that offers medical services, examinations and diagnostic procedures in the fields of gynecology, internal medicine, surgery, radiology, urology and neurology. The research was conducted among patients who used the health services of a private practice institution in the period from January to September 2022. The survey questionnaire was sent to the patient's email, which was entered in the patient's health record. During the selection of respondents, priority was given to patients who used two or more medical services of the institution for at least two years. The selected patients were selected so that there was an even number from each medical field whose services they used. The patient questionnaire consisted of 14 questions. Five questions related to identifying the sociodemographic characteristics of the respondents (age, gender, level of education, work status and reason for visiting the health facility) with 9 research questions according to the Lickert type (1 - extremely dissatisfied, 2 - dissatisfied, 3 - neither satisfied nor dissatisfied, 4 - satisfied and 5 - extremely satisfied), quality indicators, intended to examine the elements of patient satisfaction. Patient satisfaction was examined with regard to gender, age, level of education and reason for visiting the health care facility. For this purpose, the standardized Laschinger HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questionnaire on patient satisfaction with the quality of healthcare services was used. Categorical data are represented by absolute and relative frequencies. Numerical data are described by arithmetic mean and standard deviation. The normality of the distribution of numeri-

cal variables was tested with the Shapiro-Wilk test. Differences in numerical variables were tested by Student's t-test or analysis of variance (ANOVA). All P values are two-sided ($p < 0,05$).

RESULTS

In the studied sample of 105 patients, there were more women than men, 75 versus 29. The majority of patients were between the ages of 61 and 70 (30%). Regarding the level of education, 45 have a university degree, 19 have a higher education, 33 have a secondary education, while 8 are unqualified. 65 patients were recruited. The two main reasons for visiting the institution were conservative treatment (51 patients) and application of therapeutic doses (50 patients) (*Table 1*).

The self-assessment of satisfaction with the health services of a private practice health institution shows that the respondents are extremely satisfied with the following dimensions: the general environment of the health institution (99), the waiting time for the appointment (98), the reception during the visit to the health institution (96), the introduction of the nurse (91), information about the rights of the patient (87), obtaining comprehensible answers to questions (85), dedicated time during the provision of

health services (84), being informed about upcoming interventions and treatments (78), and the professional approach of the nurse (78).

Respondents are satisfied with: information about upcoming interventions and treatments (21), professional approach (21), dedicated time during the provision of health services (16), obtaining comprehensible answers to questions (15), information about the patient's rights (12), introduction of the nurse (11), reception during the visit (8), waiting time for the appointment (4), general environment health institutions (1).

A small number of patients are neither satisfied nor dissatisfied with: being informed about upcoming interventions and treatments (6), professional approach (6), being informed about the patient's rights (6), the time devoted to them during the provision of health services (5), getting comprehensible answers to the questions (5), the general environment of the institution (5), the presentation of the nurse (3), the waiting time for the appointment (3) and the reception during the visit (1). Respondents did not express dissatisfaction or complete dissatisfaction in any dimension (*Table 2*).

Table 1. Basic characteristics of the respondents

Karakteristika		Broj ispitanika (%)
Gender	Male	29 (28%)
	Female	75 (72%)
Age	Up to 40 years	20 (20%)
	41-50 years	25 (25%)
	51-60 years	21 (21%)
	61-70 years	30 (30%)
	71 71 and older	14 (14%)
Level of education	No schooling	8 (7,5%)
	Secondary education	33 (31%)
	College degree	19 (18%)
	university degree	45 (43%)
Employment status	Pupil – student	4 (3,8%)
	Employed	65 (62%)
	Not employed	7 (6,5%)
	Pensioner	29 (27%)
The reason for the visit to the health facility	Application of therapeutic doses	50 (47%)
	Preoperative preparation	4 (4%)
	Conservative treatment	51 (49%)
TOTAL		105 (100%)

Table 2. Self-assessment of satisfaction with the quality of healthcare services

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total	Average
Are you satisfied with your reception during the visit?	0	0	1	8	96	105	4,90
Are you satisfied with the presentation of the nurse?	0	0	3	11	91	105	4,83
Are you satisfied with being informed about upcoming interventions and treatments?	0	0	6	21	78	105	4,68
Are you satisfied with the time devoted to you during the provision of health care services?	0	0	5	16	84	105	4,75
Are you satisfied with the professional approach when providing medical care?	0	0	6	21	78	105	4,68
Are you informed about your rights as a patient?	0	0	6	12	87	105	4,77
Did you get comprehensible answers to your questions?	0	0	5	15	85	105	4,76
Are you satisfied with the general environment of the health care facility?	0	0	5	1	99	105	4,89
Are you satisfied with the time you wait for the examination appointment?	0	0	3	4	98	105	4,90

*The Likert grading scale includes 5 grades, where grade 1 is the lowest grade, and grade 5 is the highest grade.

There is no statistically significant difference in satisfaction with the quality of health services in relation to gender. Men were the least satisfied with the reception at the health facility (average score 4.75), while women were the least satisfied with the presentation of interventions and treatments (average score 4.8) (Table 3). By analyzing satisfaction with the quality of health care services among age groups, a statistically significant difference was found in satisfaction with the presentation of the nurse. Patients aged 41 to 50 were the least satisfied with that service. There was no significant difference in satisfaction with other services (Table 4). By comparing the satisfaction with the health service among patients of different levels of education, a statistically significant difference was found in satisfaction with the reception, the presentation of the nurse, the presentation of treatments

and interventions, the professional approach of the nurse and obtaining comprehensible answers to questions. Patients with a higher professional education were the least satisfied with the professional approach of the nurse, while patients with a higher professional education were also less satisfied with the reception at the health institution (Table 5). Analyzing satisfaction with the health service in relation to work status, a statistically significant difference was found in satisfaction with the presentation of nurses, which was the least satisfied with the students, and with the presentation of interventions and treatments, with which the employed patients were the least satisfied. (Table 6). By comparing patient satisfaction in relation to the reason for the visit, a statistically significant difference was found in satisfaction with the presentation of the nurse (Table 7).

Table 3. Average Satisfaction with healthcare services in relation to gender

	Arithmetic mean (standard deviation)			P*
	Male	Female	Total	
Are you satisfied with your reception during the visit?	4,75 (0,5)	4,92 (0,2)	4,91 (0,3)	0,33
Are you satisfied with the presentation of the nurse?	4,93 (0,3)	4,86 (0,4)	4,87 (0,3)	0,50
Are you satisfied with being informed about upcoming interventions and treatments?	4,78 (0,5)	4,8 (0,5)	4,75 (0,5)	0,87
Are you satisfied with the time devoted to you during the provision of health care services?	4,93 (0,3)	4,84 (0,4)	4,86 (0,4)	0,29
Are you satisfied with the professional approach when providing medical care?	4,80 (0,6)	4,82 (0,4)	4,83 (0,4)	0,64
Are you informed about your rights as a patient?	4,93 (0,3)	4,93 (0,3)	4,93 (0,3)	0,92
Did you get comprehensible answers to your questions?	4,93 (0,3)	4,84 (0,4)	4,86 (0,4)	0,28
Are you satisfied with the general environment of the health care facility?	4,81 (0,6)	4,83 (0,4)	4,84 (0,5)	0,88
Are you satisfied with the time you wait for the examination appointment?	4,81 (0,6)	4,82 (0,4)	4,84 (0,5)	0,12

ANOVA - significance level of differences $P=0.05$

Table 4. Satisfaction with the quality of healthcare services in relation to age

	Arithmetic mean (standard deviation)					
	40	41-50	51-60	61-70	71-	P*
Are you satisfied with your reception during the visit?	4,85 (0,4)	4,96 (0,2)	4,88 (0,4)	4,91 (0,2)	5 (0)	0,41
Are you satisfied with the presentation of the nurse?	4,85 (0,4)	4,71 (0,5)	4,96 (0,2)	5 (0)	4,95 (0,2)	0,009
Are you satisfied with being informed about upcoming interventions and treatments?	4,67 (0,6)	4,79 (0,6)	4,8 (0,4)	4,81 (0,5)	4,95 (0,2)	0,45
Are you satisfied with the time devoted to you during the provision of health care services?	4,81 (0,5)	4,75 (0,5)	4,96 (0,2)	4,97 (0,2)	4,84 (0,5)	0,17
Are you satisfied with the professional approach when providing medical care?	4,80 (0,4)	4,75 (0,5)	4,83 (0,4)	4,81 (0,5)	4,88 (0,5)	0,85
Are you informed about your rights as a patient?	4,93 (0,3)	4,93 (0,3)	4,93 (0,3)	4,93 (0,3)	4,93 (0,3)	0,19
Did you get comprehensible answers to your questions?	4,93 (0,3)	4,84 (0,4)	4,86 (0,4)	4,86 (0,4)	4,86 (0,4)	0,61
Are you satisfied with the general environment of the health care facility?	4,81 (0,6)	4,83 (0,4)	4,84 (0,5)	4,84 (0,5)	4,84 (0,5)	0,63
Are you satisfied with the time you wait for the examination appointment?	4,81 (0,4)	4,75 (0,5)	4,84 (0,4)	4,81 (0,5)	4,89 (0,3)	0,85

*ANOVA level of significance of the difference at the $P=0.05$ level, AS - arithmetic mean, SD - standard deviation

Table 5. Average Satisfaction with the quality of healthcare services in relation to education level

	Arithmetic mean (standard deviation)					
	NK	SSS	VŠS	VSS	Ukupno	P*
Are you satisfied with your reception during the visit?	5 (0)	4,96 (0,3)	4,73 (0,5)	4,64 (0,5)	4,92 (0,3)	0,001
Are you satisfied with the presentation of the nurse?	4,93 (0,3)	4,86 (0,4)	4,87 (0,3)	4,87 (0,3)	4,87 (0,3)	0,005
Are you satisfied with being informed about upcoming interventions and treatments?	4,78 (0,5)	4,8 (0,5)	4,75 (0,5)	4,75 (0,5)	4,75 (0,5)	0,01
Are you satisfied with the time devoted to you during the provision of health care services?	4,93 (0,3)	4,84 (0,4)	4,86 (0,4)	4,86 (0,4)	4,86 (0,4)	0,08
Are you satisfied with the professional approach when providing medical care?	4,97 (0,2)	4,86 (0,4)	4,64 (0,7)	4,64 (0,5)	4,85 (0,5)	0,04
Are you informed about your rights as a patient?	4,82 (0,5)	4,81 (0,5)	4,85 (0,4)	4,83 (0,3)	4,93 (0,3)	0,94
Did you get comprehensible answers to your questions?	4,5 (0,7)	4,84 (0,5)	4,94 (0,2)	4,87 (0,3)	4,87 (0,4)	0,39
Are you satisfied with the general environment of the health care facility?	4,81 (0,6)	4,83 (0,4)	4,84 (0,5)	4,84 (0,5)	4,84 (0,5)	0,01
Are you satisfied with the time you wait for the examination appointment?	4,84 (0,5)	4,86 (0,4)	4,82 (0,4)	4,64 (0,9)	4,83 (0,5)	0,55

*ANOVA, P - significance level of difference $P=0.05$, AS - arithmetic mean

Table 6. Average satisfaction with the health service in relation to the action status

	Arithmetic mean (standard deviation)					
	Student	Employed	Unemployed	Retired	Total	P*
Are you satisfied with your reception during the visit?	5 (0)	4,84 (0,4)	5 (0)	4,96 (0,2)	4,92 (0,3)	0,09
Are you satisfied with the presentation of the nurse?	4,5 (0,7)	4,78 (0,5)	4,97 (0,2)	4,98 (0,1)	4,89 (0,3)	0,005
Are you satisfied with being informed about upcoming interventions and treatments?	5 (0)	4,63 (0,7)	4,87 (0,3)	4,91 (0,3)	4,79 (0,5)	0,02
Are you satisfied with the time devoted to you during the provision of health care services?	4,5 (0,7)	4,78 (0,5)	4,9 (0,3)	4,87 (0,4)	4,86 (0,4)	0,09
Are you satisfied with the professional approach when providing medical care?	5 (0)	4,73 (0,5)	4,9 (0,3)	4,85 (0,4)	4,82 (0,4)	0,24
Are you informed about your rights as a patient?	5 (0)	4,86 (0,4)	5 (0)	4,96 (0,2)	4,93 (0,3)	0,15
Did you get comprehensible answers to your questions?	4,5 (0,7)	4,84 (0,5)	4,94 (0,2)	4,87 (0,3)	4,87 (0,4)	0,39
Are you satisfied with the general environment of the health care facility?	5 (0)	4,9 (0,3)	4,94 (0,2)	4,84 (0,5)	4,89 (0,5)	0,91
Are you satisfied with the time you wait for the examination appointment?	4,5 (0,7)	4,96 (0,3)	4,9 (0,3)	4,87 (0,5)	4,91 (0,4)	0,25

*ANOVA, P - significance level of difference P=0.05, AS - arithmetic mean

DISCUSSION

There are many models for measuring the quality of a healthcare facility, which is expressed by the quality of healthcare services, however, there is no single model that is applicable to all health-care facilities.

Piligrimiene et al. [9] found that the quality of healthcare services is a complex and multidimensional concept [10,11] and that there is no single way to define it. In our research, this is confirmed by the concept of multidimensional measurement of quality: interpersonal relationship and trust, education and information, and technical-professional competence. According to Padma et al. [12], dimensions of service quality should be developed through the involvement of patients and other stakeholders and do not have to be based on models. Our research results confirm that when evaluating quality, patients give preference to parameters that are not directly related to the medical service, such as being informed about the patient's rights. These authors add that patients are not always the most

relevant parameter of quality, and they also give preference to doctors who are a necessary input for patient treatment. Habbal [13] and Ladhari [14] did not support the SERVQUAL scale with 22 variables because there is still much to be observed in the patient-physician relationship. Pai and Chary [15] came to the conclusion that it is necessary to investigate the quality of health care dimensions instead of adopting existing dimensions and scales.

Byju and Srinivasulu [16] also clearly stated that the technical aspect of the service provided is not a priority. The patients who participated in our research give priority to the professional approach of the medical staff. They point out that understanding the opinions of stakeholders (namely, health care providers, patients, managers and support staff members) is an important element, because together they will make a greater contribution to the development of a better health service measurement model. According to research [17,18], patients have high expectations from private practice and are satisfied with the quality of service.

Table 7. Average Satisfaction with healthcare services in relation to the reason for visiting the health facility

	Arithmetic mean (standard deviation)				
	Application of therapeutic doses	preoperative preparation	treatment	Total	P*
Are you satisfied with your reception during the visit?	4,75 (0,5)	4,91 (0,3)	4,91 (0,3)	4,91 (0,3)	0,99
Are you satisfied with the presentation of the nurse?	4,89 (0,4)	4,81 (0,4)	4,94 (0,2)	4,89 (0,3)	0,02
Are you satisfied with being informed about upcoming interventions and treatments?	4,78 (0,5)	4,75 (0,5)	4,75 (0,5)	4,75 (0,5)	0,74
Are you satisfied with the time devoted to you during the provision of health care services?	4,93 (0,3)	4,86 (0,4)	4,86 (0,4)	4,86 (0,4)	0,12
Are you satisfied with the professional approach when providing medical care?	4,80 (0,6)	4,83 (0,4)	4,83 (0,4)	4,83 (0,4)	0,39
Are you informed about your rights as a patient?	4,85 (0,5)	4,81 (0,4)	4,81 (0,4)	4,93 (0,3)	0,19
Did you get comprehensible answers to your questions?	4,83 (0,5)	4,81 (0,4)	4,88 (0,4)	4,85 (0,4)	0,06
Are you satisfied with the general environment of the health care facility?	4,91 (0,3)	4,94 (0,3)	4,9 (0,4)	4,91 (0,3)	0,96
Are you satisfied with the time you wait for the examination appointment?	4,88 (0,4)	4,94 (0,3)	4,92 (0,3)	4,9 (0,3)	0,87

*ANOVA, P - significance level of difference P=0.05, AS - arithmetic mean

Our research results showed higher expectations of female patients compared to male patients. Patients aged 41 to 50 are significantly less satisfied with the nurse's presentation compared to other age groups, while there is no significant difference between age groups in relation to other questions. Similar results were obtained in earlier studies [19,20]. In the studies of Yeşilad and Direktouml [21], there is no significant difference in satisfaction with the quality of the health service in relation to gender.

The smallest gap in the perception of quality among private practice health institutions is in tangible dimensions, which confirms that private practices have paid attention to the physical aspects and infrastructure of service delivery. A high gap is evident in the dimension of empathy, which indicates the need to improve the relationship between doctors, nurses and patients. This is similar to the results obtained from the study by Huang et al. [22], but contrary to the results of Jabnoun and Chaker's study [23]. Human elements are more important than non-human elements in patients' perception of the quality of private healthcare institu-

tions [24], and interpersonal relationships are one of the most important factors in quality perception [25,26]. According to our research results, the quality of service depends on communication and information about upcoming treatments.

The results of studies conducted by Amery et al. [27] showed the importance of interpersonal relationships as a component of service quality. According to this study, doctors/staff must make patients aware of their disease state, answer their questions, recognize and attend to their emotional and social needs, and be available when needed. Professional, timely and quality services are what patients expect. Our research results showed that it is important for patients to be aware of upcoming treatments and interventions

Bakar et al [28] found that patients with higher education have higher expectations to receive better quality services than others. In the study by Zarei et al. there is a significant relationship between education and hospital choice, and those with higher education had higher expectations than less educated patients

[29]. Our research results are compatible with the results of previous studies.

A study by Alsaqri [30] showed that people who consider themselves healthy are more likely to be satisfied with access to care. Compared to previous studies, our research results show that the time spent in providing medical care is important to patients. Effective and continuous interaction are key determinants for patient satisfaction [31]. According to our research results, the professional approach and presentation of the medical staff is a significant parameter of satisfaction.

Andaleeb in his research [32] compared the quality of services provided in public and private hospitals. He assumed that private hospitals, given that they are not subsidized and are dependent on income from patients, should be more motivated than public hospitals to provide patients with the expected quality of service. This assumption is supported. They also determined that the sociodemographic characteristics of the respondents have a direct impact on the behavior and satisfaction of patients. Our research results show that the patient's age affects satisfaction with the quality of health care services. Our research did not include the purchasing power of patients and its impact on satisfaction with the quality of the health service provided.

Sohail investigated the quality of services in private hospitals. The results showed that the perceived value of the services exceeded expectations for all measured variables [33]. According to our research results, patients expect improvements in the interpersonal dimension.

Pakdil and Harwood found that a key dimension for patient satisfaction is the accuracy of information about anesthesia and the operative procedure. The second most rated dimension was friendliness and kindness, while the biggest gap was found between the expected and actual waiting time in the clinic [34]. In our research, the waiting time for the appointment and the way of presenting the upcoming treatments and interventions were determined as important parameters in the assessment of the quality of the health service.

Karassavidou and colleagues determined that the human aspect is the most important dimension of the overall quality assessment [35]. Our research results also confirm the results obtained by Karassavidou et al.

Lei and Jolibert analyzed the relationship between quality, satisfaction and loyalty by measuring perceived service quality. They applied a model with only five statements and proved that perceived quality improvement does not directly lead to client loyalty, but that loyalty depends on the level of patient satisfac-

tion [36]. Patient loyalty was the starting point of our research. The research included patients who were repeat users of the institution's health services two or more times.

Krishnamoorthy and Srinivasan identified 10 dimensions of service quality in hospitals: medical service, understanding, admission, discharge, physical environment, equality, infrastructure, tangibility, medical care and medical availability. It was also determined that of all the dimensions, only tangibility, reception, equality, medical service and medical care have a significant impact on patient satisfaction [37]. The results of our research are compatible with the parameters of admission and medical care from the results of previous studies.

Peprah and Atarah showed that the overall satisfaction of patients with the services received is good, but also that there are negative gaps in four of the six dimensions used. Reliability, communication/interpersonal relations, safety and responsibility are dimensions that did not meet patients' expectations [38]. The results of our research showed that patients expect reliable communication. Zare et al. investigated the impact of service quality on patient satisfaction in private hospitals. They found a significant association between service quality and patient satisfaction, with service costs, process quality, and interaction quality having the greatest impact on overall patient satisfaction [39]. In our research, it was determined that the overall satisfaction of the patient depends on the interpersonal dimension of the medical staff.

Quintela, Correia, and Antunes identified three service qualities and proved that patient satisfaction is most influenced by employees' ability to act reliably and accurately, their willingness to help and provide prompt service, and individualized attention [40]. In our research results, individualized attention was recognized as a significant factor in patient satisfaction.

LIMITATION OF RESEARCH

The research was conducted in a private clinic. In our research, the influence of the economic status of patients who pay for services was not analyzed. The influence of the severity of the clinical picture, i.e. the degree of the disease, the research results were not taken into consideration.

CONCLUSION

The research established a high level of satisfaction among users of private practice health services. The parameters of the interpersonal dimension and trust were rated somewhat lower. Wider studies are needed that will more comprehensively show the degree of satisfaction with services in all segments.

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