



# PUBLIC PULSE ANALYSIS



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<sup>1</sup>For UNDP, all references to Kosovo on this document are made in the context of UN Security Council Resolution 1244 (1999).  
The views expressed in this document are those of the opinion poll respondents and do not necessarily represent the views of either UNDP or USAID

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## Abstract

Opinions, impressions and assessments of citizens and patients of healthcare services and performance of healthcare employees in the form of surveys and studies serve as the most representative indicators of their quality. This is why developed countries tend to survey patient satisfaction with healthcare services continuously subsequently using the data obtained through such surveys and studies to create informed mid to long-term healthcare policies.

No healthcare services studies with a focus on patients' experiences were ever conducted in Kosovo despite multidimensional benefits from such data. The scarce studies that were conducted on the subject to-date focused merely on general opinions of the citizens. No studies were ever conducted on causes and consequences of citizen dissatisfaction with healthcare services in Kosovo. The Public Pulse Project, in cooperation with Ferizaj/Uroševac municipality, conducted research entitled "Causes and Consequences of Patient Dissatisfaction with Healthcare Services in Ferizaj/Uroševac Municipality." A combined methodology of quantitative and qualitative methods was used to measure the opinion of 1,044 Ferizaj/Uroševac residents, 180 patients receiving healthcare services in a hospital or the Family Health Centres (FHCs) and 20 patients and healthcare professionals who participated in the work of focus groups.

## Results of the public opinion research in Ferizaj/Uroševac

(Data generated by the 2014 Mosaic Study, compiled by UNDP)

The results of this study show a low level of citizen satisfaction with public healthcare institutions: 47.9% expressed their dissatisfaction with the FHCs and 58.7% dissatisfaction with the local hospital.

Around 2/3 of respondents were dissatisfied with the supply of medications and medical equipment in the FHCs and the unequal treatment of patients.

A source of respondents' dissatisfaction is the healthcare infrastructure and equipment, but long waiting in the physicians' offices and enrolment in waiting lists are also at the top of the list of respondents' complaints. Respondents also reported the costs of medical check-ups and medication as top problems.

## Results of the Ferizaj/Uroševac patient experience research

(Data generated by the Kosovo Healthcare Action Paper, compiled by UNDP)

Contrary to the opinions of the citizens involved in the Mosaic study, data generated by the study targeting patients that have received services in healthcare institutions in Ferizaj/Uroševac proves to be more positive. Most patients participating in this study declared to be satisfied with services received. However, they are not content with the process of referrals to further treatment and have complaints regarding medications prescribed by the physicians, specifically in regards to the cost of such medications. This research also revealed that patients are dissatisfied with the respect that they have been shown by the healthcare

<sup>1</sup>Data generated by the 2014 Mosaic study, published by UNDP.

<sup>2</sup>Data generated by the Action Paper on Healthcare in Kosovo, published by UNDP.

professionals and with the time physicians and nurses spend with them which they consider insufficient.

This study clearly concludes that possible consequences of patient dissatisfaction could lead to a loss of trust in public institutions and that potential patients may want to start seeking services from private institutions or healthcare institutions abroad. It was evident that patients' dissatisfaction with health services leads them to resort to illegal payments, such as bribes and under-the-table payments, which creates corruption in the healthcare system. On the other hand, patients claim that there is no other way to receive a prompt and quality health services.

## **Results from focus groups with patients and healthcare professionals**

Patients participating in focus groups confirmed that the greatest source of their dissatisfaction is the inadequate infrastructure, lack of equipment, or its irregular functionality, and lack of medications. Furthermore, they also stated that the performance of healthcare professionals, especially their obliviousness to their working hours, presents an additional contributor to their overall dissatisfaction with the services offered by the healthcare professionals. Eight of thirteen patients who participated in focus groups admitted having been the direct or indirect subject (personally or through close relatives such as a spouse, parents, siblings) to conditioning in return for health services. Physicians who participated in focus groups also confirm such phenomena, with the vast majority of respondents complaining about the large number of patients and insufficient time available for each patient.

Ultimately, results of both quantitative and qualitative components confirm that it is necessary to conduct the reform of the healthcare services presently offered in Ferizaj/Uroševac municipality, and especially for a more rigorous control of healthcare staff performance, as well as stricter measures against those that breach professional ethics.

## ABBREVIATIONS

<b>FHC</b>	Family Health Centre
<b>MFHC</b>	Main Family Health Centre
<b>MH</b>	Ministry of Health
<b>UNDP</b>	United Nations Development Program
<b>WHO</b>	World Health Organization

## Introduction

There are numerous reasons why patients may be dissatisfied with healthcare services. Patient dissatisfaction may be a result of the nature of the healthcare system, quality of services provided, or it may come as a reaction to the attitude, skills and performance of medical staff (Bankauskaite & Saarelma, 2003).

Periodical researches on trends of patient satisfaction with healthcare services that are regularly conducted in developed countries point to all the said problems. Unfortunately, such research were not commonly performed in Kosovo in the past. Past research conducted on this topic in Kosovo mostly revolved around general public perceptions and opinions without taking into account specific opinions offered by the patients in their capacity of individuals who are visiting healthcare institutions and receiving their treatments.

The UNDP Kosovo has conducted one of the first research activities in this field in 2013. In this research, patients reported a high level of satisfaction and low levels of corruption in healthcare institutions. However, in other research activities conducted by other local and international organizations, the situation in healthcare was described differently. Kosovo was qualified as a unique case, as a country facing numerous challenges that had to develop a brand new healthcare system after the end of 1999 conflicts. Various reports described the lack of medical professionals and healthcare services in villages, the prevalent post-war general collapse of public healthcare infrastructure, and the inability to implement appropriate healthcare reforms as main healthcare-related challenges in Kosovo (Buwa & Vuori, 2006 & Percival & Sondorp, 2010). In addition to that, although it is assumed that the healthcare in Kosovo is provided free of charge, various research concluded that the cost of healthcare services represents one of the most important problems (World Bank, 2006). Kosovars for this situation blame hospitals, describing them as the most corrupt institutions in the country (Chicago-Kent College of Law, 2006).

However, other research gave positive signals for healthcare system and healthcare reform in Kosovo in general. One such research showed that 51% of respondents describe the healthcare staff responsiveness as excellent, whereas 47% also highly rate physicians' performance in emergency cases (Tahiri, Burazeri, Toci, & Rrumbullaku, 2002).

To date, no studies or research activities have been carried out to provide detailed information on reasons for dissatisfaction with the healthcare services at the municipal level in Kosovo. It is worth noting such data would especially assist in the development of well-informed policies and creation of more efficient management of the healthcare sector in general (Beqiri, 2013).

## Research objective

Noting the lack of such data, UNDP embarked on the conduct of this research, targeting citizens and patients of Ferizaj/Urosevac municipality, which has accepted to cooperate in this regard and welcomed the initiative to implement one such analysis, using also data stemming from the Public Pulse project.

This research was conducted with the following three main objectives:

- To identify causes of patient dissatisfaction with healthcare services in Ferizaj/Uroševac municipality;
- To identify causes of patient dissatisfaction with the performance of healthcare professionals;
- To identify the consequences of patient dissatisfaction with healthcare services.

Municipal authorities could especially benefit from this study in their healthcare strategic planning and to identify potential improvements for the healthcare infrastructure, services, or performance of healthcare professionals. Moreover, data from this study can serve as a good basis of knowledge for policy-making based on citizens' needs. Inevitably, an objective of this report is also to depict positive aspects of healthcare institutions, which require additional promotion.

## Methodology

This action paper aims to present experiences and impressions of Ferizaj/Uroševac municipality hospital and FHCs patients and the opinion of this municipality's residents about these healthcare institutions. Results of this action paper are based on data from two UNDP researches conducted in 2013 and 2014 against a randomly selected representative sample of citizens and patients in Ferizaj/Uroševac municipality.

From the first UNDP action paper database (2013), data was collected from 180 patients receiving healthcare services in Ferizaj/Uroševac hospitals or FHCs. The second UNDP study contributing to this action paper - the 2014 Mosaic, was used to obtain data on 1064 Ferizaj/Uroševac residents responding to public opinion survey, which covered, amongst other information, citizen satisfaction and their opinions on healthcare services.

In order to incorporate a qualitative component, this study also encompasses information from two focus groups conducted with patients and healthcare professionals in Ferizaj/Uroševac municipality.



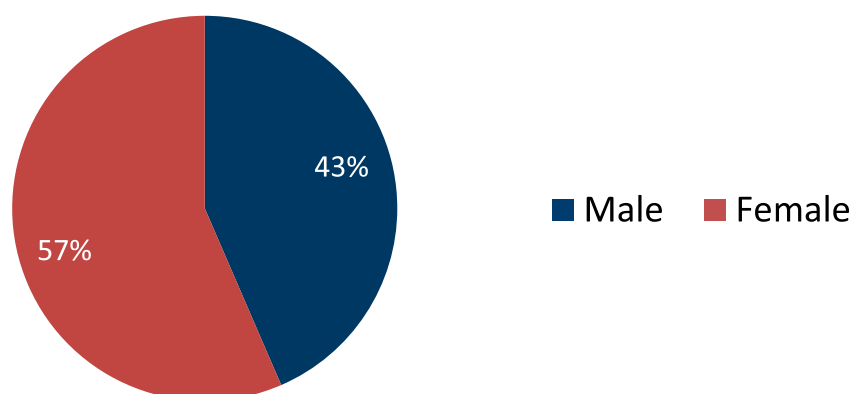
## Research results

### Demographic data

The two earlier studies conducted by the UNDP used a randomly selected sample of 1,224 respondents who have all been interviewed in the Ferizaj/Uroševac region. A total of 1,044 respondents participated in the regular UNDP Mosaic survey study where respondents were not restricted to patients alone. However, this research will present data obtained from additional 180 respondents who participated in the study on patient satisfaction with healthcare services where respondents were restricted only to those who have received healthcare services in the three months preceding the research.

The average age of respondents to the present UNDP survey was 42.8 years (DS = 16.8) and respondents to the Mosaic study was 39.7 years (DS = 21.6). Majority of respondents were female in both studies; Mosaic study had a sample of only 1/3 male respondents.

**Figure 1. Respondent gender ratio**



The majority of respondents have only completed primary and secondary education; only 5% of respondents in both studies have not completed any education level at all.

**Table 1. Education levels of respondents**

	Mosaic study	Action paper
No education level concluded	4.2%	5.6%
Primary school	41.8%	54.4%
Secondary school	45.8%	34.4%
University education	8.1%	3.9%

In regards to economic status, only 25.2% of the respondents in the Mosaic study and 14.9% of respondents to the Action Paper survey have stated to be employed. In both data sets, around half of respondents are students, housewives or retirees, whereas the rest are unemployed and seeking employment or unemployed and not seeking employment.

**Table 2. Level of employment among surveyed respondents**

	Mosaic study	Action paper
Employed	25.2%	14.9%
Unemployed (seeking employment)	23.8%	15%
Unemployed (not seeking employment)	8.7%	14.4%
Other (student, housewife, retiree)	42.3%	55.7%

## Results (citizen public opinion research)

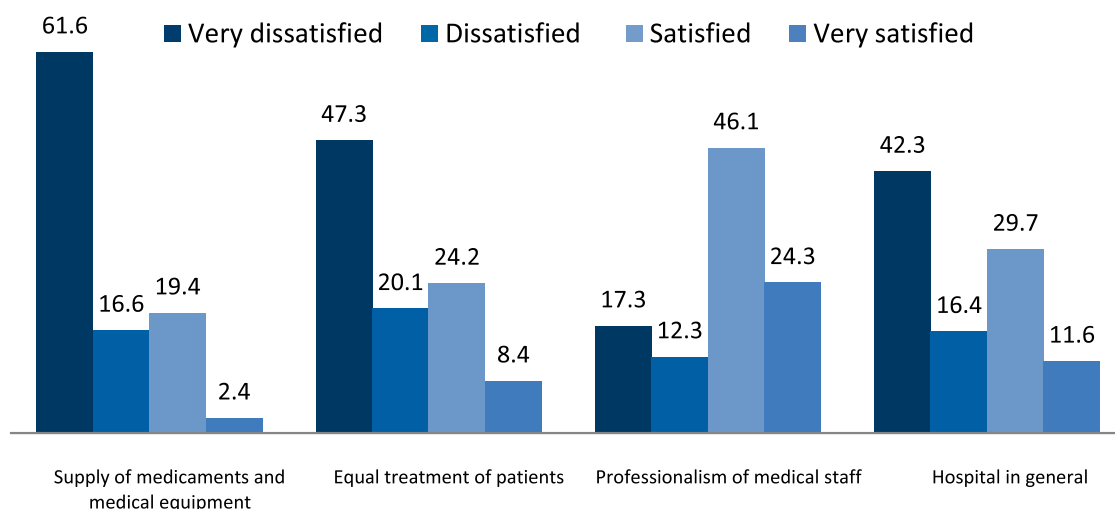
### Citizen satisfaction with the city hospital

In general, 58.7% of surveyed citizens are dissatisfied or very dissatisfied with the city hospital. The greatest dissatisfaction is with the supply with medications and medical equipment in the hospital: 78.2% respondents declare to have been dissatisfied or very dissatisfied with medications and medical equipment.

Patients also frequently expressed that they are not treated equally: 67.4% of respondents claim to be dissatisfied with patient treatment.

On a more positive note, satisfaction with staff professionalism is on a good level because only 19.6% of surveyed citizens expressed their dissatisfaction with this aspect of the work of healthcare professionals.

**Figure 2. Citizen satisfaction with the city hospital**



The correlation analysis reveals a significant relation between the supply of medication and equal patient treatment ( $r = .376, p < .05$ ), as well as a relation between the supply of medication and medical staff professionalism ( $r = .195, p < 0.5$ ). This shows that higher the citizen dissatisfaction is with the supply of medication, the higher is their dissatisfaction with medical staff treatment and professionalism.

The regressive analysis shows that 14% of differentiation in equal patient treatment depends on the supply of medication: if the patient is dissatisfied with the supply of medication, this will influence his/her perception of just and equal patient treatment for the worst.

A patient in Ferizaj/Uroševac explains:

Medications are never available. Anytime you request medical services, you can be certain that you will have to buy your own medicine. There is talk about a list of essential medications, but we certainly have to buy almost all medicine.

A physician in Ferizaj/Uroševac explains:

Medications are also our main concern. Due to lack of medication, stitches and equipment, our patients consider us unworthy and accuse us of poor performance.

A patient from Ferizaj/Uroševac explains:

No, no. There can be no talk of equal treatment by healthcare institutions. How can you claim equality, when I managed to give some money and go to the surgery room and get my operation within one day of hospitalization, whereas the other patient in my room, who has not bribed anyone, is forced to wait for days and cope with pain?

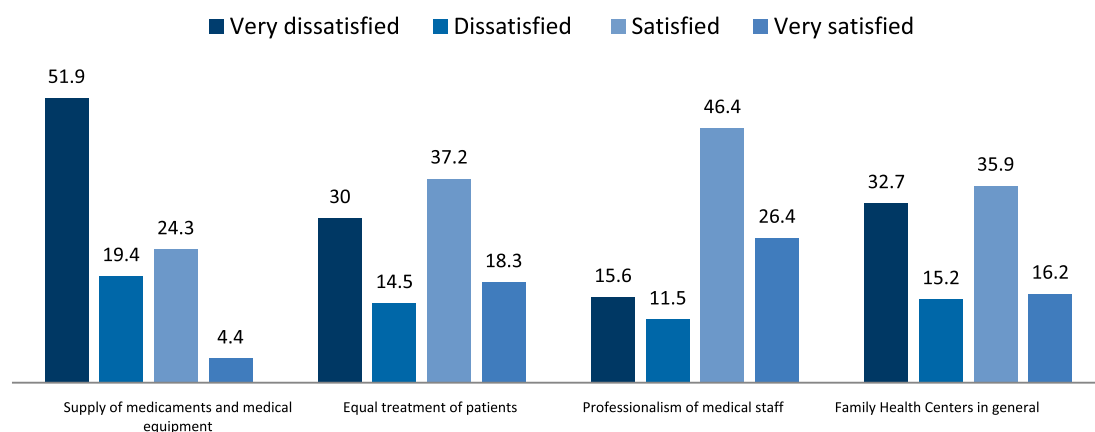
## Citizen satisfaction with FHCs

Citizens express higher levels of satisfaction with the FHCs than with the regional Ferizaj/Uroševac hospital. It was found that 47.9% of citizens are dissatisfied or very dissatisfied with FHCs, whereas the remaining 52.1% are satisfied with their overall performance.

Similarly to the regional hospital, the root of the greatest patients' dissatisfaction (71.3%) is in the supply of medication and medical equipment. Additionally, 44.5% of citizens remain unsatisfied with patient treatment which they consider unequal, whereas only 27.1% are dissatisfied with the professionalism of medical staff.

The hierarchy of dissatisfaction remains identical to that witnessed in the regional hospital. Namely, citizens evaluate staff professionalism but remain dissatisfied with their treatment and the supply of medication and medical equipment.

**Figure 3. Citizen Satisfaction with FHCs**



Clearly, the more dissatisfied citizens are with the supply of medication, the more they are dissatisfied with the treatment of patients ( $r = .393$ ,  $p < .05$ ), and professionalism of medical staff ( $r = .292$ ,  $p < 0.5$ ). In this case, the supply of medication and medical equipment explains the 15% variability in the patients' perception of their treatment and 8% variability in patients' satisfaction with the professionalism of medical staff.

Moreover, failure to regularly supply FHCs with medication and medical equipment makes citizens doubt in equal treatment of patients and results in their dissatisfaction with the professionalism of medical staff.

In the six months preceding the survey, respondents visited FHCs around three times, while only 152 interviewees had visited the hospital during the same period. However, there is no significant relation between the number of visits to the healthcare institutions and citizen satisfaction with healthcare institutions.

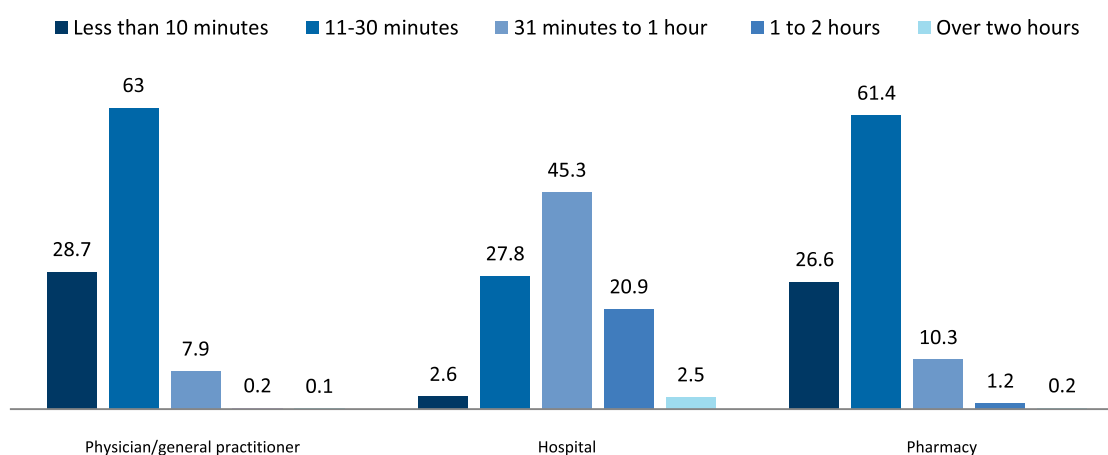
A patient from Ferizaj/Uroševac explains:

I doubt the professionalism of our medical staff. Some of them are not at all prepared for the posts they hold. If I visit three different doctors, I will most certainly get three different diagnoses and three different therapies.

## Challenges related to access to healthcare services

The distances to the FHCs and the hospital do not present an important factor for patient satisfaction or dissatisfaction with healthcare services, because only a small number of Ferizaj/Uroševac citizens stated that healthcare institutions were located far away from their residences. Only around 8% of respondents have to commute slightly less than one hour (on foot or public transportation) to reach their general practitioner; around 12% need to cross the same distance to reach pharmacies. The vast majority of respondents (45.3%) stated that they needed between 31 minutes and one hour to reach the city hospital in Ferizaj/Uroševac.

**Figure 4. Time required for patients to reach an FHC, the hospital or pharmacy.**

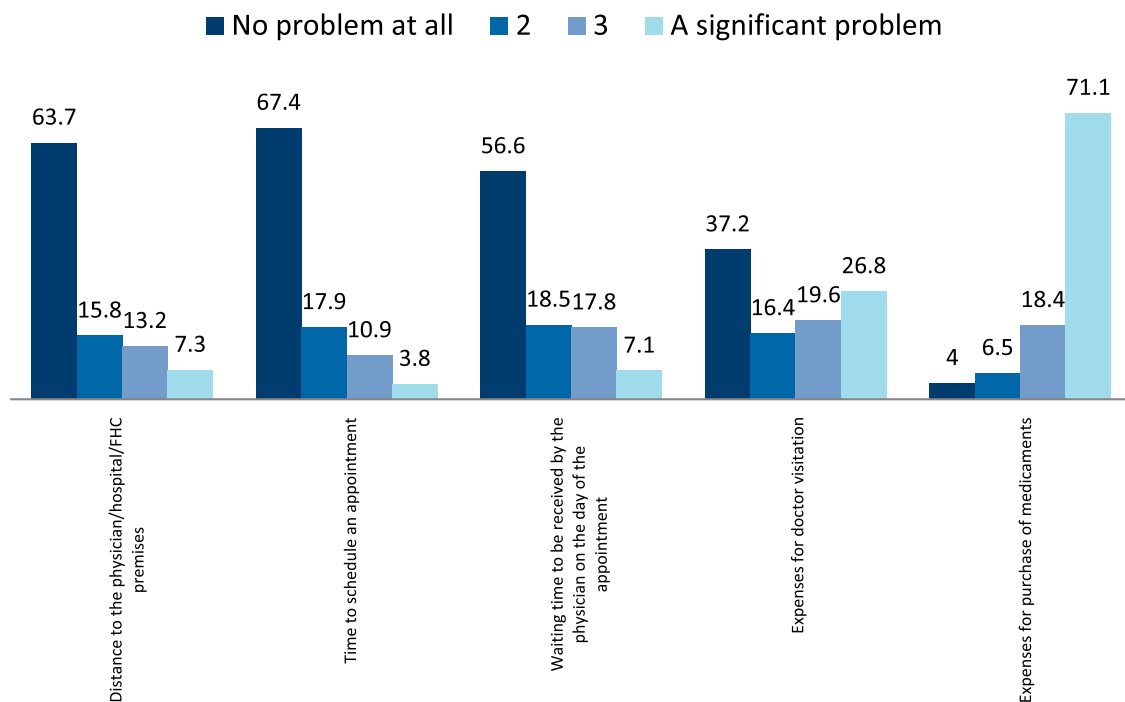


The greatest challenge that Ferizaj/Uroševac residents faced while their last visit to a healthcare institution in Ferizaj/Uroševac was the cost of medications. Slightly fewer than 90% of citizens consider this an important problem, whereas only 4% do not consider the cost of medication as a problem at all.

The second greatest problem respondents report (46.4%) is the cost of medical visitation.

The distance to doctors' offices and times spent in the waiting rooms are also reported as problems by 20.9% and 24.9% of residents, respectively. The time required scheduling a medical appointment (14.7%) is reported as a problem of least concern.

**Figure 5. Problems reported by residents in relation to access to healthcare services**



Correlation analysis shows that the longer the distance to doctors' offices ( $r = -.126, p < .05$ ), the more time required to schedule an appointment ( $r = -.106, p < .05$ ), the more time spent waiting to meet the doctor ( $r = -.095, p < .05$ ), and the more expensive medical services are ( $r = -.103, p < .05$ ), the higher patient dissatisfaction will be. Hence, these problems identified by citizens represent clear indicators of their dissatisfaction.

A patient from Ferizaj/Uroševac explains:

When I went personally for a medical check-up, everything went well, and the waiting time was short. However, when my mother got ill, the doctor would not perform surgery at a public institution, and we were suggested to go to a private clinic.

Healthcare professionals from Ferizaj/Uroševac state:

It is widely known that most medical professionals specialising in different medical fields have private practices and general practitioners usually require their findings and opinions. Moreover, certain laboratory test cannot be made in public municipal institutions due to their costs, lack of equipment and reagents, which is an issue for the Ministry of Health. On the other hand, as far as the medications from the essential list are concerned, we are supplied with a rather small quantity of medication, and perhaps even with products that are not needed to treat our patients.

A nurse from Ferizaj/Uroševac explains:

There are many patients requesting medical services within any given day, and waiting lines are certainly inevitable. One physician can treat up to 50 patients within one day, and I believe this information is self-explanatory.

## Healthcare investment needs identified by citizens

The following question was posed to Mosaic research respondents: “If it were in your hands, can you please tell us in which sphere would you have invested municipal funds?”. Most citizens (24%) had opted for healthcare, thus reflecting the need felt by citizens for investments in this sphere.

However, of all respondents surveyed, less than 1% stated to be ready to make voluntary contributions to this end. This shows a great discrepancy between the need for improvements in healthcare and citizens’ readiness to provide voluntary contributions.

A physician from Ferizaj/Uroševac states:

More municipal investments in healthcare are necessary. Investments should be focused on infrastructure and continuous education of doctors and nurses. This is the only way to ensure advancement of healthcare services.

A patient from Ferizaj/Uroševac says:

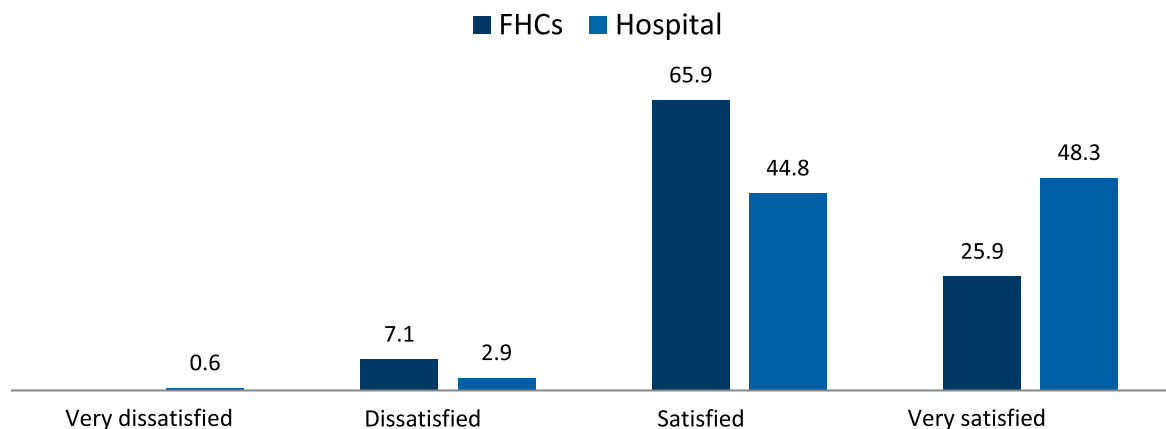
You will see what investments are required if you go to the hospital toilet. It is a real disaster there. Pure contamination. More investments in healthcare are necessary. People can go to healthcare premises healthy and catch a disease from those grave conditions.

## Results (patient experience research)

### Overall patient satisfaction with healthcare institutions

This research does not only provide overall citizens’ impressions of healthcare services, which may not always be based on personal experiences. Certainly, such impressions do not always adequately describe reality. To avoid any doubts in this aspect, another representative sample of patients that have frequented Ferizaj/Uroševac healthcare institutions was selected and asked about their experiences.

The vast majority of patients are rather satisfied with the performance of Ferizaj/Uroševac hospital and FHCs and only fewer than 10% of patients remain dissatisfied with these two healthcare institutions.

**Figure 6. Patient satisfaction with the performance of healthcare institutions**

There is a correlation between the satisfaction with the general performance of the city hospital and the satisfaction of performance in the FHCs ( $r = .607$ ,  $p < .01$ ). An additional correlation is found between the health state of the patient and the assessments he/she makes of the healthcare services. In this context, the better the state of the patient, the more positive he/she will assess the performance of the hospital or FHCs.

A patient in Ferizaj/Uroševac states:

We can say that we are somewhat satisfied with the hospital and FHCs. My experience is good and at an appropriate level. I don't have any complaints regarding the performance of these institutions.

On the other hand, patient dissatisfaction may result from the commuting costs to the hospital or FHC ( $r = .264$ ,  $p < .01$ ).

The infrastructure of the hospital facility ( $r = .216$ ,  $p < .05$ ), performance of physicians ( $r = .259$ ,  $p < .05$ ) and the performance of other medical staff ( $r = .315$ ,  $p < .01$ ) also proved to be statistically significant factors for patient satisfaction.

Moreover, regressive analysis shows that the model created to include all these indicators (infrastructure, performance of doctors and medical staff, distance to the doctors' offices and healthcare equipment in healthcare institutions) unjustly conveys patient satisfaction with healthcare services, and explains the 15% variability in patient satisfaction.

It was also proven that patients suffer from insufficient time spent with healthcare professionals, which is directly and significantly expressed in their dissatisfaction with healthcare institutions ( $r = .240$ ,  $p < .05$ ).



A patient from Ferizaj/Uroševac opines:

A bit more effort by Ferizaj/Uroševac physicians and nurses could yield in significantly better results. Sometimes, all it takes to heal a person is a nice word, that's why I often say that the attitude of doctors and nurses is not appropriate. This could also be a consequence of the large number of patients.

Correlation analysis shows that the number of visits of the patient or his/her family members to public institutions significantly affects their satisfaction with services obtained. On the other hand, satisfaction with private institutions is not associated with the satisfaction of public institutions. This shows that the choice to use private institutions is not only made when patients are dissatisfied with the performance of public institutions and vice versa.

Also, results show that the elderly tend to be more satisfied with healthcare institutions in the public sector, including both FHCs and hospitals. Demographic data shows that a patient's monthly income is also significantly correlated with patient satisfaction with healthcare services ( $r = -.148$ ,  $p < .05$ ): the lower a patient's monthly income is, the higher the level of satisfaction experienced with services provided in public healthcare institutions. However, variables such as gender, employment status, education level, or number of family members don't influence patient satisfaction with healthcare services.

A doctor from Ferizaj/Uroševac finds that:

The same physician, who works mornings in the public institution, receives patients in a private institution where he works in the afternoon with a much better attitude. This is neither professional nor ethical. Furthermore, there are physicians that force patients to visit their private clinics.

Another doctor from Ferizaj/Uroševac says:

I will tell you the reasons behind the flux of patients. When a patient visits a private clinic, the doctors take the money for the medical visit but informs the patient that the additional analyses can be performed in public institutions free of charge. However, when the patient approaches us in public institutions, we perform another thorough check-up, thus doubling the number of patients.

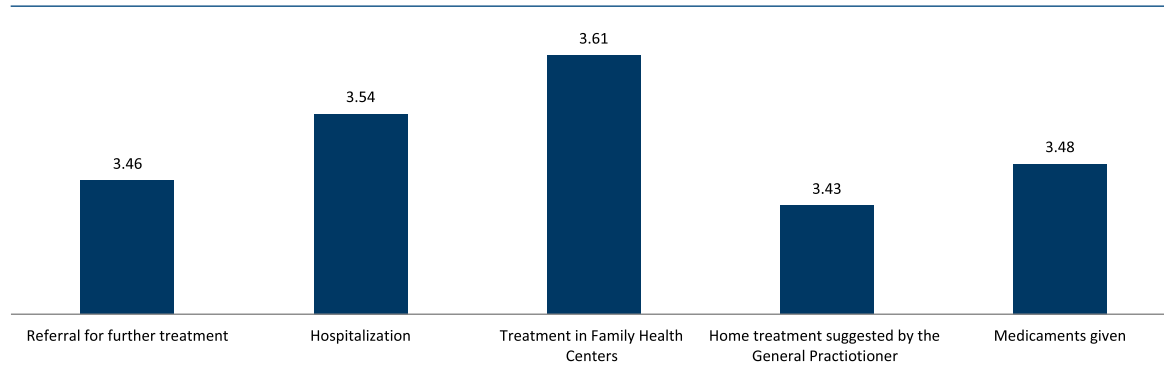
## Challenges related to access to and obtainment of healthcare services

Patients have mainly voiced their dissatisfaction with home treatments suggested by family general practitioners. Additional source of patient dissatisfaction includes referral to further treatment in other healthcare facilities. Patients are discontent with the fact that they are forced to seek treatment for their medical problems with other healthcare institutions or professionals.

The list of aspects that cause patient dissatisfaction with healthcare services includes the prescription of medication by healthcare professionals. As noted during discussions in focus groups, in most cases, patients are obliged to purchase their medications and are almost never able to obtain them from the hospital or FHCs free of charge regardless of whether those medications are on the list of essential medications or not. On the other hand, patients seem satisfied with their treatment during hospitalization and in the FHCs.

This is also reflected in the reported results, whereby on a scale between 1 (very dissatisfied) and 4 (very satisfied), the average rating of all aspects is 3.40.

**Figure 7. Patient satisfaction with different aspects of healthcare treatment**



One of the three greatest challenges reported by patients who participated in this research is the referral system. Results show that a considerable number of patients are referred to two or more different doctors, pending the conclusion of their treatment. In addressing their medical conditions, 31.6% of the patients were referred to at least one other doctor, 24.9% visited three or more doctors whereas only 43.5% of patients were required to consult only one doctor regarding their medical problem.

Results show that the higher the number of doctors visited by a patient receiving medical treatment, the lower patient satisfaction rate ( $r = .564$ ,  $p < .05$ ). When asked about their last experience within the healthcare institution, patients reported high levels of dissatisfaction with the infrastructure of the institution where they received their medical services. This dimension was evaluated with an average grade of 3.19 (max. 4.0).

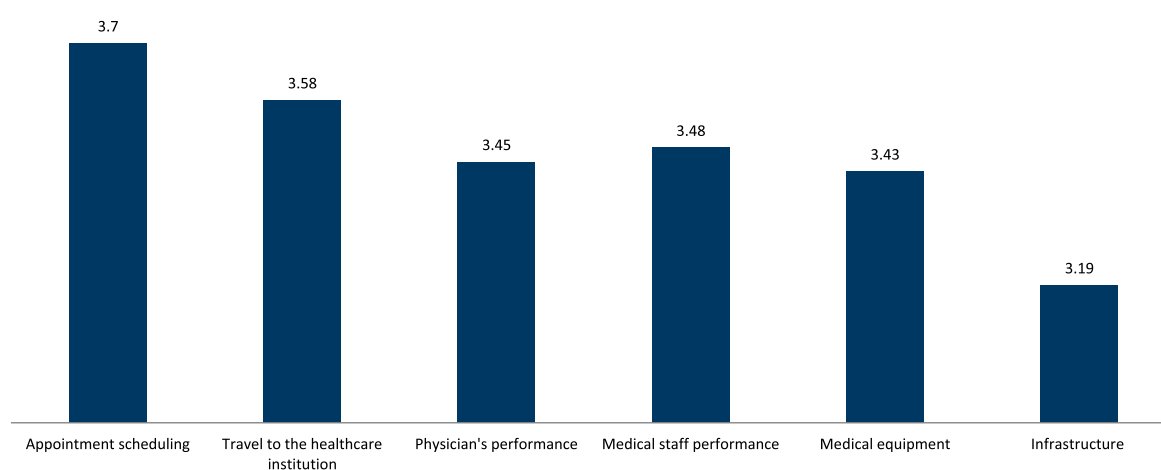
A patient from Ferizaj/Uroševac says:

Doctors take us from one office to the other. They instruct us to perform two or three analyses, each on a different location. It is weird why all services can't be offered at the same location. This is why I am dissatisfied with the referral system.

Another source of dissatisfaction is the state of medical equipment in healthcare institutions that are evaluated at an average grade of 3.43. This finding is also in line with the general public opinion of citizens surveyed.

Additionally, patients tend to be more dissatisfied with the performance of doctors and other medical staff than with the scheduling of appointments or travel time to healthcare institutions that doesn't seem to represent challenges for Ferizaj/Uroševac residents.

**Figure 8. Patient satisfaction with medical services received**



The table below clearly shows that patient dissatisfaction tends to be generalized. To this end, those dissatisfied with the infrastructure of healthcare institutions are more likely also to report dissatisfactions with medical equipment, performance of medical staff and time required commuting to and from the institution.

**Table 3. Correlation coefficients between different aspects of healthcare institutions in Kosovo**

	Scheduling of appointments	Travel time to healthcare institutions	Doctor's performance	Medical staff performance	Medical equipment	Infrastructure
Scheduling of appointments	1.00					
Travel time to healthcare institutions	--	1.00				
Doctor's performance	.156*	.354**	1.00			
Medical staff performance	.220**	.427**	.597**	1.00		
Medical equipment	.193**	.215**	.309**	.378**	1.00	
Infrastructure	--	.270**	.377**	.390**	.407**	1.00

\* - correlation is significant at the  $p < .05$  level

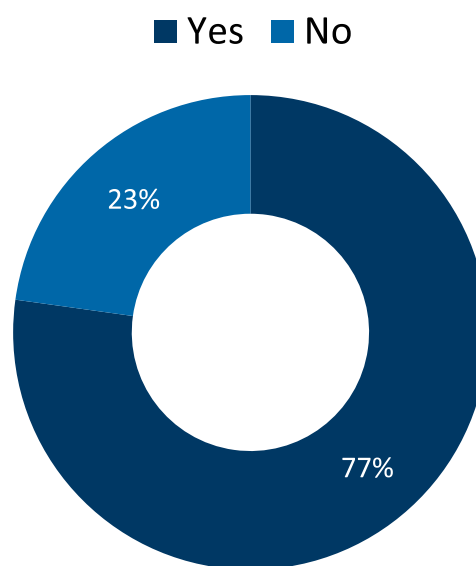
\*\* - correlation is significant at the  $p < .01$  level

A physician from Ferizaj/Uroševac explains:

We are forced to refer patients to private clinics and laboratories because certain medical equipment in public institutions may be unavailable or out of order. However, I have noticed that such referrals are not received well by the patients at all.

Another reason for patient dissatisfaction is the fact that patients have to sign-up on a waiting list before conducting their visits. In this context, the longer the waiting time, the more dissatisfied the patients. The chart below shows that  $\frac{1}{4}$  of the patients are subjected to signing-up in waiting lists which means that  $\frac{1}{4}$  of the patients are potentially dissatisfied with medical services.

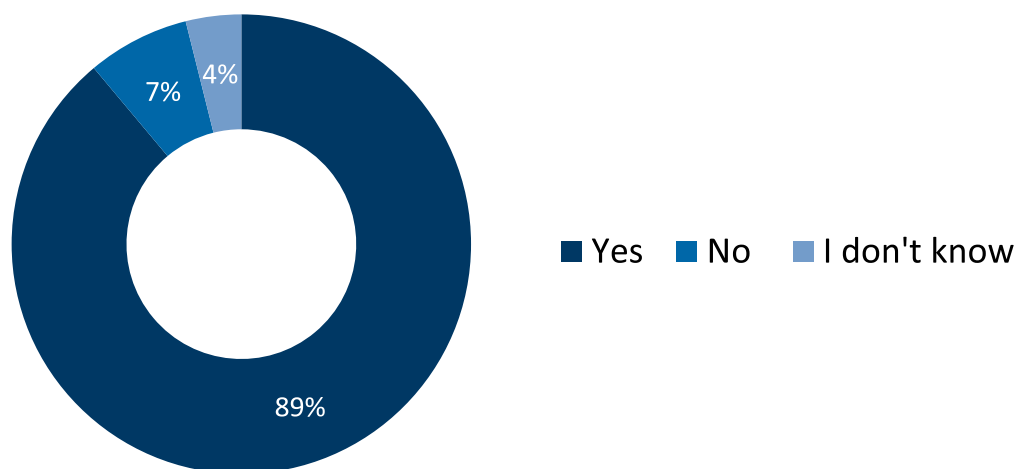
**Figure 9. Percentage of patients subjected to enrolment in waiting lists prior to receiving medical services**



A patient from Ferizaj/Uroševac explains:

This has become something of an unwritten rule. If you want to receive qualitative and timely healthcare services, you need to pay. Only then will you get maximum care.

Meanwhile, almost 90% of surveyed patients qualify their medical treatment in public healthcare institutions (both in FHCs and the hospital) of Ferizaj/Uroševac municipality as successful. Successful treatment is often viewed as a prerequisite for patient satisfaction with the performance of physicians. If services received by patients have improved their health status, there are higher chances they will provide a positive assessment of the institution. However, results of this study show that a successful treatment is not sufficient for a positive patients' assessment if other components are not at a satisfactory level.

**Figure 11. Percentage of patients who consider their medical treatment in the last visit successful**

A patient from Ferizaj/Uroševac explains:

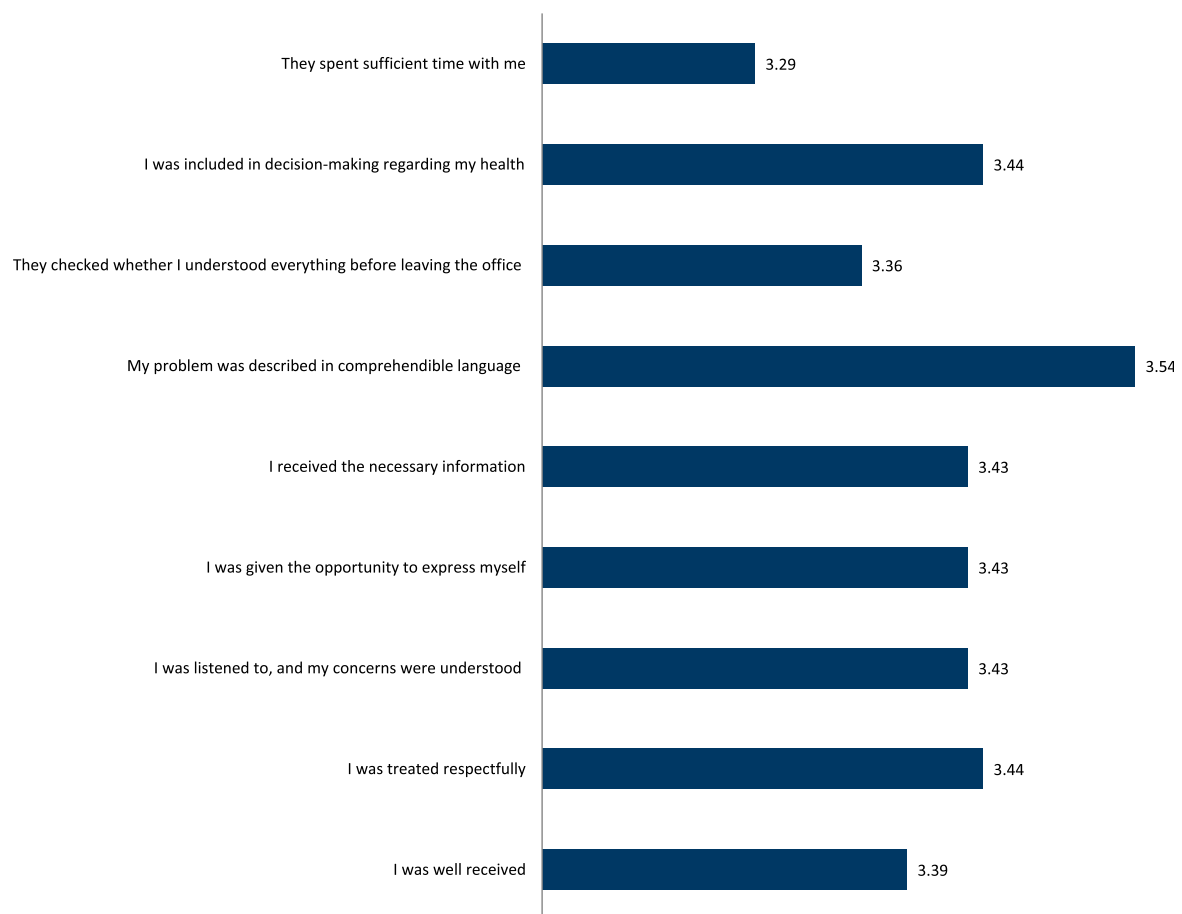
All went well. I was very satisfied with the work of both doctors and nurses. The treatment was successful, and I have no reason to be dissatisfied.

## Patient satisfaction with the performance of physicians

One of the most important aspects contributing to patient satisfaction is the performance of healthcare professionals. As reported, the higher the evaluation of the performance of healthcare professionals, the more satisfied patients are with services received (UNDP, 2013). A combination of all aspects of professional performance presented below shows that they are closely and significantly related to patient satisfaction ( $r = .221$ ,  $p < .05$ ). Therefore, it is clear that if a patient is not satisfied with the performance of their doctor(s), subsequently, they will be dissatisfied with services received.

The greatest dissatisfaction with the performance of medical staff stems from the time physicians spend with patients which patients consider insufficient. This is the segment that received the poorest rating in the overall performance of physicians (rating of 3.29 on a maximum scale of 4.0). For some patients, the fact that doctors do not tend to check whether the patient understands their findings is also an important problem, while another set of patients is dissatisfied because of the doctors' attitude. The chart below shows that most patients are very satisfied with the manner in which their problems were described to them by their doctor(s) who used simple and comprehensible language and with their overall treatment.

**Figure 12. Patient satisfaction with the performance of physicians (average assessment in the range between 1 (very dissatisfied) and 4 (very satisfied)).**



**A patient from Ferizaj/Uroševac finds:**

Some healthcare professionals are very good and perform their duties in the best manner, whereas there are also others that are very irresponsible. It is even publicly acknowledged that there are doctors who inform nurses that they will receive no more than any patients in any given day which only shows how oblivious they are to their working hours.

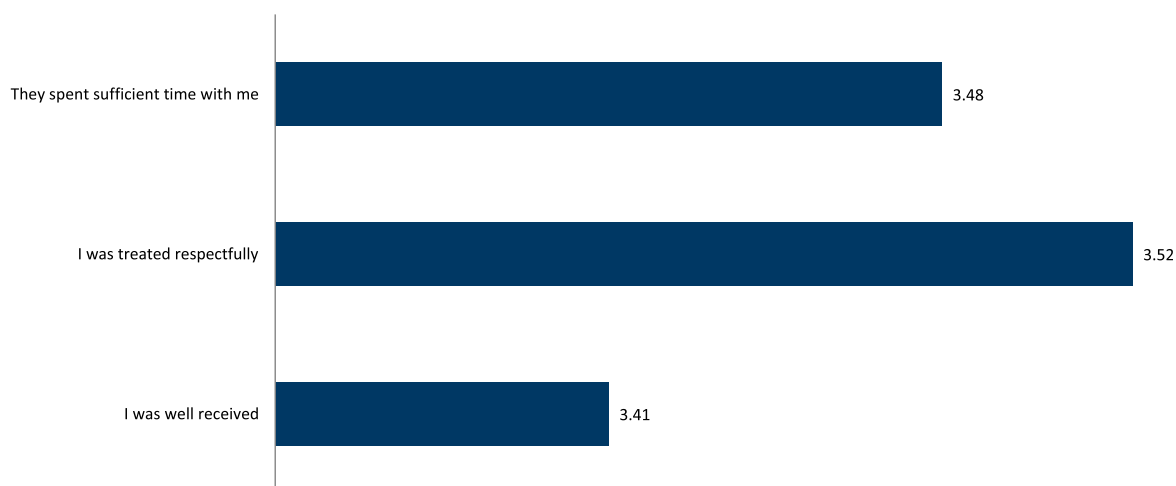
**A nurse from Ferizaj/Uroševac adds:**

I think that my colleagues (physicians) are doing a good job bearing in mind the conditions we function in, and the large number of patients served. Come to our FHC and see for yourself the order, discipline and work there.

## Patient satisfaction with the performance of nurses

The performance of nurses is also judged by the time they spend with patients. As a result, the greatest dissatisfactions with the performance of nurses relates to their reception. On a scale of 1 (very dissatisfied) and 4 (very satisfied), the respect shown to patients by nurses is evaluated with an average grade of 3.52.

**Figure 13. Patient satisfaction with the performance of nurses, the average assessment in the range between 1 (very dissatisfied) and 4 (very satisfied).**



The performance of nurses significantly affects patient satisfaction with healthcare services ( $r = .232, p < .05$ ). On the other hand, there is a clear and significant relation between patient evaluations of physicians and nurses. The extent of patients' negative evaluation of nurses is also reflected in the negative evaluations for physicians ( $r = .816, p < .05$ ).

A female patient from Ferizaj/Uroševac describes her experience:

When my mother got ill, nurses would pass by her in the corridor and see her suffering in an improvised bed, but none would approach us to consult us on what to do. Only after our insisting did a doctor say that we would have to go to a different facility. There is very little effective communication among nurses and doctors.

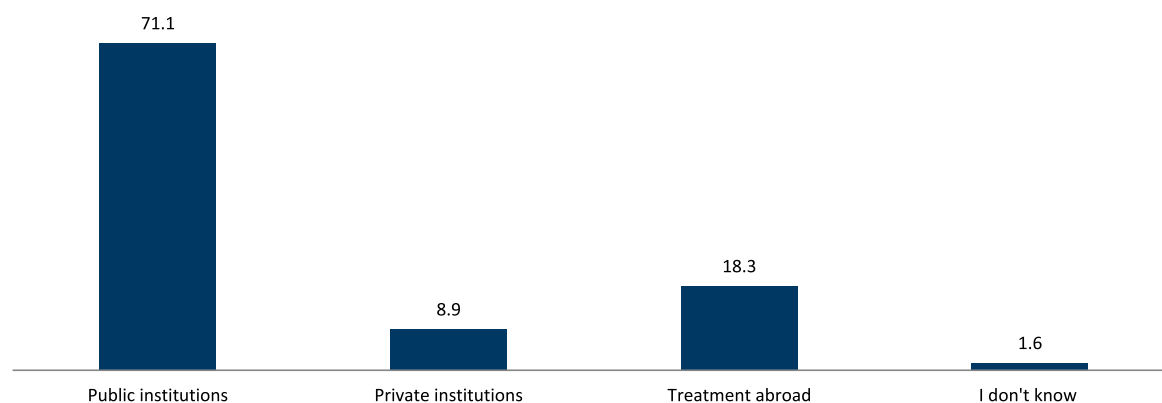
## Possible consequences of patient dissatisfaction

How do patients react when they are not content with healthcare services received? One of the most common reactions is to circumvent public healthcare institutions and request services elsewhere.

This is also reflected in the chart below. Despite the fact that over 90% of patients state they are satisfied with the services provided, only around 70% of them would seek help in the same institution again.

However, the level of trust of Ferizaj/Uroševac citizens in local public institutions is high: 71% respondents state they would use them for medical consultations as the first choice, whereas 18.3% of respondents would prefer to be treated abroad. Private institutions are ranked last: only 8.9% of patients selected them as the next choice for medical consultations.

**Figure 14. Percentage of patients that would request medical treatment in public institutions, if such choice were presented to them.**



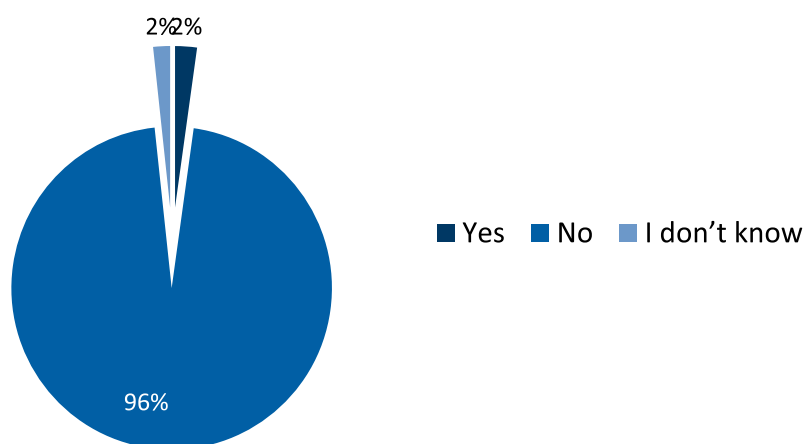
A doctor narrated his personal experience:

I was supposed to receive stands through cardio chirurgical surgery. The doctor, whose name I don't wish to disclose, came and told my son-in-law that they are ready to do whatever is required to heal me. He telephoned a private hospital, and I found myself in that hospital within five minutes. I was received, treated and the stand was placed. However, all of this wasn't possible in the hospital. Although I am a health-care professional myself, I had to undergo the procedure in a private hospital.

Another opinion reflected against the dissatisfaction with healthcare services, long waiting lists, delays in treatment, etc. is under-the-table bribes. Although found in rather low incidences (only 2.2%), it does represent an alternative for patients who feel that through such means they will be able to accelerate the process and receive more qualitative services. It is noteworthy that two percent of patients have responded to this question with "I don't know."



**Figure 15. Percentage of patients that have bribed healthcare professionals during their last medical visit**

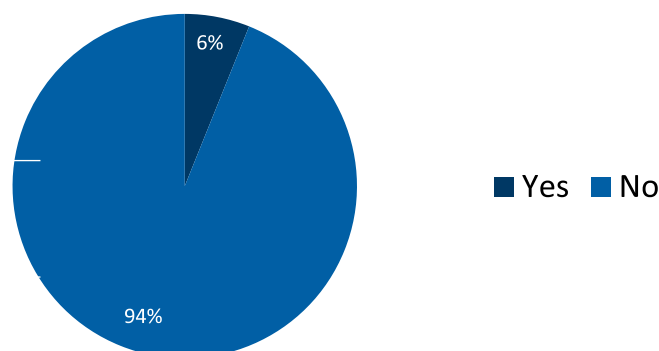


A patient from Ferizaj/Uroševac explains during the focus group

We were requested not 150, but 900 Euros that we were forced to pay in order to put our mother up for surgery. We were told that the surgery is complicated and that money is required to cover the medical team. Of course, we didn't hesitate to pay since our mother's life was at stake.

On the other hand, a large number of patients have voluntarily made gifts to healthcare professionals in Ferizaj/Uroševac. As may be noted from the chart below, 6.1% of patients have offered gifts to healthcare professionals: only 9.1% have offered gifts before treatment and 90.9% after the completion of treatment. Gifts offered to the healthcare professionals include 27.3% gifts of monetary nature and drinks, food and sweets. Thirteen patients participated in focus groups with patients of which eight had stated to have been personally (or through a member of their close family - spouse, sibling, or parent) conditioned to pay for services rendered at the regional hospital in Ferizaj/Uroševac. Perhaps it was a coincidence that all cases occurred in the Surgery Department. Participants have also stated that the price for lighter surgeries (appendicitis, hernia and spleen) is 150 euro, whereas for more complicated operations prices vary while claiming that this is a publicly known fact.

**Figure 16. Percentage of patients that have offered gifts to healthcare professionals**

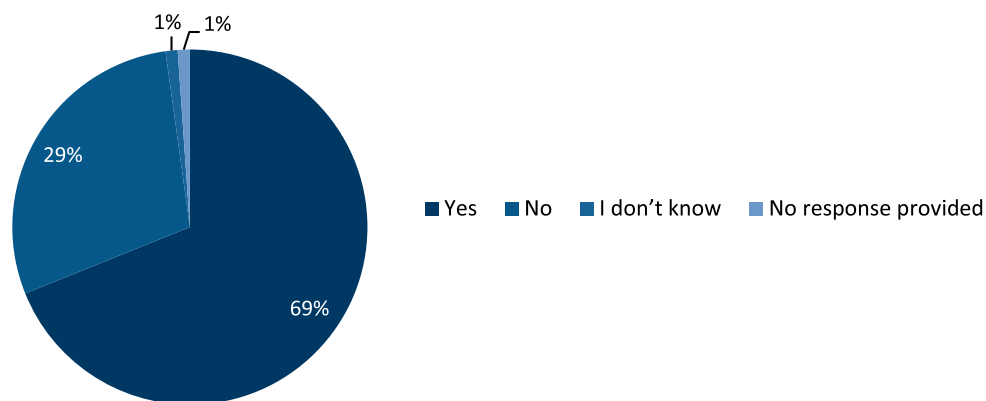


A nurse from Ferizaj/Uroševac explains:

It often happens that patients who are satisfied with services they received provide a treat for the ambulance staff consisting of food and beverages as a token of appreciation for our work and nothing more. However, we never request or receive money for our services. Those that do take money from patients don't work in our FHC.

But, what would the patients have done in the event that they were requested under-the-table payments in return for certain services? Almost 1/3 respondents stated that they would positively respond to healthcare professionals request for money that shows a high level of readiness among citizens to positively respond to physicians' and nurses' requests for illegal payments.

**Figure 17. Percentage of patients who would positively respond to healthcare professionals' requests for under-the-table payments**



When questioned about the reason for such potential behaviour, more than half of the respondents stated that they would be ready to pay to accelerate the treatment process, and there are also 17.9% respondents who believe that they must pay to receive services required. In fact, this speaks of the impression of 29% of patients that feel that they have to respond positively to requests for under-the-table payments if they wish to receive qualitative services.

Why would patients accept such conditioning?	Percentage
Because everybody gives something	5,4
Because there is no other way to receive qualitative medical services	8,9
To accelerate the process	53,6
To make sure to receive what I need	17,9
Other	1,8
To save my life	3,6
I don't know	7,1
No response provided	1,8

However, similar to the responses provided in the work of focus groups, it is clear that the readiness of patients to report corruption to police and courts is rather low. Of 180 patients surveyed in this study, only one had reported a case of corruption. It is perhaps even more concerning that only 50% of respondents know how and where to report cases of corruption.

A patient from Ferizaj/Uroševac opines:

Yes, yes... this has turned into an unwritten rule which many follow. They (health-care professionals) may even not ask for money at all, but you can be certain you will be rotting in your bed if you don't pay someone. Thus, you opt for the second option and get serviced very promptly.

## Focus group results

In addition to the quantitative aspect, this research also conducted two focus groups: one with patients and one with healthcare professionals.

Those receiving medical services in public healthcare institutions in Ferizaj/Uroševac have numerous complaints on conditions and performance of physicians and services received in these institutions. They also have complaints regarding the conditioning for services by healthcare professionals. Naturally, different individuals voice concerns of varying natures. However, most patients have presented some common concerns, such as the lack of adequate infrastructure in these healthcare institutions. Patients have also voiced dissatisfaction with the carelessness and negligence of medical staff. One participant from the focus groups explained how doctor's negligence and inadequate prescription of medication led to a medical condition for her. Based on his last experience in the medical institution, another patient was convinced that the physicians who work in public institutions only give their full attention to the patients they treat in their own private clinics. According to patients, wages of healthcare employees are the source of their de-motivation and resorting to the private sector.

Another aspect identified by patients as a factor of their dissatisfaction is the failure of healthcare professionals to respect working hours in both FHCs and the hospital. "There are doctors who work in private clinics during their official working hours in a public institution. There are also those that decide on their working hours themselves, working in the public institution only in the morning and spending most of their working hours outside their duty station, although they are paid from the national budget," another patient adds.

According to patients, another unavoidable challenge is malfunctioning of the medical equipment in the hospital. Some patients raise suspicions because of such equipment break-ages claiming they are deliberately caused by healthcare professionals because they represent a source for more business in their private clinics. As difficult as it is for patients to understand how recently bought equipment can be out of function in such a short period, they still call for more scrutiny over the issue by municipal authorities and the Ministry.

"Equipment, for which millions of Euros are spent, needs to be safeguarded. In order to ensure its adequate use, continuous staff training is required for each new piece of equipment," said one of the patients.

Lack of proper communication by healthcare professionals was also raised as a problematic issue. According to patients, most healthcare professionals do not communicate appropriately with patients and fail to give them adequate instructions. Furthermore, there are complaints on the general performance of healthcare professionals, which, according to patients, is characterized by extreme laziness. “This can be seen when doctors take long breaks and leave the office early. Moreover, even if a patient comes with a serious condition during their break, they don’t bother to intervene,” patients say. There are even patients who are convinced that there are doctors who take medications from the essential list from the hospital to use in their private practices.”

The overall situation is aggravated further by that fact that patients have to wait in corridors that are not equipped with waiting chairs. An additional concern for all patients is the space of hospital halls. According to patients, hospitals do not provide adequate conditions, and there is room for improvements. Patients also raise concerns about the cleanliness within hospital premises. “In addition to not having adequate space, there is insufficient number beds to cope with the large number of patients and cleanliness leaves much to be desired. Go and visit the hospital toilet, and you’ll see for yourself; check the sheets in beds (if any), and you’ll be convinced,” says another patient. According to the patients, the situation is even worse for persons with special needs because the hospitals do not provide adequate means to facilitate their physical access to these facilities.

Discussion in focus groups got even more dynamic when issues related to corruption were raised. Regarding patient conditioning, 6 of 10 participants of the focus group admit having been (themselves or close family relatives) subjected to financial conditioning in return for receiving certain medical services.

“Yes, yes. I have given 150 Euros as requested by doctor N.N. He felt no shame at all when asking for the sum, claiming that the money was for his team. Naturally, facing such a situation, I paid up. You have to understand me, I had no other option,” said one patient.

Patients also admit that corruption has become acceptable for citizens who tend to pay for receiving services, even if they are not conditioned.

“This has become something of an unwritten rule. If you want to receive qualitative and timely healthcare services, you need to pay for them. Only then will you get maximum care,” a patient adds.

Surveys conducted with patients and focus groups both show that there is a lack of initiative on behalf of citizens to report cases of corruption. However, they have an explanation for this. “Who are we supposed to go to? There are numerous cases that are not being taken into consideration or review by anyone. Police claims to have many other more serious problems compared to which the issue of corruption seems miniscule,” said one of the participants in focus groups.

However, healthcare professionals voiced a different opinion in the focus group organized with four doctors and four nurses. According to them, it is natural for patients to be dissatisfied, bearing in mind the number of patients requesting services within any given day.

“We have many patients that request our services every day, but the time we have to treat them all is limited. This sometimes affects the quality of our services,” said a female physician who participated in the focus group.

According to healthcare professionals, patients are mostly dissatisfied with the lack of medications and inadequate infrastructure which present aspects of medical work over which they have no influence. They listed numerous cases where patients have expressed their dissatisfaction, regardless of having received a perfectly good service, as soon as they have been instructed to purchase medications that were not available free of charge in the institution. This fact disappoints patients and changes their perception and impression of the treatment received.

Similarly, nurses participating in the focus group are convinced that it is the lack of medication and infrastructure that makes patients unhappy. Despite the fact that they do their utmost to offer best services for their patients, they report having been unjustly accused by patients to have been hiding medications.

Another source of patient dissatisfaction with healthcare services is the inability to perform all medical analyses in public institutions. According to healthcare professionals, patients often misunderstand this process.

“It takes time to repair malfunctioning equipment. There are procedures to be followed, and until they are conducted the equipment will remain out of order. Certainly, patients complain about such malfunctions and, subsequently, about our performance,” another physician adds.

All healthcare professionals report that the supply of medications to the hospital and FHCs is irregular and that this is at the root of most problems. Healthcare professionals have another concern related to medications and other medical materials, as open bids for their supply usually stipulates only the lowest purchase price, but not quality. Therefore, health professionals openly call their patients also to take into due consideration the quality of equipment and materials purchased.

Similarly to patients, healthcare professionals also have numerous complaints. Physicians and nurses voiced complaints about inadequate supply of goods, including uniforms. According to them, uniforms provided to them are old, and only those willing to pay for new uniforms from their own pockets now wear newer uniforms; the rest still wear the old ones. According to them, it would be appropriate, even aesthetically speaking if all healthcare professionals were to wear the same uniforms.

Another request voiced by healthcare professionals is the provision of continuous education for healthcare employees.

“Continuous professional development of family health professionals is a prerequisite for improving patient satisfaction,” said one of the participants.

Healthcare professionals partially blame the patients for the current situation. The latter, according to them, do not read the charter of patients’ rights posted in all FHCs and the hospital. Likewise, they do not even use the changes that have been made so far to report cases in the “complaints box,” let alone make greater steps to report cases of misuse to the police or the judiciary.

Healthcare professionals say this is a consequence of the low level of public awareness on citizens’ rights and the lack of will to change the healthcare for the better.

Similarly to citizens participating in focus groups, healthcare professionals also admitted to corruption in the healthcare system. One of the physicians who participated in the work of focus groups reported a personal experience. Specifically, healthcare professionals say that the corruption is prevalent in the hospital because of the greater chances to condition patients with services. They also mention numerous cases when patients alone bring gifts for healthcare professionals, mostly foods and beverages, as a token of gratitude for services obtained. Physicians also agree that sanctions for healthcare professionals who receive under-the-table payments and who condition their patients should be more severe.

“This will be better for us as well, because those that are corrupt will be identified, and we, who never condition anyone for services we provide, will no longer be subjected to prejudice,” said one of the participants.

Physicians also called for further patient education and awareness-raising as a prerequisite to improving the general state of the healthcare system. According to them, if patients apply a dose of reasonable pressure on their physicians and nurses, they will become more responsible in the performance of their tasks and obligations.

## Conclusions

Patient responses show a high level of satisfaction with healthcare institutions particularly with the performance of healthcare professionals in Ferizaj/Uroševac. However, there is a discrepancy between the opinion of those that were in a patient role within 30 days from the date of the interview and those who did not visit healthcare facilities in the recent past. In this context, the second group of citizens have poorer assessments of healthcare services in Ferizaj/Uroševac public institutions, whereas patients that have made recent visits to such institutions describe more positive experiences. Whereas around 2/3 of surveyed citizens are dissatisfied with the supply of medications and medical equipment and complain of unequal treatment, around 70% of patients are satisfied with the overall performance of healthcare institutions and professionals. However, there is an aspect of medical services in which both citizen opinions and patient experiences are aligned as both groups give similar opinions regarding the performance of healthcare professionals that are positively assessed by over 70% of citizens.

General results that depict the impressions of Ferizaj/Uroševac citizens shows that they are more satisfied with the performance of FHCs than with the performance of the city hospital. This is because only 47.9% of citizens express dissatisfaction with the overall performance of FHCs, compared to 58.7% of citizens that have a negative opinion on the hospital. Expenses seem to be a comprising problem for Ferizaj/Uroševac citizens as only 1/3 of respondents find doctor visitation costs not be a problematic issue, whereas 71% consider expenses for medications to be a significant problem.

Although most Ferizaj/Uroševac citizens have chosen healthcare as a sector with most investment needs, only 1% have stated their readiness to contribute voluntarily to this sector. This denotes a severe discrepancy between citizens' need for improvements in the healthcare

sector and their readiness to voluntarily make changes to this end.

Regarding patient experiences, over 90% state to be satisfied or very satisfied with the hospital and FHCs. Although the vast majority of assessments for these centres is positive, a number of causes for their dissatisfaction were identified.

In this context, it was noted that aspects that affect patient satisfaction and cause their dissatisfaction with healthcare services provided by these public institutions are costs and expenses, hospital infrastructure and performance of medical staff.

In general, patients are satisfied with different aspects of healthcare treatment in these institutions, and their overall assessment is quite high (average 3.4 of maximum 4.0). However, the area(s) of greatest dissatisfaction pertain to patient referral to further treatment and medications prescribed during visits. In addition, the infrastructure and medical equipment in these institutions have received slightly poorer assessments when compared to the performance of healthcare system staff which is highly evaluated.

Another reported problem is the waiting time patients are subjected to receive treatment, as well as the requirement of enrolling in waiting lists. In fact, UNDP research (2013) has shown that the process of enrolling in waiting lists makes way for bribery and under-the-table payments because patients wish to receive their services as soon as possible and without waiting in long lines.

Patients highly rate the work of healthcare professionals, but an aspect that represents a great source of dissatisfaction for them is the time that healthcare professionals (both doctors and nurses) spend with them. Substantial complains were also voiced against the attitude and reception of healthcare professionals.

Results of this research have also confirmed that patient dissatisfaction leads to a change in the location of their treatment. If patients are not satisfied with services they received in public healthcare institutions, they are ready to seek new institutions to receive treatment, such as private institutions or abroad. It was also noted that in case patients are discontent with the services provided, they tend to resort to illegal payments, including bribes, under-the-table payments, etc., with the aim of receiving more efficient and effective services. This was also confirmed by qualitative data, bearing in mind that eight of 13 participants in the patient focus group had admitted having been subjected to conditioning for receiving medical services either personally or through a close family member (spouse, parent, sibling).

## Recommendations

Based on research data, impressions and requests presented by citizens and patient experiences, the following recommendations are made:

- Ministry of Health and Ferizaj/Uroševac municipality leadership should engage in providing new investments in hospital and FHC infrastructure, as well as appropriate supplies of medications and other medical equipment for the hospital and FHCs.
- Ministry of Health and Ferizaj/Uroševac municipality leadership should engage to ensure adequate maintenance of equipment in the hospital, and, as required, to train medical staff on the use of such equipment.
- Ferizaj/Uroševac Municipal Directorate of Health should work towards shortening patient waiting procedures in healthcare institutions.
- Ministry of Health and Ferizaj/Uroševac Municipal Directorate of Health, should work to regulate the form of patient referral from FHCs to the hospital.
- Ministry of Health and Ferizaj/Uroševac Municipal Directorate of Health, should continue to implement existing programs for continuous professional education of medical staff and to draft new training programs for medical staff that should include a component for enhancing interpersonal skills alongside the professional component.
- Ministry of Health and Ferizaj/Uroševac Municipal Directorate of Health, should support existing campaigns and design new awareness-raising campaigns on patient rights and responsibilities.
- Ministry of Health, Ferizaj/Uroševac Municipal Directorate of Health, and healthcare institutions in Ferizaj/Uroševac should invest further efforts to promote the work of the hospital and FHCs.
- Ministry of Health, Ferizaj/Uroševac Municipal Directorate of Health, and healthcare institutions in Ferizaj/Uroševac should ensure that patient complaints are addressed in order to increase citizen trust and encourage reporting of corruption with the relevant institutions.
- Ferizaj/Uroševac Municipal Directorate of Health should increase the intensity of inspections in all healthcare service institutions, in order to prevent possible misuses and sanction perpetrators.
- Ferizaj/Uroševac Municipality and Municipal Directorate of Health should engage to develop the necessary hospital infrastructure, so as to facilitate the access of persons with special needs to healthcare services.
- Ferizaj/Uroševac Municipality and Municipal Directorate of Health should consider possibilities to install computer software system digitalizing patient data, with the aim of documenting services performed, establishing a patient database in Ferizaj/Uroševac (including follow-up of their medical state), controlling the quality of services and monitoring the performance of healthcare professionals.
- Ferizaj/Uroševac Municipality and Municipal Directorate of Health should install cameras in healthcare institutions, in order to oversee the work of healthcare professionals and to ensure adherence with working hours.



