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The phenomenon of consumerism in medical services from the patient's and nurse's perspective

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ABSTRACT

Introduction: The phenomenon of consumerism in health care refers to the medical services provided. Currently, patients have more and more demands and they are aware of their rights. This may cause conflicts on the patient-nurse line.

Material and methods: The data were acquired from the Author's Survey Questionnaire for Nurses and Author's Survey Questionnaire for Patients. The study was conducted from May 2019 to December 2019.

Results: There were fairly significant differences in the views of nurses and patients on virtually all aspects of health care funding and, in general, health policy pursued in Poland. Patients believed that they should make decisions about their treatment, whereas, in the opinion of nurses, they generally should not be responsible for such decisions. It is worth noting that patients felt that they should be in charge of their treatment but that nurses should be responsible for the outcomes.

Conclusions: This study demonstrated that patients more frequently than nurses think they are responsible for both treatment and treatment outcomes. Nurses claimed they do not have the right to decide about treatment and should not be responsible for treatment outcomes.

Key words: consumers, nurse-patient interaction

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Introduction

According to Taranowicz, medical consumerism refers to the healthcare sector which is subject to the laws of the market (like other services). On the other hand, the patient is treated as a customer of medical services with different expectations [1]. As claimed by Gałuszka, people cannot accept the fact that medical services are sold or bought, yet terms related to the medical services market are increasingly used in health care policy. Medical treatment or advice is the same commodity as other services or products available to the public purchased at a certain price. Those without insurance, private health care plans or financial resources do not have access to such services. Regarding medical services, people cannot accept this fact [2].

The customer of medical services is willing to pay for them if they are of high quality [3, 4].

The patient does not want simply to listen to the opinions of others and follow recommendations but

seeks complete control over their own life [5]. The changes in the health care system and around social interaction that have taken place over the past few years are primarily concerned with increasing the patient's autonomy in terms of self-determination and respect for the decisions made. The prevailing model of self-care, based on the principles of partnership, on the one hand, gives the patient more decision-making power, while on the other hand, forces them to share responsibility for their health. As a result of the reforms, the Polish health care system largely operates like an enterprise, and thus shows a kind of independence in the labour market. In this regard, it is not surprising that there is active competition under the rules of the free market economy. Consumerism focuses on ready access to medical services and its recipient. Contact with a medical facility (which a hospital undoubtedly is), often sudden and unexpected, is a factor that exacerbates stress. When a person in need of medical attention has to comply with clearly defined rules and at the same

Table 1. Nurses' and patients' familiarity with the concept of consumerism

Familiarity with the concept of consumerism	Group ($p = 0.0000$)		Total
	Nurses	Patients	
I don't know	87 (29.5%)	307 (52.8%)	394
Consumption and protection of consumer interests	195 (66.1%)	233 (40.1%)	428
Consumerism is privatised health	12 (4.1%)	20 (3.4%)	32
Has nothing to do with treatment	1 (0.3%)	21 (3.6%)	22
Total	295	581	876

time step into the role of the patient, it intensifies their anxiety and insecurity. Aggressive behaviour in such a difficult situation is usually triggered by the body's defence mechanisms. Aggression on the part of patients-customers of medical services is usually caused by excessive waiting time for medical services, current health status, the behaviour of others or (inadequate) conditions in the hospital. People believe that medical services are supposed to meet their subjective needs.

Purpose of the study

The purpose of the study was to describe the phenomenon of consumerism in relation to medical services from the patient's and nurse's perspectives.

Material and methods

To achieve the purpose of the study, the method of diagnostic survey, interview, and statistical methods were adopted.

The research tools included the Author's Survey Questionnaire for Nurses (contains 23 questions about the nurse's attitude towards the patient, the nurse's reaction to the patient's complaints and the patient's behaviour, the type of services and the assessment of the effectiveness of the actions taken, and sociodemographic factors) and Author's Survey Questionnaire for Patients (contains 30 questions about the patient's attitude to the nurse, the nurse's reaction to the reported ailments, the effectiveness of the help received, openness, the type of medical service provided and sociodemographic factors). Both in the Author's Questionnaire for Patient's and for Nurse's several questions evaluating consumerism were created in relation to the provided medical services. Now, no research tool could be used to analyse this issue.

The sample group consisted of 300 nurses working at the Clinical Provincial Hospital No. 1 (CPH) in Rzeszów, Poland, and 593 inpatients of the same hospital. The study was conducted from May 2019 to December 2019. Nurses from the non-operative treat-

ment and surgical clinics of CPH No. 1 participated in the study. The study was conducted under the approval of the Bioethics Committee at the University of Rzeszów No. 27/02/2019, dated 14 February 2019.

Results

After the results were obtained, a comparison was made between the distribution of nurses' and patients' responses related to the issue of consumerism in the context of health services.

The first question concerned familiarity with the concept of consumerism. The table below compares the distribution of the responses given in the two groups, along with an assessment of the statistical significance of their divergence using the chi-square test. The divergence between the two groups is statistically significant (probability p -value is less than 0.001) — more than half of the patients answered "I don't know", while the majority of nurses (nearly two-thirds of responses) associate consumerism with consumption and protection of consumer interests. Most of the nurses surveyed (almost two-thirds) correctly understood the concept of consumerism (Tab. 1).

The following tables show the opinions of patients and nurses regarding their understanding of the concept of consumption and being a customer of everyday services as well as health services. To distinguish the more and less accepted statements, the most frequently indicated variants were highlighted in shades of grey (Tab. 2).

Opinions on the role of financial resources in the operation of the healthcare system

The following table shows the views of the respondents on the importance of healthcare funding. There were fairly significant differences in the views of nurses and patients on virtually all aspects of health care funding and, in general, health policy pursued in Poland. Patients believed that they should make decisions about their treatment, whereas, in the opinion of nurses, they generally should not be responsible for such decisions. It is worth noting that patients felt that they should

Table 2. Patients' and nurses' attitude to the statement: "consumption, i.e. health for money"

Consumption, i.e. health for money	Group									
	Nurses					Patients				
	No	Rather not	Hard to say	Rather yes	Yes	No	Rather not	Hard to say	Rather yes	Yes
Health insurance contributions are sufficient for medical care	2.7	24.7	40.3	22.0	10.3	3.5	15.3	28.2	39.1	13.8
The nurse/patient has the right to decide about treatment	9.0	57.3	26.0	6.0	1.7	1.0	8.3	20.6	43.7	26.5
The patient/nurse is responsible for treatment outcomes	13.3	48.7	21.7	13.0	3.3	1.7	14.3	25.5	37.6	20.9
Health care is sufficiently funded	31.7	42.3	19.7	4.7	1.7	20.6	25.1	39.5	8.3	6.6
Relationship between the patient and health service causes conflicts	2.3	4.3	29.0	43.3	21.0	4.4	22.3	35.8	21.8	15.9
I have an influence on health policy in Poland	20.7	34.7	25.3	16.0	3.3	18.5	26.3	37.4	11.6	6.1
Knowledge of medical costs	7.3	16.0	40.7	30.3	5.7	1.2	8.6	23.3	45.7	21.2

Table 3. Patients' and nurses' attitude to the statement: "consumption, i.e. health for money" using the Mann-Whitney U test

"Consumption, i.e. health for money"	Group		p
	Nurses	Patients	
Health insurance contributions are sufficient for medical care	3.13	3.44	0.0000
The nurse/patient has the right to decide about treatment	2.34	3.86	0.0000
The patient/nurse is responsible for treatment outcomes	2.44	3.62	0.0000
Health care is sufficiently funded	2.02	2.55	0.0000
Relationship between the patient and health service causes conflicts	3.76	3.22	0.0000
I have an influence on health policy in Poland	2.47	2.60	0.0637
Knowledge of medical costs	3.11	3.77	0.0000

Means calculated for the following scale: 1 — no, 2 — rather not, 3 — hard to say, 4 — rather yes, 5 — yes; p — test probability value calculated using the Mann-Whitney U test

be in charge of their treatment but that nurses should be responsible for the outcomes (Tab. 2).

A synthesis of the respondents' opinions in the form of average levels of agreement with each statement makes it possible to present the views of nurses and patients and the differences between them simply and clearly. Nurses were significantly more likely to report the occurrence of conflicts between patients and medical staff ($p = 0.0000$), while patients were more likely to agree with all other statements (health insurance contributions are sufficient for medical care, the nurse/patient has the right to decide about treatment, the patient/nurse is responsible for treatment outcomes, health care is sufficiently funded, knowledge of medical costs) ($p = 0.0000$). The only issue for which there was no statistically significant difference between the two

groups concerned the influence on health policy in Poland — here respondents from both groups tended to have negative attitudes (Tab. 3).

Discussion

In Poland, health care is publicly funded, and this is guaranteed by Article 68 of the Polish Constitution of April 1997. Under the law, everyone has an equal right to health services regardless of their financial situation [6].

Consumerism focuses on the needs of patients and encourages them to express their opinion on the quality of health services. This is an indicator of a practical approach to a sick and needy person [7]. Individualized patient-centred care has gained the approval of the

medical community. However, consumers of medical services (patients) are not perceived so positively [8]. In Roach's opinion, progressive consumerism contributes to the growth of social requirements for health services and the lack of acceptance of what is offered as part of guaranteed services [9]. According to Haug et al., consumerism can adversely affect communication between patients and medical staff [10, 11]. According to Zalega, consumer behaviour is defined as activities and actions aimed at satisfying the needs of a group or individual through the appropriate use of goods and their appropriate acquisition [12]. According to Belch, consumer behaviour involves activities and processes performed when buying, selecting, using or seeking services [13]. Solomon argued that consumer behaviour is guided by the processes which help an individual or group to satisfy their needs through purchases, services, and use of products [14].

The question on familiarity with the concept of consumerism compared the distribution of responses given in both groups of patients and nurses. The differences between the two groups were statistically significant (test probability value of p less than 0.001). More than half of the patients answered "I don't know" (52.8%), while the majority of nurses (two-thirds of the responses — 66.1%) associated consumerism with consumption and protection of consumer interests. Based on the author's own study, according to patients, they are the ones who should decide about their treatment ($p = 0.0000$). However, nurses should be responsible for the outcomes ($p = 0.0000$). This is indicative of patients' demanding attitude toward the health care system. Patients were more likely to believe that the healthcare system was not sufficiently funded ($p = 0.0000$) and had more knowledge of medical costs ($p = 0.0000$). In the UK, as in other countries, there has been an increase in the number of different providers for patients and the amount of information provided online to enable patients to make choices [15]. Medical information is increasingly accessible to patients through various sources, such as social media and the Internet. Patients expect ready access to medical services, attention, time, and immediate contact with a doctor. Some patients have exorbitant expectations, blame the staff for the lack of treatment results, self-diagnose, demand prescriptions for specific medications, and accuse the staff of not giving them adequate time [16].

Cave claims that autonomy does not entitle the patient to insist on receiving a particular medical treatment regardless of the nature of the treatment [17]. According to a survey conducted by the Centre for Public Opinion Research (CBOS), 49% of respondents said that low spending on health care and improper use of

funds allocated for this purpose lead to problems with the quality and availability of health insurance services [3]. In the United States, public reports compare different healthcare facilities to help consumers choose medical services and choose the right specialist. In Pennsylvania and New York, patients can view the results of their cardiac surgeries, including the complication rate. Patients use this information to choose the best specialist [18]. As shown in the author's own study, both nurses and patients believed they had no influence on health policy in Poland. Nurses were more likely to indicate the occurrence of conflicts between patients and medical staff ($p = 0.0000$). Paszkowska believes that, due to common stereotypes, medical staff may adopt inappropriate attitudes toward patients in connection with their aggressive behaviour. Patients may also take such attitudes toward medical staff, as they often fear hospitalisation, encounter bureaucracy, and need to adapt to the existing conditions and rules [19–21]. Szwamel et al. reported that 38% of patients displayed aggression as a result of being refused admission to the hospital, 74% due to excessive waiting time for tests, 15% due to other reasons, and 4% due to pain complaints [22]. Medication taken, e.g. benzodiazepines and morphine derivatives, can also be a cause of aggressive behaviour [22]. According to Grudzień et al., 46.1 % of respondents believe that the cause of aggressive behaviour is the use of psychoactive drugs, alcohol abuse (98%), surgery (26.1%), hypoxia or respiratory distress (29.6%), and craniocerebral trauma (36.5%) [23].

It was difficult, and in some cases impossible, to compare all the study results described in the discussion, as there is no research on the phenomenon of consumerism from the perspective of the patient and the nurse. In the future, it would be advisable to consider conducting a study on a larger group of respondents, both patients and nurses, and then compare the findings.

Conclusions

Patients more frequently than nurses think they are responsible for both treatment and treatment outcomes. On the other hand, nurses claimed they do not have the right to decide about treatment and should not be responsible for treatment outcomes. Nurses much more often indicated the occurrence of conflicts between the patient and the medical staff.

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References

- Taranowicz I. Rola społeczna chorego. In: Barański J, Piątkowski W. ed. *Zdrowie i choroba. Wybrane problemy socjologii medycyny*. ATUT - Wrocławskie Wydawnictwo Oświatowe, Wrocław 2002.
- Gatuszka M. Modernizacja system opieki zdrowotnej w Polsce a problem komercjalizacji szpitali przez samorządy terytorialne. In: Gatuszka M. ed. *Modernizacja biomedyczna społeczeństwa a ryzyko zdrowotne*. Biuro Promocji i Wydawnictwo Uniwersytetu Medycznego w Łodzi, Łódź 2010: 129–157.
- CBOS. Opinie na temat funkcjonowania opieki zdrowotnej. https://cbos.pl/SPISKOM.POL/2018/K_089_18.PDF (15.01.2023).
- Prestige Health Plans Private Medical Insurance. <http://www.prestige-healthplans.co.uk/private-medical.php> (16.02.2023).
- Giddens A, Sulżycka A. *Socjologia*. Wydawnictwo Naukowe PWN, Warszawa 2004: 166.
- Zgromadzenie Narodowe. Konstytucja Rzeczypospolitej Polskiej z dnia 2 kwietnia 1997 r. (Dz.U. Nr 78, poz. 483 z późn. zm.). <http://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU19970780483/U/D19970483Lj.pdf> (15.02.2023).
- Nettleton S. *The sociology of health and illness*. Polity Press, Cambridge 2001.
- Little S. Consumerism in the doctor-patient relationship. *J Med Ethics*. 1981; 7(4): 187–190, doi: [10.1136/jme.7.4.187](https://doi.org/10.1136/jme.7.4.187), indexed in Pubmed: [7334494](https://pubmed.ncbi.nlm.nih.gov/7334494/).
- O'Neale Roach J. The effects of consumerism. *BMJ*. 2001; 322: 1610, doi: [10.1136/bmj.322.7302.1610/a](https://doi.org/10.1136/bmj.322.7302.1610/a).
- Haug M, Lavin B. Practitioner or patient — who's in charge? *J Health Soc Behav*. 1981; 22(3): 212, doi: [10.2307/2136517](https://doi.org/10.2307/2136517).
- Gazeta Lekarska. Agresja w relacji pacjent-lekarz. <https://gazetalekarska.pl/?p=51632> (10.02.2023).
- Zalega T. *Konsumpcja. Determinanty, teorie, modele*. Polskie Wydawnictwo Ekonomiczne, Warszawa 2012.
- Belch GE. Belief systems and the differential role of the self-concept. *Advances in Consumer Research*. 1978; 5: 320–325.
- Solomon M. *Consumer behavior, buying, having and being*, prentice hall, englewood cliffs. Prentice Hall, New Jersey 1996.
- DHSC. The NHS Choice Framework: What choices are available to me in the NHS? <https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs> (22.02.2023).
- The Lancet. Will consumersim lead to better. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(05\)66999-1.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(05)66999-1.pdf) (10.03.2023).
- Cave E. Selecting treatment options and choosing between them: delineating patient and professional autonomy in shared decision-making. *Health Care Anal*. 2020; 28(1): 4–24, doi: [10.1007/s10728-019-00384-8](https://doi.org/10.1007/s10728-019-00384-8), indexed in Pubmed: [31542833](https://pubmed.ncbi.nlm.nih.gov/31542833/).
- Paszkowska M. Agresja pacjentów jako problem w pracy lekarzy. *Praca i zdrowie*. 2010; 9.
- Lickiewicz J, Piątek J. Doświadczenie agresji w pracy pielęgniarzkiej. *Sztuka Leczenia*. 2014(3-4): 11–22.
- Mokrzyszewski A, Wenzel M, Krajewski R. Agresja wobec lekarzy. <https://gazetalekarska.pl/?p=51632> (16.02.2023).
- Szwamel K, Sochocka L. Opinia średniego personelu medycznego szpitalnego oddziału ratunkowego na temat agresywnych zachowań pacjentów. *Piel Zdr Publ*. 2015; 4(45): 149–154.
- Grudzień D, Zurzycka P, Radzik T. Opinia personelu medycznego na temat agresywnych zachowań pacjentów. *Pol Prz Nauk Zdr*. 2015; 4(45): 242–247.
- Rymaszewska J. Postępowanie z pacjentem agresywnym i pobudzo-
nym. *Psychiatria w Praktyce Klinicznej*. 2008; 1(2): 74–81.