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# EVALUATION OF PRIMARY HEALTH CARE SERVICES: STUDENTS POINT OF VIEW

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**Ciburene Jadvyga, Ciburaite Gintare. Evaluation of primary health care services: students point of view**

The health of a country's population is one of the key elements of human capital and economic development. A healthy and economically active population of a country can productively use its competencies in economic activities, increasing work productivity, improving their qualifications and overall functioning score (economic outcomes). The aim of this research is to characterize the changes of health care sector services in Lithuania in the context of the European Union Member States (EU-27) in the period of year 2005-2013 according by income quintiles, to describe the cause and level of satisfaction / dissatisfaction with these services in Lithuania, separating groups by income quintile; and to introduce the results of the questionnaire survey, describing patients – medical students – opinion about given primary health care services. Year 2005 was chosen as a base year for the comparison of statistical data.

The answers given in the study characterize the quality of health care institutions and doctors services. It has showed that 97.3 % of the youth trust doctors, it means that they are satisfied by the quality level of health care services and it meets the patients' – medical students' expectations.

**Чибурене Ядвига, Чибурайте Гинтаре. Оценка первоначальных услуг охраны здоровья: точка зрения студентов.**

Здоровье населения страны является одним из ключевых элементов человеческого капитала и экономического развития. Здоровое и экономически активное население страны может продуктивно использовать свои полномочия в экономической деятельности, в повышении производительности труда, в повышении квалификации и увеличить общий результат экономической деятельности. Целью данного исследования является характеризовать изменения услуг сектора здравоохранения в Литве в контексте государств-членов Европейского союза (ЕС-27) в период 2005-2013 годов, в соответствии с различными квинтилями доходов, чтобы описать уровень удовлетворенности / неудовлетворенности этими услугами в Литве; и характеризовать результаты анкетного опроса, описывающие мнение пациентов - студентов-медиков - о предоставляемых услугах первичной медицинской помощи. Год 2005 был выбран в качестве базового года для сравнения статистических данных.

Ответы, приведенные в исследовании характеризуют качество медицинских учреждений и первичных медицинских услуг врачей. Результаты анкетного опроса показали, что 97.3% молодежи верят врачам, это означает, что они удовлетворены уровнем качества первичных медицинских услуг и отвечают ожиданиям пациентов.

**The problem.** The health of a country's population is one of the key elements of human capital and economic development. A healthy and economically active population of a country can productively use its competencies in economic activities, increasing work productivity, improving their qualifications and overall functioning score (economic outcomes). A considerable

emphasis is put on health in the Europe 2020 strategy, as it is a part of smart and inclusive growth goals. Therefore it is particularly important to reduce inequalities in health and health care disparities in the country among various social groups. These issues are relevant to the European Union countries, including Lithuania. Lithuanian National Framework Strategy [6, p.35-36] sets out three objectives:

1st Objective – to promote economic growth in the long term. Priority areas: human resource development for productive use;

2nd Objective – to create more and better jobs. Priority directions: economic growth;

3rd Objective – to promote social cohesion. Priority areas: quality of life. It is directly linked to the health of the population and to improve the preconditions for its conclusion: better local labor force in the use of public services (health, education) quality and availability, environmental quality improvement and rational use of resources.

The concept of health services based on the biomedical model is important in certain cases of disease (mostly mental or trauma) or age groups (babies; geriatric patients) where the patient is treated as a passive character. According to the biopsychosocial health service model, the patient is seen as an active protagonist, so health care services focus on dialogue and cooperation between the patient and the doctor. This form of communication can be revealed by questionnaire surveys filled out by different social groups. Health care services are provided at three levels, cover health improvement, disease prevention, diagnostics, patient care, rehabilitation in health care institutions and patients' homes. These services are provided at three levels: primary – ambulatory health care services (primary health care) – unspecialized qualified health care and mental health care services, provided in ambulatory personal health services institution; secondary (qualified ) ambulatory health care services – services that are provided by specialized physicians at outpatient health care institutions; tertiary ( specialized) ambulatory health care services – service provided by doctors – consultants, advising patients and providing advice and treatment methods for primary or secondary health care level practitioners.

The object of the article is the quality of primary health care services in Lithuanina.

The aim: to analyze the satisfaction of primary health care services in Lithuania from the students point of view.

Objectives: to analyze the importance of health care services in Lithuania in comparison with the EU-27 average in the conditions of globalization in the period of 2005 to 2013; to describe the cause and level of satisfaction / dissatisfaction with these services in Lithuania, separating groups by income quintile; to characterize patients – medical students – opinion about given primary health care services. Year 2005 was chosen as a base year for the comparison of statistical data.

Research methods: scientific analysis of sources, statistical data analysis, questionnaire data analysis.

**The results of research**: Economic development in Lithuania strongly depends on the activities of human capital. The total number of population in Lithuania during the year 2010-2014 decreased by 6.3 % due to emigration and low birth rates. The death rate due to chronic diseases per 100 000 persons in Lithuania is significantly higher (more than 80 %) than in the EU-27. Due to this it is crucial to improve the health level of population and to achieve higher trust with doctors. It has showed that 97.3 % of the youth trust doctors, it means that they are satisfied by the quality level of health care services and it meets the patients' – medical students' expectations.

**Review of scientific literature.** Health care orientation to the patient promotes researches on the topic of quality of health care services and pays a lot of attention to meet the patient's expectations of achievement as a basis for the satisfaction of certain requirements. A big part of the country's population is constantly exposed to primary health care and general practitioner services. Quality indicator quantifies the health care process or outcome, because the health care

system works under undefined conditions. In the Lithuanian health care quality assurance program (2004), health care quality is understood as the degree which meets modern knowledge, increases the likelihood of desired health outcomes for the individual and society [10, p.3-4].

Quality is an important issue for the health care system, because the population's health significantly depends on it. In scientific literature, health care quality is being studied in various aspects. J. Kairys [5, p.323] designates variety of factors that determine the quality of these services, such as: communication between patient and physician; availability of health services; doctors' professional skills; presenting information to the patient; Cooperation between the patient and the doctor. Scientific literature [8, p.345-351; 11, p.15-20] describe three elements of health care quality: quality perceived by the patient (compassion, attention, respect, communication, openness); professional quality (includes given services quality) and management quality (internal labor regulations, clinical standards and so on.). D.Bubniene, J.Ruzevicius [1, p.3-5] reveal the health care quality improving directions for health care institutions: management methods and measures, improving communication between administration and the medical staff, the installment of generally applicable medical service quality indicators lists and their assessment methodologies, profound legal (medics' rights, patient's rights, health law), psychology, management practical knowledge. V.Janusonis, J.Popoviene [4, p.177-181] link patients' needs with the communication with patients.

The WHO [7, p. 5-10] defines six quality related areas and present them as the most important activity indexes: effectiveness, efficiency, accessibility, acceptability / patient orientation, justice and security. Scientific literature [12, p. 996-997; 13, p. 490-494] focuses on the impact of health sector services on economy. Studies show that better levels of health are determined by a number of economic - social indicators. The most commonly quoted are these indicators: increased labour productivity (measured in bigger physical output, higher wages); bigger labour supply (measured by employment, in worked hours per month or year); higher education level (as access to education significantly depends on the health status and the expectation to live and work longer); and higher level of savings and consumption, because the income of a more educated population will be higher.

The main economic and health indicators are improving in Lithuania however morbidity leads to a big loss of human capital. The improvement of public services quality and accessibility in the health care services could create preconditions to prolong a healthy and economically active life expectancy, reduce the loss of working days due to illness, incapacity or disability. The majority of working days lost due to: 1) chronic non-communicable diseases (cardiovascular, cancer), 2) mental disorders, 3) injuries and other external causes. On the other hand, cardiovascular, oncologic diseases and injuries are also the main working- age mortality reasons. In particular, it is important to reduce these negative effects on society's capacity to work, so it is necessary to invest in the modernization of health care quality (diagnostics, treatment and prevention) and accessibility (both urban and rural areas) for all population groups. Economic, social and medical effects will be greater if the diseases are exposed in earlier stages, the diagnosis is more accurate and a person has fewer long-term negative consequences (even in case of illness the recovery will be quicker) and will remain economically active for a longer period in the labor market.

The issues of labour force use are directly related to the aim of the first Lithuanian National Strategy [6, p.3-4], labour force is one of the most important factors for the acceleration of economic growth, because a healthy and able-bodied person is the most valuable for a developing country. Not only investment is important for health care development, but also the staff's that is providing service competence, work culture and ethics. High-quality health care services are effecting the country's economy growth while preserving or increasing the population health (reducing mortality, especially in the working- age people and children, illness and disability, increasing the average life expectancy).

The total number of population in Lithuania during the year 2010-2014 has decreased by 6.3 % (from 3.142 mill. until 2.943 mill.), this including number of children to 14 years decreased by 9.1%, citizens from 15 to 59 years decreased by 7.3 % and the number of people over the age of 60 decreased by 1.3 %. The absolute decrease in the number of citizens shows that the country needs to pay more attention to the quality of health care. The healthy life years and the life expectancy at birth indicators in Lithuania and in the EU-27 in the period of 2005-2013 are given in Table 1. The healthy life years and the life expectancy at birth of Lithuanian females have achieved the same level of this indicator in the EU-28 at last in the year 2013.

Table 1.The main health indicators in Lithuania and the EU-27 in the period 2005-2013, in % [2]

| Indicators/Year | 2005 | 2007 | 2009 | 2011 | 2013 | Growth rate in the year 2005-2013 |
|---|---|---|---|---|---|---|
| 1.Healthy life years and life expectancy at birth females, years | | | | | | |
| 1.1.females | | | | | | |
| -Lithuania | 54.6 | 58.1 | 61.2 | 62.0 | 61.6 | 12.8 |
| -EU-27 | 62.5 | 62.6 | 62.0 | 62.1* | 61.5* | -1.6 |
| 1.2.males | | | | | | |
| -Lithuania | 51.4 | 53.3 | 57.0 | 57.0 | 55.8 | 8.6 |
| -EU-27 | 61.1 | 61.7 | 61.3 | 61.7* | 61.4* | 4.9 |
| 2.People having a long-standing illness or health problem by first and second stage of tertiary education (level 5-6), % | | | | | | |
| -Lithuania | 21.8 | 22.0 | 18.3 | 14.2 | 15.4 | -29.4 |
| -EU-27 | 23.9 | 24.2 | 24.1 | 24.6 | 25.0 | 4.6 |
| 3.Death rate due to chronic diseases per 100 000 persons | | | | | | |
| -Lithuania | 234.5 | 254.3 | 215.1 | … | … | -8.3 |
| -EU-27 | 128.2 | 124.4 | 116.2 | … | … | -9.4 |
| 4.Total self-reported unmet needs for medical examination, % | | | | | | |
| -Lithuania | 4.0 | 1.8 | 0.7 | 0.9 | 0.5 | -87.5 |
| -EU-27 | 3.7 | 2.6 | 1.9 | 2.3 | 2.4 | -35.1 |

*- EU-28.

This indicator of men in the EU-28 is higher by 10 % than in Lithuania. On the other hand, the healthy life years and the life expectancy of men at birth in Lithuanian was less by 5.8 years in comparison with the females in Lithuania. The share of people in Lithuania, having a long-standing illness or health problem, by first and second stage of tertiary education (level 5-6), was less during all the analyzed period. Death rate due to chronic diseases per 100 000 persons in Lithuania was significantly higher (more than 80 %) than in the EU. It is paradoxical that total self-reported unmet needs for medical examination is tremendously less than in the EU-27, even though healthy life years for men in Lithuania is more than 10 % less than in the EU-28.

The changes of self-reported unmet needs for medical examination by income quintiles in Lithuania and in the EU-27 are given in Table 2. Mostly self-reported unmet needs for medical examination by all income quintiles have decreased in Lithuania. Unmet needs had significantly decreased in the period 2005-2013 in the middle class quintiles: third (by 92.5%), second (by 87.8 %) and forth 87.5 %). The biggest self-reported unmet needs decrease for medical examination by income quintiles in the EU-27 have occurred in the fifth quintile (by 45.4 %). Gross national income per capita (GNIpc) in Lithuania, as showed in Table 2, has increased during all the analyzed period, but yet even in the year 2013 was by 42 % less than in the EU-27. The increase of people having a long-standing illness or health problem by income quintile has occurred, as it is given in Table 3, in Lithuania in the first (26.3 %) and in the second (10.6 %) quintiles.

Seeking to find out students' point of view and their use of health care institution services, a questionnaire was made, posted on an internet website ManoApklausa.lt and reviewed. Students from Lithuanian University of Health Sciences were surveyed. The exploratory structurized questionnaire was anonymous, was carried out in 08-13 of March, 2015 and 28 question were given.

Table 2. Self-reported unmet needs for medical examination by income quintile in Lithuania and in the EU-27 in the period 2005-2013, in % [2]

| Indicators/Year | 2005 | 2007 | 2009 | 2011 | 2013 | Growth rate in the year 2005-2013 |
|---|---|---|---|---|---|---|
| 1.First quintile of equivalised income, % | | | | | | |
| -Lithuania | 7.5 | 4.6 | 1.6 | 1.6 | 1.4 | -81.3 |
| -EU-27 | 7.6 | 5.9 | 4.2 | 4.8 | 4.9 | -35.5 |
| 2. Second quintile of equivalised income, % | | | | | | |
| -Lithuania | 4.9 | 2.1 | 0.7 | 0.8 | 0.6 | -87.8 |
| -EU-27 | 4.4 | 3.3 | 2.3 | 2.9 | 3.2 | -27.3 |
| 3. Third quintile of equivalised income, % | | | | | | |
| -Lithuania | 4.0 | 1.2 | 0.4 | 1.1 | 0.3 | -92.5 |
| -EU-27 | 3.2 | 2.1 | 1.5 | 2.0 | 1.9 | -40.6 |
| 4.Forth quintile of equivalised income, % | | | | | | |
| -Lithuania | 2.4 | 0.8 | 0.6 | 0.8 | 0.3 | -87.5 |
| -EU-27 | 2.0 | 1.4 | 1.0 | 1.3 | 1.4 | -30.0 |
| 5.Fifth quintile of equivalised income, % | | | | | | |
| -Lithuania | 1.3 | 0.4 | 0.2 | 0.1 | 0.2 | -84.6 |
| -EU-27 | 1.1 | 0.6 | 0.5 | 0.6 | 0.6 | -45.4 |
| 6. GNIpc (PPP), USD | | | | | | |
| -Lithuania | 16300 | 15290 | 18760 | 21370 | 24860 | 52.5 |
| -EU-27 | 30072 | 32941 | 32265 | 34547 | 35289 | 17.4 |

Table 3. People having a long-standing illness or health problem by income quintile in Lithuania and in the EU-27 in the period 2005-2013, in % [2]

| Indicators/Year | 2005 | 2007 | 2009 | 2011 | 2013 | Growth rate |
|---|---|---|---|---|---|---|
| 1.First quintile of equivalised income, % | | | | | | |
| -Lithuania | 32.3 | 41.7 | 38.7 | 27.7 | 40.8 | 26.3 |
| -EU-27 | 35.7 | 36.1 | 36.2 | 35.5 | 35.9 | 0.6 |
| 2. Second quintile of equivalised income, % | | | | | | |
| -Lithuania | 38.6 | 39.7 | 41.6 | 38.0 | 42.7 | 10.6 |
| -EU-27 | 34.6 | 35.2 | 35.8 | 36.3 | 37.5 | 3.2 |
| 3. Third quintile of equivalised income, % | | | | | | |
| -Lithuania | 35.1 | 29.7 | 30.2 | 35.8 | 32.0 | -8.8 |
| -EU-27 | 31.5 | 30.4 | 31.4 | 32.9 | 33.3 | 5.7 |
| 4.Forth quintile of equivalised income, % | | | | | | |
| -Lithuania | 26.8 | 25.0 | 21.2 | 27.0 | 24.3 | -9.3 |
| -EU-27 | 27.4 | 27.1 | 27.5 | 28.5 | 29.4 | 7.3 |
| 5.Fifth quintile of equivalised income, % | | | | | | |
| -Lithuania | 17.8 | 21.3 | 15.9 | 15.3 | 15.5 | -12.9 |
| -EU-27 | 23.9 | 23.6 | 23.7 | 25.1 | 25.9 | 8.4 |

The questions were used of dichotomic, closed and open type; the evaluation scale is used, seeking from the respondents to get more correct evaluations about health care service quality. Respondents' main characteristics are given in Table 4, which shows that out of 63 respondents questioned, 74.6 % of them were female and 25.4 % male. This proves the common distribution of students according to gender: more than 60 % of students in Lithuania are women.

Gurevicius R. states, that patients can properly asses the quality of given services. Level of satisfaction can be used as a quality criteria, because the consumer notices the two most important quality aspects: firstly, the technical and secondly, medical personnel that gave the service communication and relations with a patient (Press I., Ganey R.F., Malone M.P., 1992, recited Gurevicius R., 2015). All of the respondents firstly described their health, as shown in Table 5.

Table 4. Distribution of respondents according gender and income level, in %

| Respondents | | | Level of income per month in compare with average country level (300 EUR), in % | | | |
|---|---|---|---|---|---|---|
| Gender | Number | In percent | < 300 EUR | about 300 EUR | >300 EUR | total |
| Male | 16 | 25,4 | 56.2 | 31.2 | 12.6 | 100.0 |
| Female | 47 | 74,6 | 74.5 | 14.9 | 10.6 | 100.0 |
| Total | 63 | 100.0 | 69.9 | 19.0 | 11.1 | 100.0 |

Table 5. Respondents' evaluation of their health, in %

| Question | Share, % | Question | Share, % | Question | Share,% |
|---|---|---|---|---|---|
| .How would you describe your health? | | 2. Do you suffer from any chronic disease? | | 3.How often you have consulted with family doctor during last 6 month? | |
| -very good | 27.0 | - yes | 14.3 | -never | 42.9 |
| -good | 50.8 | - no | 80.7 | -once | 34.9 |
| -not bad | 17.5 | - I do not know | 5.0 | -2-4 times | 19.0 |
| -poor | 4.8 | | | -5 and more | 3.2 |
| Total | 100.0 | Total | 100.0 | Total | 100.0 |

The study shows, that 77.8 % of the respondents evaluate their health as very good and good. 14.3 % of the surveyed have chronic diseases. 77.8 % of students, who participated in the survey, during last 6 month never or once consulted with family doctor.

Table 6 characterizes the quality of health care institutions and doctors services. The respondents are satisfied by the work of medical institutions and have enough information about treatment options.

Table 6. The assessment of health care institutions and doctor services quality, in %

| Question | Share, % | Question | Share, % |
|---|---|---|---|
| 4.Remember your last visit and describe the health care institution. Do you agree with: | | 5.Remember your last visit and describe the doctor. Do you agree with: | |
| -the work hours are too short | 10.1 | -the doctor was polite | 18.2 |
| -I can get a visit at home, if I need it | 18.2 | -the doctor listened to me carefully | 15.7 |
| -the health care institution is too far away from my home/studies | 9.1 | -the doctor barely looked at me | 2.9 |
| -when calling I have to wait for a long time till the receptionist pick up the phone | 4.0 | -I would recommend the doctor to my family/friends | 18.1 |
| -I know where I can get services in evenings, at night and on weekends | 18.2 | -the doctor included me deciding the treatment plan | 14.7 |
| -the receptionists are polite and friendly | 44.4 | -the doctor asked me about health problems | 15.7 |
| Total | 100.0 | Total | 100.0 |

79.6 % of the surveyed students' answer, as shown in Table 7, that doctors will discuss about the treatment if they are not satisfied. It is very important that 97.3 % of the youth (Table 7), trust doctors. Whereas only 56.7 % responded positively to the question if they trusted people in general. This proves a positive evaluation of doctors' work quality, which is based on trust.

Table 7. Respondents' trust in doctors and people in general, in %

| Question | Share,% | Question | Share, % | Question | Share, % |
|---|---|---|---|---|---|
| 6. If you are not satisfied by the treatment will doctor discuss on this? | | 7.Can you trust doctors? | | 8. Can you trust people in general? | |
| | | -strongly agree | 24.3 | -strongly agree | 8.1 |
| -yes | 72.2 | -agree | 73.0 | -agree | 48.6 |
| -no | 7.4 | -not agree | 2.7 | -not agree | 40.5 |
| -do not knew | 20.4 | strongly disagree | 0.0 | -strongly disagree | 2.7 |
| Total | 100.0 | Total | 100.0 | Total | 100.0 |

**Conclusions.** Research shows that on a macroeconomic level, the health care service quality in Lithuania in comparison with other EU-27 is poorer. The death rate due to chronic diseases per 100 000 persons in Lithuania is significantly higher (more than 80 %) than in the EU-27. The

healthy life years and the life expectancy at birth of Lithuanian females has achieved the same level of this indicator in the EU-28 only in the year 2013. This indicator of men in the EU-28 is higher by 10 % than in Lithuania in the year 2013. Due to this it is crucial to improve the health level of population and to achieve higher trust with doctors. According to the biopsychosocial health service model, the patient is seen as an active protagonist, so health care services must focus on dialogue and cooperation between the patient and the doctor.

Most self-reported unmet needs for medical examination by all income quintiles have decreased in Lithuania. Unmet needs had significantly decreased in the period 2005-2013 in the middle class quintiles: third (by 92.5 %), second (by 87.8 %) and forth (by 87.5 %). The biggest self-reported unmet needs decrease for medical examination by income quintiles in the EU-27 occurred in the fifth quintile (by 45.4 %).

Seeking to find out students' point of view and their use of health care institution services, a questionnaire was made, posted on an internet website ManoApklausa.lt and reviewed. It has showed that 97.3 % of the youth – medical students – trust doctors, it means that they are satisfied by the quality level of health care services and it meets the patients' – medical students' expectations. On a microeconomical level, the survey shows that health care quality meets the patients' expectations on work organization in health care institutions and doctors consultations.

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**Ключевые слова:** медицинские услуги, первичные медицинские услуги, рабочая сила, показатели здоровья, Литва.
**Keywords:** health care services, primary health care services, health indicators, labour force, Lithuania.
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## THE RELATIONSHIP BETWEEN EMPLOYEE TURNOVER AND PRODUCTIVITY IN THE ORGANIZATION

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**Dinkov M. Relationship between employee turnover and productivity in the organization.**

The analysis in this article is aimed at employee turnover, which, despite not being a new concept, is a major problem in the management of human resources and has drawn the attention of a number of practicians and researchers worldwide. Keeping its employees is one of the most significant problems for every organization. The market itself creates obstacles in finding qualified and motivated specialists and managers; once found, their loss is even more critical for the organization. Finding a formula for solving the problem is a difficult task which has no simple answer, as well as most processes in personnel management, but the solution most probably goes through changing the attitude to it: from being a significant budget cost to becoming the most important productive resource for the organization. Bearing in mind this point of view, the research does not focus on empirical data for measuring turnover; rather it aims at revealing its characteristics and influence on employee productivity in the organization.

**Динков М. Е. Связь между текучестью и производительностью персонала в организации.**

В статье проведен анализ направленный на выявление аспектов текучести персонала, не смотря на то, что это не новая проблема, но является основой проблемой при управлении человеческими ресурсами и привлекает внимание ряда практиков и исследователей в мире. Сохранение контингента служещих – самая актуальная проблема для каждой организации. Сам рынок труда создаёт трудности при устройстве качественных и мотивированных специалистов и менеджеров, а когда они существуют, их уход является более критическим для организации. Решение этой проблемы – трудная задача и нет однозначного ответа, как найти решение этой проблемы в управлении персоналом, но всё таки наверное переходит через изменение в отношении к нему: от существенного расхода в бюджете к самому главному производительному ресурсу для организации. С этой точки зрения, исследование не направлено на эмпирические даные для измерения текучести кадров, а его цель расскрыть особенности и влияние текучести кадров на производительность персонала организации.

**Problem relevance.** The relevance of employee turnover, as a problem and phenomenon, is determined by the following: ***firstly,*** the existence of differences in the employee management