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**ASSESSING THE SERVICE QUALITY IN SMALL
 AND MEDIUM-SIZED COMPANIES**

The article reveals the importance of the service quality. The quality of services needs to be monitored and evaluated. The aim of this paper is to describe the ways of assessing the services quality in terms of process and product services at the ophthalmic clinic. Quality evaluation of services process and product are very important for the company competitiveness and its growth potential.

Keywords: quality; service; ophthalmic clinic; process; product.

Павло Блехарз, Хана Штверкова
**ОЦІНЮВАННЯ ЯКОСТІ СЕРВІСУ НА МАЛИХ ТА СЕРЕДНІХ
 ПІДПРИЄМСТВАХ**

У статті обґрунтовано важливість якості для сектору послуг. Якість обслуговування має знаходитись під постійним моніторингом та оцінюванням. Наведено шляхи оцінювання якості сервісу для процесів та продукту на прикладі офтальмологічної клініки. Оцінка якості сервісу безпосередньо впливає на конкурентоспроможність компанії та її потенціал подальшого розвитку.

Ключові слова: якість; сервіс; офтальмологічна клініка; процес; продукт.

Табл. 7. Літ. 11.

Павел Блехарз, Хана Штверкова
**ОЦЕНКА КАЧЕСТВА СЕРВИСА НА МАЛЫХ И СРЕДНИХ
 ПРЕДПРИЯТИЯХ**

В статье обоснована важность качества в секторе услуг. Качество обслуживания должно находиться под постоянным мониторингом и оценкой. Приведены пути оценки качества сервиса для процессов и продукта на примере офтальмологической клиники. Оценка качества сервиса напрямую влияет на конкурентоспособность компании и потенциал её дальнейшего развития.

Ключевые слова: качество; сервис; офтальмологическая клиника; процесс; продукт.

1. Introduction

Nowadays the service industry is the key sector of most economies. Manufacturing through new technologies, improved materials and better working practices, need less and less workers to produce the required volume products quality. And these people are gradually transferred to the service sector. The trend of increasing employment in services in the United States is demonstrated in Table 1.

Table 1. Employment in services in the US between 1980–2007

Year	%
1980	65,7
1985	68,6
1990	70,7
1995	72,9
2000	74,3
2005	77,8
2007	78

Source: Nationmaster, 2012 .

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A similar trend is also observed in other countries, so it is very presumable that the movement of workers from manufacturing to services will continue and the service will therefore continue to develop further on. Some countries have not developed manufacturing sector but their geographical location can provide a nice nature, mountains, sea or friendly weather, and it gives them the opportunity to develop tourism and the related services. Table 2 shows the percentage of employment in services in selected countries.

Table 2. The percentage of services employment in total employment

Country	%	Year
Gibraltar	84,8	2007
USA	78	2007
United Kingdom	76,9	2008
Ukraine	59,4	2007
Czech Republic	56,1	2008
Poland	54,5	2007
Cambodia	8,6	2004
Rwanda	6,7	1989
European Union	68	-

Source: Nationmaster, 2012.

On average 68% of people working in the European Union work in the service, so the trend in employment in services is rising in time. Therefore, services need more attention than has so far been customary. A key competitive element is undoubtedly the quality of services. Assessing the service quality from the perspective of providers, however, is quite often misleading or even wrong. Therefore, next we look in more detail at the characteristics of services and the simple concept of quality service from a customer's perspective.

2. What is service

When we need the hair cut, because it already seems to be long, and the hairstyle is not quite all right, we visit a hairdresser. We are in the position of a customer who has two basic needs have the hair cut and then comb it nicely. Both these needs are in the intangible form, because when the service will be performed, you will receive no tangible product (on the contrary, we lose hair). Or if we need to get from one end of town to the other, again at the end of the service we have nothing tangible in hand, we are only a few miles away in a place that is the subject of our interest.

Under the term of the service we can imagine that "something is been doing" for a customer or with a customer, without any tangible product that one can take home and put on the table or in a show case.

Let's look at the service by a special terminology. The one that "does something" is the service provider. It may be a firm (professional services) or a natural person in the non-business sense (the neighbour, who hangs a picture on your wall). Providing services is thus an activity or a set of activities (something we do for a customer or with a customer) and professionally this set of activities is called process.

And how can we simply define the word "customer"? The customer is anyone who receives outputs from the process. Now we can compile the service definition:

"The service is the intangible output process when the process is implemented by the service provider, and which aims to satisfy intangible needs of a customer. Service itself may be associated with material elements".

The academic literature provides a number of other definitions of service. The same matter can be viewed from different perspectives. So it will depend who "looks" on a service – a quality manager, a marketing manager or a manager from another area. For example, Kotler defines service as follows: "Service is any activity or ability that one party may offer the other side. The service is essentially intangible and does not produce any tangible property. Providing services may (or may not) be associated with tangible products" (Kotler, 2000).

Services can be split into groups by certain pre-selected criteria. The number and type of selected criteria will categorize its scope and complexity. The basic division depends on whether it is a service of commercial or non-commercial nature. There is a number of non-profit organizations that provide services to people. It may be different foundations, charities, churches, or some public services – police, firemen, schools, kindergarten etc.

In the following study we will deal only with the services of a commercial character, and customer is a part of a service itself, or at least during the implementation of the service the presence of the customer is required. This choice has been made for the reason that such services are much more difficult to implement, and to evaluate the quality as such, and therefore the problems of services quality will be demonstrated in its entirety.

3. Quality of service

Quality according to ISO 9000 is "the degree of compliance with a set of inherent characteristics" (ISO 9000, 2006). The word "requirement" means specified or binding properties of a product or such characteristics which are generally assumed. For example, when we are going to wash a car in carwash, it is generally expected that the car will not lose color and your red car wouldn't be pink. Mandatory statues may be based on laws or standards. The word "inherent" refers to product characteristics which determine its functions.

The product is the result (output) of the process. Our product is a service that has a more or less relation to the material of a product, as previously mentioned. How do we determine the quality of service? Sometimes it will be possible to use the evaluation similar to the evaluation of a product – that is comparing with prescribed specifications. If a service is performed on a material product (such as computer repair), we measure the output characteristics and compare specifications. If the output characteristics are in conformity with the specifications, and it was followed a timetable for service, the customer will probably be satisfied.

Another situation will be with the services not so closely related to tangible products. Here, although there is also a possibility to compare the specifications of the service, but much more will rely on the quality perceived by customers.

How to assess the quality of a customer service? On the one hand, the customer has an idea of what to expect from the service and, on the other hand, there is the question of what service he actually gets. Customer expectations are created from many sources. It may be material and technical equipment of service, place of business, catalogs and brochures, the positive experiences of friends and colleagues, references from reputable customers, past experience, reputation of operators etc. Very important are the promises of a service provider, but of course our specific needs. Customer expectation is crucial for the quality assessment, and it should be consid-

ered by each service provider. It is impossible to promise something so that to create an expectation, and then not to redeem the promise.

Basically, the service provided must meet or even exceed customer's expectations, so that he/she evaluates the service positively, respectively he/she becomes loyal to a service provider.

It is necessary to note, however, that this "expectations vs. performance" may not be so simple. Customers often not assess a service output (product), but they also evaluate the course of service (process). If a provider does an incomplete customer satisfaction survey and asks the customer just how the customer is satisfied with the product service, he often gets an excellent review. Management of the company is then satisfied. When then the turnover decreases, the company's management attributes this to other causes, not to quality.

Customer perception of service quality is influenced by two factors:

- the product quality services;
- the quality of service process.

Product service may be a result of treatment, for example, with a doctor, knowledge presented during a lecture, problems with advice, but output of services can also be linked to a tangible product, such as a meal in a restaurant. The amount of drinks can easily be measured; purity of a car after washing can be assessed very clearly. In other cases it will depend entirely on the subjective assessment by a customer (new hairstyle). Therefore, when assessing the quality of product services, we often rely on the quality perceived by customers. That means interviewing customers to assess the level of quality using a point scale and for analyzing the resulting level of quality by using statistics.

Process is the set of activities that implements a custom service. In the process we distinguish between the so-called hard criteria or characteristics (measurable), where it will be all about the waiting time for service and the duration of the process itself. In contrast, soft criteria (not measurable) include the total personnel access; here we evaluate friendliness, politeness, willingness to help etc. For a simple evaluation process, we can choose two ways of obtaining data. The first way is the "classic" questioning (survey) among customers, the second way can be the specialized internal assessment of the process and service workers, with control of purchases (the so-called mystery shopping).

Service process and product service are in many cases inseparable for overall quality, as perceived by customers. Therefore, for such services, an operator must place emphasis on human qualities of staff, they behavior and attitude to customers. Only in this way it can ensure the customer satisfaction with the total quality of service. Service provider by offering affects and helps to create customer expectations. This expectation is also created on the basis of additional information from the environment and, of course, based on own needs. Bold fields for the process in Figure 1 indicate that the process of service implementation is the key to customer satisfaction, as it creates a product that the customer evaluates, and also directly affects the quality perceived by customers.

Each service type can have its own specifics. Big firms (such as banks, car manufacturers) often create their own model for evaluating the services quality. Small and medium sized enterprises typically do not have sufficient resources for

that. In the following section, we will therefore demonstrate the simplified example of quality assessment, which will be used also for small and medium-sized enterprises.

4. The simplified procedure of evaluating the quality of services by small and medium-sized businesses

As already mentioned, small or medium-sized businesses do not have enough options for performing complex surveys on customer satisfaction, nor are they inclined to have complicated procedures for evaluating satisfaction. Therefore, it is better in practice to use at least a simple method which will bring sufficient information on quality improvement.

At this point in the simplified example we disregard certain service features, i.e. the characteristics of environment, parking spaces etc. These relevant features would be simply added to the hard or soft list in the process. The customer expresses the satisfaction by the number from 0–10, and assigns the weight (importance) for an item. We chose the scale of 0–10 to allow easy interpretation in terms of quality percentage. Then for the satisfaction: absolutely excellent = 10 points (maximum), average = 5 points and absolutely poor = 0. And for weight: vital = 10 points (maximum), average importance = 5 points and totally unimportant = 0.

The numbers in the evaluation of the course may be repeated. The customer can specify the quality of various items as the same and likely can have a variety of items of equal weight. The resulting values of quality and the resulting balances are represented by the arithmetic average of the ratings of all the respondents. To have a representative picture of satisfaction and the balance, we of course must ask more customers. The more completed questionnaires we have, the more accurate is the estimate. However, the research can not be too cost- or time-consuming. So if we are satisfied with the reasonable compromise, the minimum number of the respondents should be at least 50.

We prepare a simple spreadsheet for data collection, which will include appropriate quality characteristics of process and product (Table 3). Our demonstrative example, we relate them to the restaurant.

Table 3. The data collection for the survey on service quality perceived by customers (in restaurants), developed by the authors

	Quality, Q (Satisfaction)	Weight, W (Importance)
PROCESS		
Hard - time		
Waiting for service	4	9
Process time	8	7
Soft - people		
Pleasant	6	7
Courteous	6	7
Willing	7	5
Professionally knowledgeable	3	10
Friendly	7	4
PRODUCT		
Taste	7	10
Food temperature	9	7
Serving Size	6	6

Legend: Quality – Q (Satisfaction); Weight – W (Importance).

When processing the data from the questionnaires we use simple statistics. The resulting satisfaction with various features of the service is expressed by the arithmetic mean, i.e. we sum all reviews for the item and divide by the questionnaires, in our case, let's say 50. The same way we calculate the average weight.

In terms of quality improvement, we need to focus on those items that are important for the client. It will be the items which will mean greater importance than 5. To more closely identify priority solutions, we calculate the difference (R): quality (Q) – weight (W). $R = Q - W$, for the satisfactory quality of $R > 0$ (negative R indicates the need for better quality). On the contrary, for the weight of 5 or less, we can afford to "lose" the quality and content themselves with the values of R around 0, respectively the difference may be slightly less than 0. Mathematically it means: $R = Q - W$, with the economical solution for $R < 0$. Of course, here we use the common sense and if we get 2 in quality, but the weight is 4.8, we can try to bring the quality of the weight, so that the difference would be closer to zero. But certainly, if quality is 7 and weight of 3, we allow reducing the quality, because it is a waste of resources.

The processed results of 50 questionnaires we arrange in the table for evaluation. Such processed table will allow us evaluate the overall quality of service as perceived by customers, but also the partial evaluation of groups of items as well as individual characters. This will allow us further improve the quality of a particular focus on the weaknesses of our services.

Table 4. The evaluation of the quality perceived by customers, developed by the authors

	Q (mean)	W (mean)	R = Q - W
PROCESS			
Hard - time			
Waiting for service	3	9	-6
Process time	8	6	+2
SUBTOTAL	Mean = 5,5	Mean = 7,5	Mean = -2
Soft - people			
Pleasant	7,9	7,7	+0,2
Courteous	8,0	7,4	+0,6
Willing	7,5	4,9	+2,6
Professionally knowledgeable	4,3	9,5	-5,2
Friendly	7,8	3,6	+4,2
SUBTOTAL	Mean = 7,1	Mean = 6,6	Mean = 0,5
PRODUCT			
Taste food	6,6	9,6	-3,0
Food temperature	8,3	6,4	+1,9
Serving size	6,7	6,5	+0,2
SUBTOTAL	Mean = 7,2	Mean = 7,5	Mean = -0,3
TOTAL	Mean = 6,6	Mean = 7,2	Mean = -0,6

Now we can accede to the practical interpretation of the results. From Table 4 we select the items, where the weight is greater than 5, and the results are negative R and we sort descending:

- Waiting for services ($R = -6$),
- Professionally knowledgeable ($R = -5.2$),
- Taste of food ($R = -3.0$).

Now, according to that order we can start to improve the quality of the restaurant. Shortening of waiting time we can rectify the situation either by increasing the

number of waiters, or if we have enough of them, so either by training or improving their work organization.

The expertise will increase by careful training of personnel, eventually by replacing of some workers, as well as by training of unskilled workers.

The taste of food will improve by the selection of better raw material suppliers, by better technical equipment of kitchens or by staff replacement or retraining.

Next we can look at the items where weight is 5 or less, and where R is a positive value. It is "courteous" and "friendly" staff. If we use the already mentioned "common sense", so we do not encourage staff to be less willing and less friendly. This will not save costs, and if the character of our employees is those that they are friendly and helpful, so it would be against the nature to change their behavior and attitude. So in the logic of things we would be taking from the quality only if it should have cost benefits.

From Table 4 it can be necessary to work with other information, such as partial results for the group of characters services (hard – time, soft – people, product), and of course with the total results.

There is one thing we should mention here. This applies to the calculated component values of average quality and average overall quality. For example, is the calculated total value of quality when mean = 6.6, a lot or little? There is no standard that would prescribe the value. Nevertheless, it is useful to have internal standards in a company. The device for it may be the following table, which has been taken and modified from the standard VDA 6.1 for automotive industry (VDA, 1996).

Table 5. The quality of service, developed by the authors

Quality (%)	Evaluation	Action
90-100	Excellent	Keep up good work
80-89,99	Nearly excellent	Small improvements
60-79,99	Satisfactory	Great improvements
0-59,99	Unacceptable	Either dramatic changes or close the firm

"Our restaurant" works on the total mean 6.6 (Table 4), this is 66%. So it falls into the category of "satisfactory", and there must be performed large changes and great improvements.

5. Case study

The company, where customer requirements are identified for product quality and process, is a medical facility. It is an ophthalmic clinic in which different procedures are carried out. The clinic's facilities include: a laser centre, a cataract surgery centre, a keratoconus treatment centre, a cornea outpatient facility, a vitreoretinal centre (VRC), a glaucoma treatment centre and a facility specialising in aesthetic procedures. It is a medium-sized company with 88 employees, which has several workplaces. The research was practised in only one of these establishments.

Within the questionnaire was performed the survey of selected customer requirements for product and process in an ophthalmic clinic in March 2013. In the ophthalmic clinic the data collection was carried on specific customer requirements, focusing on the process of admission to attendant services.

72 customers were addressed who evaluated the previously identified requirements in terms of satisfaction and importance (weights) of the criteria. In terms of the

process 5 key factors were identified, of which in 4 soft factors. One product was also defined, which was the result of operations, i.e. the product has been the improved vision cataract treatment, removing the turbid lens and replacing it with the new one, the laser vision correction.

In this case were selected hard and soft factors. In the field of hospital care for the hard process the criteria is waiting time. The ophthalmic clinic's clients evaluated satisfaction with admission to the hospital, it could be as a patient with planned hospitalization, as acute admission to hospital or those who were transferred from another facility. The second aspect was to evaluate the satisfaction with waiting for the admission to the clinic. In this case the time before a patient is admitted to the clinic is individual because patients could be admitted immediately, or they could wait for days or even weeks. Another aspect of the coordination and integration of care includes the perception of the first contact with the clinic, getting basic information on procedures etc., the fluency of acceptance and transfer to the room or operating room. The evaluation of physical comfort, room cleanliness, temperature in rooms, visiting time, morning waking service is a part of the overall satisfaction with services and equipment. The last factor was the release and aftercare which captures the explanation of medical personnel, on the self-care, how to take medications, what signs or symptoms to follow after hospital release, when to come for further inspections etc.

Soft factors are related to medical staff: the first nurses' communication with the patient the willingness to listen, trust in the ability of nurses etc. The same is related to the communication between doctors and patients, information on the health status, procedures, consultations, treatment options. Emotional support means the support of patients. In case they are worried or they have fears, they can discuss it with medical staff. Doctor visit satisfaction is measured by frequency, duration, intensity of doctor's care before and after the surgery.

We remind that the product in this case is the result of an operation. The result of the operation in the case of laser surgery is moving diopters to the desired level, i.e. the product is to improve vision, cataract treatment, elimination of dioptres, removing suffering from nearsightedness, farsightedness, astigmatism, presbyopia. It is the removing the turbid lens and replacing them with new ones, laser vision correction or vitreoretinal treatment. The clinic's patients were interviewed two months after the completion of the procedures.

Basing on the responses we calculated the satisfaction with the process and the weight assigned by the respondents for the above criteria. The evaluation of satisfaction with the process addressed patients' total stay and surgery at the clinic and the weight evaluation is shown in Table 6.

The satisfaction evaluation was performed by multiplying the satisfaction frequency factor, when fully satisfied was 10 and totally dissatisfied – 0. For example, "the hospital admission" is evaluated as: $11.10 + 16.9 + 14.8 + 13.7 + 8.6 + 6.5 + 1.4 + 1.2 + 2.1 = 543$.

This value must be divided by the total number of the respondents, i.e. $543 / 72 = 7,542$. The total level of satisfaction with various hard and soft factors in the process and the product was calculated using the arithmetic mean of all the responses. The respondents were most satisfied (downwards) with the result of the operation, with release and follow-up care, with coordination and integration of care.

These 3 aspects are rated the highest. At least the patients were satisfied with the physical comfort at the clinic. Now we evaluate the balance in the following table.

Table 6. The evaluation of satisfaction and the importance of the process, developed by the authors

	SATISFACTION		IMPORTANCE	
	total	average	total	average
HARD				
admission to the hospital	543	7,5	676	9,4
waiting for adoption	524	7,3	670	9,3
release and aftercare	650	9,0	641	8,9
frequency of doctors visit	606	8,4	567	7,9
SOFT				
coordination and integration of care	642	8,9	714	9,9
physical comfort	555	0,8	606	8,4
nurses communication with patients	571	7,9	674	9,4
doctors communication with patients	536	7,4	651	9,0
emotional support	532	7,4	522	7,3
PRODUCT				
result of the operation	716	9,9	720	10

The importance of the factors was calculated in the same way as satisfaction, including the allocation of the process to hard and soft factors and product. Based on 72 respondents' answers at the ophthalmic clinic it was found that the fundamental criterion in the process of satisfaction with hospital care is the coordination and integration of patient care. This criterion is important for all patients; the second place are the criteria for admission to the hospital and waiting time. It is therefore evident that patients emphasize the process of providing care to inform and total access to them. Most of these aspects are related to the human factor; though it is measurable criteria, they are affected by human qualities.

The respondents put the weight in the field of soft factors of the nurses and doctors communication with patients. Linking between hard and soft factors here is obvious.

Concerning the product, all the respondents place high importance to excellent performance and the results of surgeries. The aim of their buying is improving vision via reducing diopters, cataract treatment, strabismus removal etc.

The total quality perceived by the patients is presented in Table 7. In terms of quality improvement, we need to focus on those items that are important for clients (the weight is greater than 5). To identify priority solutions more closely, we calculate the difference (R) quality (Q) – weight (W). In some cases, as in our, is it logical that the values around -5 would be deadly.

Of course, we use the common sense here and we will try to bring the quality of the weight so that the difference would be closer to zero. The table allow us evaluate the total quality of service as perceived by customers, but also the partial evaluation of groups of items as well as individual characters. This will allow us further improve the quality of particularly weak services.

In the case of the ophthalmic clinic came out as key areas the following sections:

- Physical comfort (-7,7);
- Waiting for acceptance (-2,0);
- Admission to hospital (-1,8);

- Communication between doctors and patients (-1,6);
- Nurses' communication with patients (-1,4);
- Coordination and integration of care (-1,0).

Table 7. The evaluation of the quality perceived by the customer of the ophthalmic clinic with the evaluation of VDA 6.1, developed by the authors

	Q	Evaluation	W	R
HARD				
admission to the hospital	7,5	Satisfactory	9,4	-1,8
waiting for adoption	7,3	Satisfactory	9,3	-2,0
release and aftercare	9,0	Excellent	8,9	0,1
frequency of doctors' visit	8,4	Nearly excellent	7,9	0,5
subtotal	8,1	Nearly excellent	8,9	-0,8
SOFT				
coordination and integration of care	8,9	Nearly excellent	9,9	-1,0
physical comfort	0,8	Nearly excellent	8,4	-7,7
nurses communication with patients	7,9	Satisfactory	9,4	-1,4
doctors communication with patients	7,4	Satisfactory	9,0	-1,6
emotional support	7,4	Satisfactory	7,3	0,3
subtotal	6,5	Satisfactory	8,8	-2,3
PRODUCT				
result of the operation		Excellent	10	-0,1
subtotal	9,9	Excellent	10,0	-0,1
TOTAL	8,2	Nearly excellent	9,2	-1,1

These are the factors which, influenced by human factor, can be improved. In terms of physical comfort, the respondents were asked what would make their stay more pleasant. Physical comfort: One of the urgent aspects of illness is physical discomfort and the related inability. Physical care that helps patients when they are seriously ill is one of the most basic services that healthcare providers can work with. Patients emphasize the feeling of fear or melancholy and appreciate the cleanliness, comfort and pleasant environment. Therefore, we can identify the areas for the following recommendations:

- Visiting Hours
 - Establishing them between 17 and 19 hours,
 - Definition of the area for visits outside rooms,
- Cleanliness of rooms
 - Regular cleaning of beds (morning)
 - Cleaning of toilets and showers (at least twice a day)
- Temperature in room
 - Air conditioning,
 - Ventilation,
- Diet
 - schedule of food serving
 - Variety of food,
 - Selection of quality suppliers (tender),
 - Storing food in refrigerators,
- Overall satisfaction – additional services for total satisfaction:
 - In all rooms TV or radio,
 - The possibility of buying newspapers.

The survey results indicate as a source of discontent the delay of a care. Delays are costly and are reducing satisfaction of patients also influencing clinical results. It is necessary to inform patients in advance about the waiting time, but the treatment time should not be changed. Waiting for admission is necessary for formalizing, the waiting list. The recommendation is to set up a website that would be connected to the system to which should patients have access. They would be updated each time, plus a patient fill forms to speed up the process. In the case of a delay, patients should be informed of the reason for waiting and about the waiting time.

The second important factor is in soft nature. It is necessary doctors inform patients about procedures in detail, explain what would happen, what are the potential complications, discussing treatment options etc. It is therefore necessary to involve patient into the treatment process. Information, communication and education are needed since patients often fear they will be denied and that the information will not be complete. They must be sure they are honestly informed about the disease or prognosis. Especially they emphasize the need for information on clinical status, development and prognosis, as well as information, how to behave after the hospital. One of the major weaknesses of Czech healthcare is the low clarity in information for patients. Doctors and nurses should be trained in communication, assertiveness and their answers should be understandable to patients. This is related to the coordination and integration of care. The last important factor is the admission to the hospital. All of these areas are interconnected and it is therefore suitable to plan the operation process of the ophthalmic clinic from planning of surgery through till after-care in detail. It is necessary to train medical staff and set time management of all components of the process as perceived by patients.

6. Conclusion

The dynamics of overall satisfaction in the main quality indicators should be continuously monitored. The ophthalmic clinic operates at 82%, but partial activities are at 65%. The worst area of soft factors works at 8%, which is completely unacceptable. Therefore, it is important to focus on the processes that are below 80% and those to be improved. The standard for quality care is considered to be the satisfaction of at least 80%. Other activities, above 80%, are required to maintain a given level or to improve them. As it results from the survey in the ophthalmic clinic, there are areas that do not meet the 80%, although they slowly approach it. It is therefore necessary to focus on these areas, to improve care in these areas and aspects that are standard at least maintaining a good level. It is therefore necessary to engage in the process not only professionally trained staff, but also communicative staff, choose the manager who controls time management and organizes the process of patient care, including the quality of coordination, information and physical comfort of patients. Monitoring of patients' satisfaction is important, because patients choose the hospital. It is not good enough for them to go to the nearest medical facility, but to that, where patients are satisfied. Czech legal order confers a right to the free choice of doctor and medical service, but it does not say on what basis should this option be implemented. Without available information on the quality of free choice is just an empty phrase. Therefore, patients' satisfaction surveys should be a part of the functioning of quality health care.

References:

- Blecharz, P.* (2011). *Zaklady moderniho rizeni kvality*. Praha, Ekopress.
- Blecharz, P., Stverkova, H.* (2011). Product Quality and Customer Benefit. International Symposium on Applied Economics, Business and Development, ISAEBD 2011. Part 1. Berlin: SPRINGER-VERLAG BERLIN, Vol. 208, 382–388.
- Blecharz, P., Stverkova, H.* (2012). Evaluating of service quality. International Academic Conference: conference proceedings: Lisbon, Portugal, September, 9-12-2012. Praha: IISES.
- CSN ISO 9000 (2006). *System managementu jakosti – Zaklady, zasady a slovník*. Praha, Cesky normalizacni institut.
- Gronross, Ch.* (2007). *Service Management and Marketing*. Chichester, UK, 3rd ed. John Wiley & Sons.
- Hodnoceni nemocnic (2013). Jak projekt meri kvalitu zdravotnich sluzeb? [online]. [vid. 2013-5-12] Available from: <http://www.hodnoceni-nemocnic.cz/Jak-projekt-meri-kvalitu-zdravotnich-sluzeb.html>.
- Kotler, P.* (2000). *Marketing Management*. 9. vyd. Praha, GRADA Publishing.
- Maglio, P., Kieliszewski, Ch., Spohrer, J.* (2010). *Handbook of Service Science*. New York, Springer.
- Nationmaster (2012). Statistics – Employment in services. [online]. [vid. 2012-4-12] Available from: http://www.nationmaster.com/graph/lab_emp_in_ser_of_tot_emp-labor-employment-services-total.
- VDA 10 (2001). *Spokojenost zakaznika v dodavatele siti*. 1. vyd. Praha, Svaz automobiloveho prumyslu.
- VDA 6.1 (1996). *Management jakosti v automobilovem prumyslu*. 2. vyd. Praha, CSJ.

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