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Public perception of healthcare personnel in Poland and some other European countries in view of selected studies

The paper presents current trends in the perception of healthcare in Poland and other European countries. The authors present the results of numerous surveys conducted both in Poland and abroad, which demonstrate significant changes in the way healthcare is perceived by the public in individual countries. As the diagnosis of how the medical profession is perceived in Poland gives no grounds for optimism, factors affecting its perception must be identified. This shows healthcare evaluation to be contextually-based, depending on the performance of both individual healthcare establishments and of the whole healthcare system in Poland. Demography has a heavy impact on the evaluation, as the medical services are being rated by the ageing society.

Postrzeganie służby zdrowia w Polsce oraz pewnych innych państwach Europy w świetle wybranych badań

Artykuł przedstawia aktualne tendencje w postrzeganiu służby zdrowia w Polsce i innych krajach Europy. Autorki prezentują wyniki wielu polskich i zagranicznych badań opinii publicznej dowodzących zachodzenia istotnych zmian w postrzeganiu służby zdrowia przez społeczeństwa poszczególnych krajów. Diagnoza postrzegania zawodów medycznych w Polsce nie nastraja optymistycznie, istnieje więc konieczność wskazania determinantów postrzegania tej profesji. W związku z tym okazuje się, że ocena służby zdrowia przebiega kontekstowo i uzależniona jest zarówno od pracy poszczególnych placówek medycznych, jak i całego systemu ochrony zdrowia w Polsce. W ocenie tej ogromną rolę odgrywa też sytuacja demograficzna – ocena świadczeń zdrowotnych dokonywana jest bowiem przez starzejące się społeczeństwo.

Keywords: public image, healthcare, opinion polls

JEL classification: I19, J23, J29

Introduction

Healthcare perception in Poland and other European countries has often been the subject of comparisons, leading to controversies over the evaluation of the work of doctors, nurses and others working for the sick¹. One may risk saying that the problem has become one of the most popular topics, which is demonstrated not only by the number of rankings and surveys conducted in this problem area, but also by their frequently extensive media coverage. The information obtained, even though it may often be challenged on methodological grounds, provides an interesting subject for analysis, in the course of which the diversity of opinions on some professions in various European countries and the reasons for their formulation become apparent. What is characteristic is the fact that the evaluation is set within the context of how the healthcare system is being rated in each country; Poland can possibly be used as the test example here.

1. Healthcare image in Poland and other European countries

A survey of European countries shows that medical professions (doctors, nurses, emergency medical technicians, carers) get a much lower rating in Poland than in other European countries. The highest appreciation of doctors and nearly just as high of nurses or carers² is observed in the Federal Republic of Germany. This is supported by the 2013 German survey of most trusted professions, prepared by a renowned and most frequently quoted Allensbach Institute for Public Opinion Research (cf. Table 1). The high rating of the doctor as a profession of public trust dates back to 1966. The ratings vary depending on the respondents' residence, indicating greater appreciation of doctors in the eastern than in the western lands of Germany (a difference of 10%). The high prestige enjoyed by the profession reflects the respondents' awareness of the dependence on healthcare personnel and the services they provide in emergency situations, but also the positive public perception of the healthcare system and the performance of healthcare establishments.

¹ Similar surveys are being annually conducted by Europ Assistance as a part of the 'Healthcare in Europe and in the USA' study. In 2012 and 2013 they showed an improvement in the average rating of the Polish healthcare system (measured from 1 to 10) from 2.6 in 2012 to 4.7 in 2013. Despite a significant rise, it still remains the lowest rating of all the countries covered by the survey. The average 2013 rating was 5.6 for Europe and 6.8 for the USA [Europ Assistance, 2013].

² Cf. the report by the forsa Institute for Social Research and Statistical Analysis [ISRSA, 2013], where carers rank second (89% of returns) in the prestige ranking of professions and occupations (firefighters rank first – 94% of returns). Doctors rank third (88% of returns).

Table 1. Prestige enjoyed by particular professions or occupations in Germany, Allensbach Institute for Public Opinion Research 2013

No.	Profession/occupation	Percentage of respondents who chose the profession/occupation as one of the five they respect the most
1.	doctor	76
2.	nurse	63
3.	police officer	49
4.	teacher	41
5.	artisan	38
6.	priest	29
7.	university professor	26
8.	engineer	26
9.	barrister	24
10.	pharmacist	22
11.	entrepreneur	21
12.	journalist	13
13.	outstanding athlete	12
14.	army officer	8
15.	bookseller	7
16.	politician	6
17.	TV host	3
18.	bank employee	3

Source: Own elaboration, based on: [IfD Allensbach, 2013].

Meanwhile, in Poland, doctors are not in high esteem. According to the returns of a CBOS survey³, the profession ranks eighth (71%) and is preceded by firefighters (87%), university professors (82%), skilled workers (e.g. bricklayers, turners) and miners (81% and 80%, respectively), engineers and nurses (78%) [Górecka-Mazur, 2012]⁴. The survey also demonstrates that while occupations involving manual work gain increasing recognition (cf. the high rating of skilled workers, but also the climbing ranking of unskilled workers, further down the list), the professions show a downward trend [CBOS, 2013]. What also seems symptomatic is the fact that the doctor's rating has been declining for at least ten

³ The CAPI survey was conducted between August 1st and 12th, 2013, with a group of 904 randomly selected adults resident in Poland [CBOS, 2013].

⁴ The profession of the nurse is frequently considered in terms of a vocation. Its public image is positive, as it is associated with hard, responsible work. The symbols and traditions of the nursing profession, including the unique 'capping' and 'striping' ceremonies, have a long-lasting public recognition, boost its prestige and build the occupational identity of nurses. More on the nurse's image: [Górecka-Mazur, 2012].

years, although the authors of the report claim the changes are insignificant [CBOS, 2013]⁵.

The surveys conducted in Poland should be compared with the statistics prepared in other European countries. Typical trends are probably best illustrated by the 2013 survey of the European Trusted Brands (see Figures 3, 4 and 5)⁶ as well as the analyses prepared by the GfK⁷ (see Figures 1 and 2), which show significant differences in how the respect enjoyed by the medical professions is perceived in Poland and in other European countries. The main criterion in the rating of healthcare personnel is the criterion of trust [Castelfranchi, Falcone, 2010]⁸.

The GfK survey concerning more than thirty occupational groups from fifteen European countries indicates that unlike many other nations, Poles show a declining esteem for doctors (ninth place in the ranking). At the same time, just like in other European countries, the recognition is rising for the work of nurses (93% in

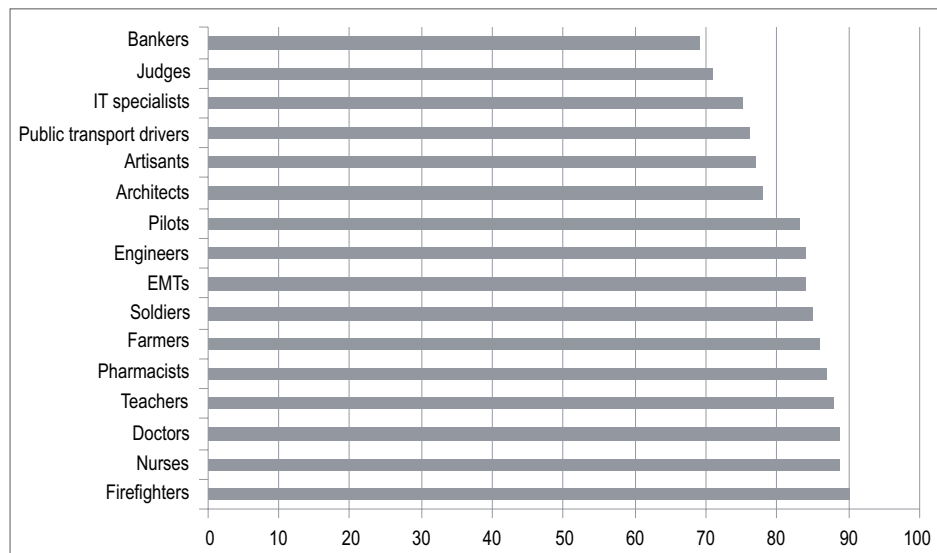


Figure 1. Trust in professions/occupations in Poland

Source: [Siejewicz, 2014].

⁵ It may be added that, compared with pre-transition Poland, doctors' rating fell by 10 pts and university professors' and journalists' – by 9 and 8 pts, respectively. Standardised mean values of professional/occupational prestige result from the adopted criteria, according to which 100 pts means very high, 75 pts – high, 50 pts – medium, 25 pts – low, 0 pts – very low [CBOS, 2013].

⁶ A survey by Reader's Digest, in which 18,314 people were interviewed with an on-line questionnaire or one sent by post. The respondents were from Belgium, the Czech Republic, Finland, France, Germany, the Netherlands, Poland, Portugal, Romania, Russia, Slovenia and Switzerland [cf. MK, 2013].

⁷ Full description of the study in: [Siejewicz, 2014].

⁸ Christiano Castelfranchi and Rino Falcone define trust as the assessment of the trusted person's capability to meet a specific goal of the trusting person. More on trust in: [Castelfranchi, Falcone, 2010].

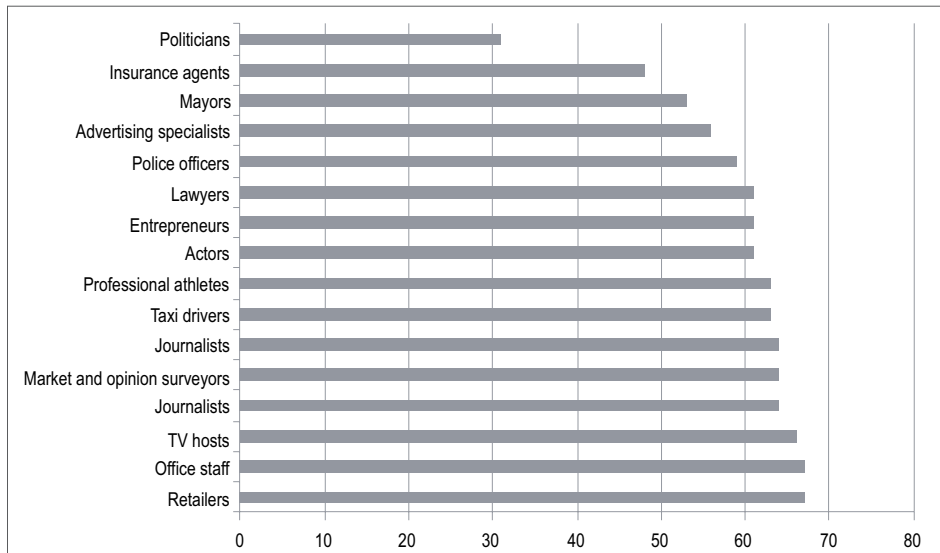


Figure 2. Trust in professions/occupations in Poland

Source: [Siejewicz, 2014].

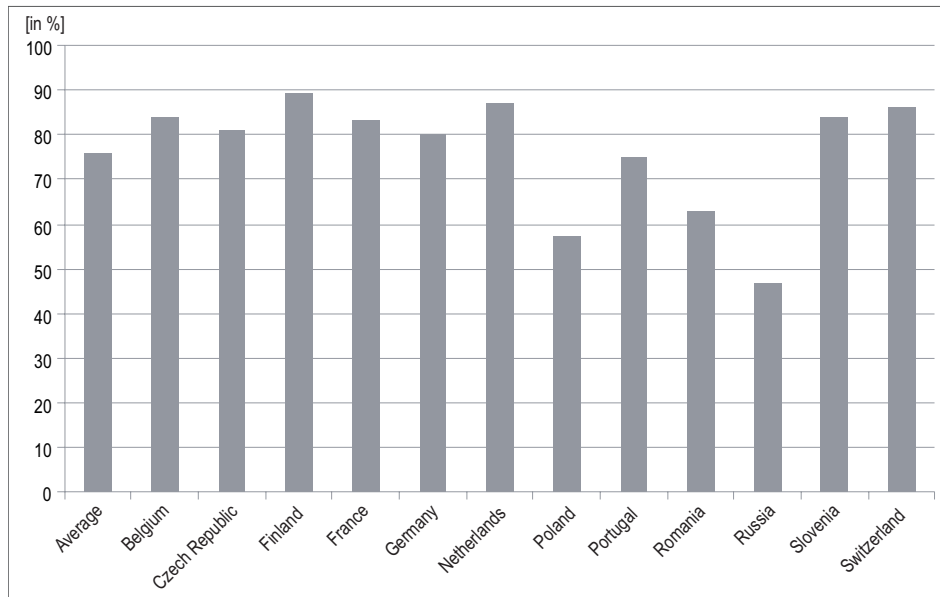


Figure 3. Trust in doctors in EU countries

Source: [MK, 2013].

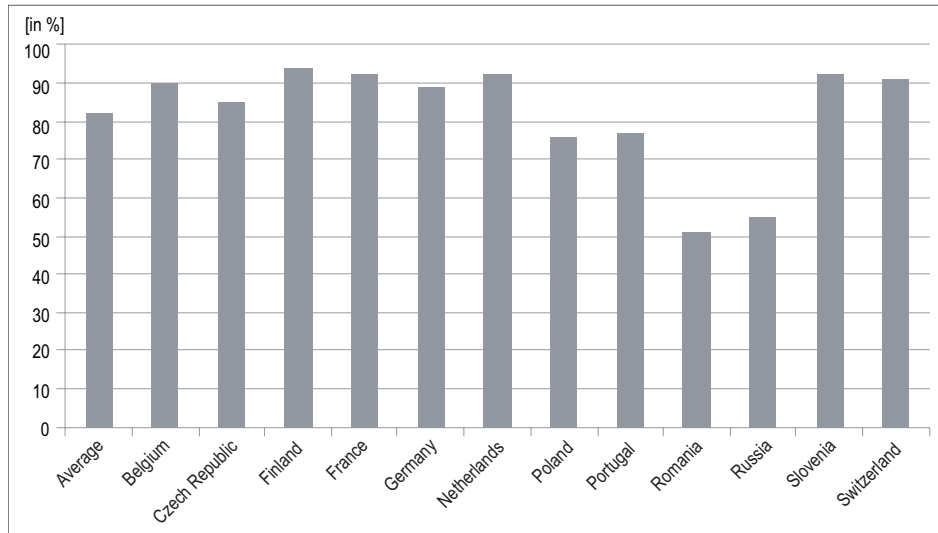


Figure 4. Trust in nurses in EU countries

Source: [MK, 2013].

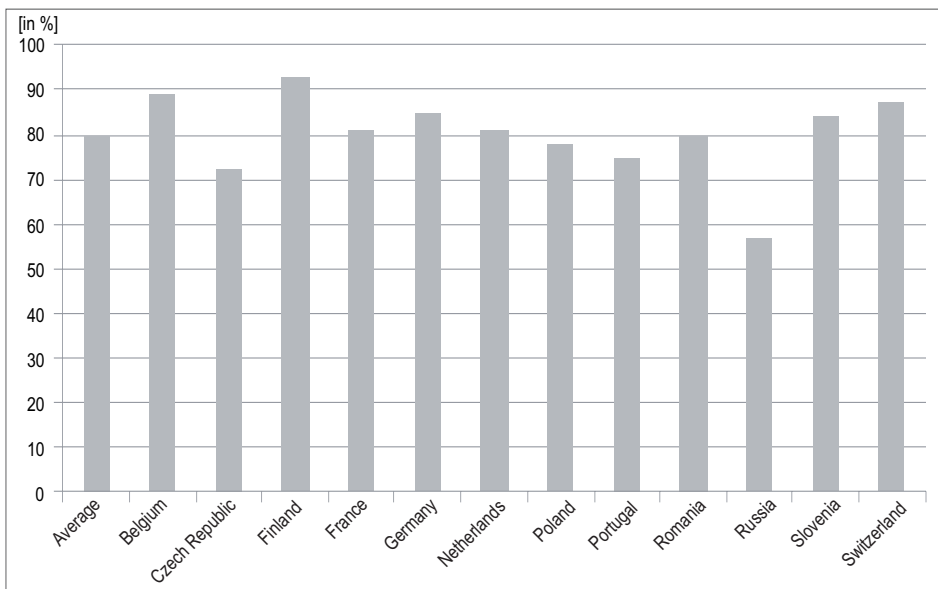


Figure 5. Trust in pharmacists in EU countries

Source: [MK, 2013].

Poland, an 89% average for all the returns), emergency medical technicians – EMTs (ranking third)⁹ and pharmacists (ranking fourth). The high standing of nurses in the ranking (76%) – already shown in the previous survey – is the result of the many years of efforts to boost the status of the profession, of its growing responsibilities and participation in making decisions [Abramczyk, 2011]. It should also be noted that although nurses are not a homogeneous occupational group, as they may perform different roles in various regions of Europe, their performance is evaluated from a similar perspective; they promote and help to sustain good health, prevent diseases and look after the sick and the elderly [Abramczyk, 2011].

Corresponding conclusions can be drawn from the European Trusted Brands survey, conducted in thirteen countries. For trust in doctors, Poland takes the penultimate place (57%), ahead only of Russia (47%; cf. Figure 3). The European average is 76%. Just like in the previously discussed survey, the criterion of trust was applied. Based on the doctor-patient relation and in the absence of more objective premises, trust is the only (or one of the few) criterion on which opinions about healthcare personnel are founded.

The surveys described above show considerable differences in the evaluation of medical professions. It appears that the highest level of trust in Poland is enjoyed by pharmacists (78%), which is a Poland-specific tendency, observed in no other country covered by the survey, except Russia. This, however, need not seem strange if we consider the fact revealed by other surveys, to wit, that Poles would rather seek a pharmacist's advice or decide how to treat their ailments themselves, than visit a doctor¹⁰. This is also related to the problems with the availability of specialist medical services and clinics, which will be discussed later in this paper.

The presentation of surveys must not ignore the results of a global ranking of public trust in doctors, published in the late 2014 by the *New England Journal of Medicine* (NEJM). It caused a lot of debate among doctors, patients and the media. The results presented in it (see Table 2)¹¹ put Poland in the last place of the ranking for trust in doctors. The leaders of the ranking based on patients' responses are doctors in Switzerland, the Netherlands and Denmark.

After the presentation of the surveys above, it has to be said that the declining trust in medical professions must be seen in context; it results from evaluation by the public of the healthcare system in their country on the one hand, and from the appraisal of the work of people in other professions/occupations on the other.

⁹ EMTs' high ranking is a result of their broader professional certification, greater availability and more frequent contacts with patients.

¹⁰ As suggested by an Ipsos survey conducted in January 2010, of a nationwide, randomly-chosen, representative sample of 856 Poles aged 15 or more [Ipsos, 2010].

¹¹ The survey done in 2011–2013 as part of the International Social Survey Programme, conducted in 29 countries. It measured the degree of trust put in doctors by patients as well as individual satisfaction with the most recent visit to a doctor [ISSP].

Table 2. Attitudes about doctors by country

Country	All things considered, doctors in your country can be trusted (strongly agree or agree)			Satisfaction with the treatment you received when you last visited a doctor (completely or very satisfied)		
	rank	%	(95% CI)	rank	%	(95% CI)
Switzerland	1	83	(81–85)	1	64	(61–67)
Denmark	2	79	(77–81)	2	61	(59–64)
Netherlands	3	78	(75–80)	3	47	(44–50)
Great Britain	4	76	(73–79)	4	51	(48–55)
Finland	5	75	(73–78)	5	49	(46–52)
France	5	75	(73–77)	6	38	(36–40)
Turkey	5	75	(73–77)	7	41	(38–43)
Belgium	8	74	(73–76)	8	54	(52–56)
Sweden	8	74	(71–76)	9	48	(45–51)
Australia	10	73	(71–76)	10	55	(52–58)
Czech Republic	10	73	(71–75)	11	39	(36–41)
Norway	12	72	(70–74)	12	54	(51–56)
Taiwan	12	72	(70–74)	13	17	(15–18)
Slovenia	14	70	(68–73)	14	44	(41–47)
South Africa	14	70	(68–72)	15	51	(49–54)
Portugal	16	69	(66–72)	16	26	(23–29)
Philippines	17	68	(65–71)	17	39	(36–42)
Israel	18	67	(64–70)	18	46	(43–49)
Germany	19	66	(64–68)	19	46	(44–48)
Slovakia	20	62	(59–66)	20	28	(24–31)
South Korea	20	62	(60–65)	21	25	(23–28)
Lithuania	22	61	(58–64)	22	13	(11–15)
Japan	23	60	(57–63)	23	30	(27–33)
Croatia	24	58	(56–61)	24	31	(28–34)
United States	24	58	(55–61)	25	56	(54–59)
Chile	26	56	(52–59)	26	23	(20–26)
Bulgaria	27	46	(43–49)	27	30	(27–33)
Russia	28	45	(42–48)	28	11	(9–13)
Poland	29	43	(40–46)	29	23	(21–26)

Respondents who answered the satisfaction question 'does not apply' were not included in the denominator. Countries are rank-ordered according to the percentage of respondents who said they strongly agreed that all things considered, doctors in their country can be trusted. Countries with the same rank were tied on that measure. CI denotes confidence interval.

Source: [Blendon, Benson, Hero, 2014].

The prototype perception of healthcare personnel, with its connotations of responsibility, readiness to help and care as well as usefulness is no longer a sufficient determinant of opinions, which are increasingly influenced by how the whole system of medical service provision is perceived. This proposition may also be supported by surveys of how the work of doctors and medical establishments is evaluated. They show that the percentage of people who are satisfied upon leaving a doctor's surgery is very low in Poland, amounting to 23%. Satisfaction is only lower in Russia, expressed by a mere 11% of respondents. This displays a really yawning gap between the two countries and the leaders of the ranking – Switzerland and Denmark, where 64% of respondents express satisfaction [Blendon, Benson, Hero, 2014].

A map of Europe presenting the public image of healthcare personnel would be divided into three areas. The first one would cover the healthcare systems in the northern part of Europe – highly valued by the patients – with the Netherlands and Denmark as ranking leaders. The second one, covering countries of Central and Eastern Europe, might be used as an example of a decent public image. The third group would consist of the countries troubled by economic or political problems, whose perception of healthcare personnel is low. A map like this illustrates the disparities within the EU. There are, however, certain common problems, one of them being the ageing populations. They have and will have a major impact on the work and public image of healthcare personnel.

2. Health system reforms and their impact on personnel evaluation

In recent years, the public image of healthcare personnel has been seen from the angle of the medical services market and the performance of healthcare establishments. This results from the changes in the healthcare sector in Poland, which has undergone sweeping reforms, with their further consequences. The first reform of January 1, 1999, changed the healthcare funding pattern. The system provided for funding by both the budget and health insurance, with a vital role for the principles of social solidarity and universal health insurance. The latter involved the emergence of regional Health Insurance Funds (HIFs – one in every province) as well as a separate HIF for the uniformed services. Their task was to raise the funds from health insurance contributions of their members (residents of the province) and to contract with healthcare providers. The HIFs were independent, self-governing bodies, supervised only by the National Health Insurance Authority.

The next reform (in 2003), transformed all the HIFs into the National Health Fund, which became a governmental corporate body. The reforms restrained

access to specialist doctors and diagnostic procedures, causing discontent of the patients. Private players took advantage of the resulting gaps in the market, offering competitive services. The market became divided between public and private health service providers, the latter starting a contest to capture the patients' favourable attention. With many elements affecting their choice, the patients also started looking at the public image of the healthcare establishments and their personnel.

Like in other countries, in Poland there are two levels on which the public image of healthcare personnel is shaped; one is the opinions of the patients, the other – of the media. It should be added that the opinions on the system of healthcare establishments are concurrent with the public image of the personnel.

The authors of this paper believe that the public perception of healthcare personnel is largely influenced by the evaluation of the whole system and the changes it is undergoing in the wake of the reforms. It is in connection with these changes that there is constant critical discourse in Poland, often inspired and monitored by the media, on how inefficient and dysfunctional the healthcare system is. This, to some extent, is illustrated by CBOS statistics; after a break of two years, CBOS made another survey: *Opinie o funkcjonowaniu systemu opieki zdrowotnej A.D. 2014* [Opinions on the functioning of the health care system in 2014]¹². It demonstrated that 68% of the respondents are critical of the performance of healthcare system in Poland. The figure, however, is 9 percentage points lower than in the 2012 survey [CBOS, 2014]. 59% of the respondents positively evaluated personnel efficiency and the conditions in which the service was provided. Availability of primary care was the strongest point (74% of positive ratings), while the weakest point was the poor access to specialist care (as many as 68% of negative ratings). Caring and friendly approach to patients was recognised by 54% of respondents, who at the same time felt that doctors' qualifications decreased, as did their commitment.

A question arises at this point about the elements which to the greatest degree build the patients' trust in doctors. In the realities of Poland, the most important of them are¹³: effective treatment and diagnostics, genuine care for the patient, true vocation and commitment, good communication with the patient, up-to-date medical knowledge, empathy and understanding, showing an interest in the patient and treating all the ailments they report seriously. The least important (voiced by 5% of respondents or less) are good education, good reputation among patients, nice and friendly disposition, patience and good manners.

¹² This was a face-to-face survey of a representative sample of 1,044 adults resident in Poland, conducted between June 5 and 11, 2014.

¹³ Based on *Postrzeganie lekarzy i służby zdrowia w Polsce 2014* [The perception of doctors and health service in Poland in 2014]. The survey of a representative sample of 504 Poles aged 15–65, taken from the Ariadna research panel, was conducted on 2–7 January 2014.

Conclusions

The reading of reports on the public image of healthcare in Poland gives no grounds for optimism. Most surveys show a declining authority of doctors, while the perception of other medical professions (like nurses or carers) is less favourable than in other European countries. The situation should be seen in various settings – the inner context of characteristics of a professional group, and the outer context, showing the environment in which the profession operates. The latter is connected with how the performance of individual healthcare establishments and of the whole healthcare system in Poland are evaluated, which affects the evaluation of the work done by the whole medical profession. There is no doubt that the negative evaluation of healthcare personnel is related to the mounting dissatisfaction with the healthcare system. An improvement in the system alone may, therefore, contribute to a better perception of the prestige of the profession and its public image. The improvement may mean a better access to diagnostics or to specialists. The regulations now in force, however, make this hardly possible. Although a slight improvement in the public image of health establishments and their staff is observed, which is confirmed by both national and European statistics, caution should be exercised before a steady improvement is pronounced. The demographic situation must be kept in mind, too – evaluation of healthcare provisions is now and will in the future be done by ageing societies.

References

- Abramczyk A., 2011, *Status społeczny i zawodowy pielęgniarstwa w Polsce i wybranych krajach europejskich*, Zeszyt Naukowy Wyższej Szkoły Medycznej w Legnicy, no. 1.
- Blendon R.J., Benson J.M., Hero J.O., 2014, *Public Trust in Physicians – U.S. Medicine in International Perspective*, <http://www.nejm.org/doi/full/10.1056/NEJMp1407373> [access: 09.03.15].
- Castelfranchi C., Falcone R., 2010, *Trust Theory. A Socio-Cognitive and Computational Model*, John Wiley & Sons, Chichester.
- CBOS, 2014, *Opinie o funkcjonowaniu systemu opieki zdrowotnej A.D. 2014*, Fundacja Centrum Badania Opinii Społecznej, Warszawa, http://www.cbos.pl/SPISKOM.POL/2014/K_107_14.PDF [access: 21.06.2015].
- CBOS, 2013, *Prestiż zawodów*, Fundacja Centrum Badania Opinii Społecznej, Warszawa, www.cbos.pl/SPISKOM.POL/2013/K_164_13.PDF [access: 03.10.2014].
- Europ Assistance, 2013, *Health & Society Barometer*, http://www.europ-assistance.com/sites/default/files/health_society_csa_europ_assistance_barometer_2013_full_report.pdf [access: 09.03.15].
- Górecka-Mazur A., 2012, *Wizerunek pielęgniarstwa w mass mediach*, Sztuka Pielęgnowania, nr 4.
- Ipsos, 2010, *Polacy wolą leczyć się sami*, www.ipsos.pl/samoleczenie [access: 04.03.2015].
- ISRSA, 2013, Institute for Social Research and Statistical Analysis, *Ranking of professions and occupations*, www.dbb.de/fileadmin/pdfs/themen/forsa_2013.pdf [access: 03.10.14].

- ISSP, *International Social Survey Programme*, <http://www.issp.org/page.php?pageId=4> [access: 22.06.2015].
- IfD Allensbach, 2013, *Hohes Ansehen für Ärzte und Lehrer ? Reputation von Hochschulprofessoren und Rechtsanwälten rückläufig*, http://www.ifd-allensbach.de/uploads/tx_reportsndocs/PD_2013_05.pdf [access: 06.03.15].
- MK, 2013, *Marketing przy kawie, Strażak, dziennikarz, polityk, piłkarz – jakim zaufaniem cieszą się poszczególne zawody?* (European Trusted Brands), <http://www.marketingnews.pl/message.php?art=38238> [access: 04.03.15].
- Siejewicz M., 2014, *Międzynarodowe badanie zaufania do zawodów*, http://www.gfk.com/pl/documents/2014_04_29_komunikat_z_bada%C5%84_zaufanie_do_zawod%C3%B3w_w_polsce_i_na_%C5%9Bwiecie_pl.pdf [access: 03.10.14].