

HEALTH PRIORITIES ACCORDING TO PATIENTS OF PUBLIC HOSPITALS IN THE LODZ REGION

Priorytety zdrowotne w opinii pacjentów szpitali publicznych w województwie łódzkim

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ABSTRACT

The aim of the article is to present health priorities that should be determined and then fulfilled in the Polish health care system in the opinion of the patients. The study was conducted in 533 patients staying in four hospitals in the Lodz region. Respondents negatively way (64%) assessed the functioning of the health care system in Poland. Most of them claimed that the following aspects require radical changes: methods of financing health services (85%), priorities in health care (81%), the role of health insurance (80%), education system for medical personnel (71%), free market principles (64%). Over 70% of the respondents believe that the role of politicians in designing and implementing reforms in the health sector should be limited. Almost 85% of patients said unanimously that they do not want to pay extra money for health services. Permanent negative assessment of the Polish healthcare system by its beneficiaries calls for a discussion on redefining health priorities.

STRESZCZENIE

Celem artykułu jest przedstawienie priorytetów zdrowotnych, jakie – w opinii świadczeniobiorcy – powinny być realizowane i osiągnane w systemie polskiego szpitalnictwa. Badanie przeprowadzono wśród 533 pacjentów przebywających w czterech szpitalach w województwie łódzkim. Średnia wieku respondentów wynosiła 48,5 lat, przeważały osoby z wykształceniem wyższym (34%) i średnim (33%).

Respondenci w sposób negatywny (64%) ocenili funkcjonowanie systemu ochrony zdrowia w Polsce. Według zdecydowanej większości badanych radykalnych zmian wymagają: zasady finansowania świadczeń zdrowotnych (85%), priorytety w ochronie zdrowia (81%), rola ubezpieczeń zdrowotnych (80%), system kształcenia personelu medycznego (71%), zasady wolnorynkowe (64%). Ponad 70% respondentów uważa, że należy ograniczyć rolę polityków w projektowaniu i wdrażaniu reform w sektorze zdrowotnym. Prawie 85% pacjentów stwierdziło jednoznacznie, że nie chcą dopłacać do świadczeń zdrowotnych, a tylko 11% badanych zadeklarowało chęć poniesienia dodatkowych opłat w średniej wysokości nie większej niż 23 zł/miesięcznie.

Keywords: health priorities, health care quality, access, healthcare financing, patients opinion

Słowa kluczowe: priorytety zdrowotne, jakość ochrony zdrowia, dostępność, finansowanie ochrony zdrowia, opinie pacjentów

INTRODUCTION

The primary objective of the health care system in Poland is to guarantee that all citizens have an equal access to health benefits in compliance with the principles of social solidarity and equity. The setting of health priorities is primarily concerned with the equitable distribution of resources and is now more than ever an important part of strategic planning [1]. Proper functioning of the health care system should be based on previously defined priorities that will help to pave the way the system should follow. The term priority is one of the concepts that often come up in discussions on health issues. A health priority is interpreted as an instruction on defining activities focused on a particular goal which, at a given time and in specific circumstances, is recognized as the prime, major or at least the most preferable one. In consequence, undertaking activities aimed at this primary goal or task means that everything that serves or may serve its completion is also regarded as a priority [2].

Owing to defined priorities, achieving the set goals, planning various activities and performing tasks in combination with logically structured instruments may be efficient. However, it needs to be emphasized that in order to make priorities become an effective way that ensures proper functioning and change management in the health care system, they need to constitute a unified set of goals. Lists of priorities that are often declared provoke a deeper reflection on this specific practice of defining goals, tasks as well as sequence and ways of approaching them. The question has been asked who should be involved in this process and what method will produce effective and ethical results. It is important to involvement the public and local community in making these priority choices, especially in publicly funded programs and initiatives [3]. An ideal solution would be recognizing health priorities indicated by all the stakeholders of the system, dividing them into groups, establishing a hie-

rarchy and translating them into real actions that could have a significant impact on the efficiency of the health care system. The aim of the article is to present health priorities that should be determined and then fulfilled in the Polish health care system in the opinion of the patients.

MATERIAL AND METHODS

The study was conducted in four public health care units in the Lodz region. The institutions that developed the project were the Lodz powiat, the Marshal's Office of the Lodz Region and the Medical University of Lodz. The research tool was a questionnaire prepared by the staff of the Department of Health Care Policy and the Centre for Research on Health Care Strategies and Health Policy at the Warsaw School of Economics in cooperation with the National Medical University in Kiev. The survey results presented in the article are one of the stages of the international research program on conditions ensuring effectiveness and efficiency of health care systems in Poland and Ukraine – main problems and research areas which is aimed at promoting optimal solutions for organization, functioning and financing of the health care system.

The study included 533 patients, 330 (61.9%) females and 203 (38.1%) males. The mean age of the respondents was 48.5 years and the group was dominated by individuals with higher (34%) or secondary (33%) education level. Over half of the subjects were married (54%). Among the study participants 17% had the status of a disability or an old-age pensioner, and almost half of them was employed under an employment contract or other contracts. A substantial majority of the study participants (63%) regarded their material conditions as rather good or good. Another personal data question referred to self-assessment of health status. Among the study participants 68% assessed their health condition as rather good,

good and very good (35%, 27%, 6%, respectively). Only one fifth of the respondents assessed their health condition negatively. Then the patients were asked whether they were interested in information on changes in the health care system. A great majority of the participants (72%) gave answer “yes”, whereas 13%

of the patients had no opinion on this issue. The last personal data questions referred to frequency of receiving health care and forms of care the patients were most often provided with. The results were presented in Tables 1 and 2.

Table 1. Frequency of receiving health care

Frequency of receiving health care	N=531	%
a few times a month	49	9%
once a month	100	19%
once in three months	161	30%
once in six months	123	23%
once a year	72	14%
less frequently than once a year	26	5%

Source: authors' own data

Table 2. Form of health care the respondents are most frequently provided with

Form of health care the respondents are most frequently provided with	N=531	%
Basic health care	369	70%
Specialist care in outpatient clinics	107	20%
Hospitals	55	10%
including:		
Public/State facilities	380	72%
Private facilities	151	28%

Source: authors' own data

RESULTS

Considering the wide scope of the questions included in the research tool, the article discusses selected results only.

The first question not relating to personal details referred to general assessment of the health care system in Poland. Most of the opinions (64%) were negative, only 20% of the respondents assessed the system positively, however, no one ticked the answer *definitely*

good or does not require any changes, and 16% of the respondents had no opinion on the issue.

In the next question the respondents were asked whether they agreed, and if so to what extent, with the selected aspects of the public health care system. The questionnaire included the following statements: (1) patients are treated with kindness and care, (2) there are no problems with making an appointment with a primary care doctor, (3) it is easy to obtain information on access to health benefits, (4) me-

Table 3. Evaluation of selected aspects of the public health care system

	To what extent do you agree with the following opinions on the public health care system															
	patients are treated with kindness and care		there are no problems with making an appointment with a primary care doctor		it is easy to obtain information on access to health benefits		medical treatment is fully free		treatment conditions are good		doctors are willing to give referrals to medical specialists if a patient's condition requires so		patients may expect immediate medical assistance		all patients are treated equally	
	N=	%	N=	%	N=	%	N=	%	N=	%	N=	%	N=	%	N=	%
Definitely not	51	10	77	15	70	13	134	25	78	15	56	11	80	15	108	20
No	58	11	51	10	57	11	72	14	61	12	49	9	65	12	63	12
Rather not	101	19	105	20	111	21	106	20	97	18	71	13	92	17	104	20
I have no opinion	44	8	44	8	52	10	45	8	50	9	56	11	55	10	68	13
Rather yes	145	27	110	21	125	24	75	14	122	23	164	31	115	22	75	14
Yes	74	14	84	16	67	13	49	9	67	13	75	14	72	14	62	12
Definitely yes	56	11	58	11	47	9	51	10	53	10	59	11	52	10	48	9

Source: authors' own data

dical treatment is fully free, (5) treatment conditions are good, (6) doctors are willing to give referrals to medical specialists if a patient's condition requires so, (7) patients may expect immediate medical assistance, (8) all patients are treated equally. It is difficult to unequivocally establish whether the respondents agree with all the statements due to divergent opinions. Table 3 presents all the answers obtained. The data that reflects the opinions of the majority of the respondents were given in bold. However, it needs to be emphasized that the opinions on financing of the health care system were the least divergent. Almost 60% of the respondents did not agree with the statement that *treatment is fully free*.

To what extent do you agree with the following opinions on the public health care system patients are treated with kindness and care there are no problems with making an appointment with a primary care doctor it is easy to

obtain information on access to health benefits medical treatment is fully free treatment conditions are good doctors are willing to give referrals to medical specialists if a patient's condition requires so patients may expect immediate medical assistance all patients are treated equally.

The quality and accessibility of health benefits are extremely important aspects of the evaluation of the health care system. In the study the respondents were asked about their opinions on the aforementioned aspects of the health care system with regard to both public and private institutions. Based on the collected data it is not possible to unequivocally determine whether the opinions on the quality and accessibility of health services are positive or negative. An exception are opinions on these aspects in the private sector – they were positively evaluated by a great majority of the respondents (quality -78% and accessibility – 80%). The results are presented in Table 4.

Table 4. Evaluation of the quality and accessibility of health services

	Quality of health services				Accessibility of health services			
	in public institutions of the health care system		in private institutions of the health care system		in public institutions of the health care system		in private institutions of the health care system	
	N=528	%	N=528	%	N=527	%	N=531	%
definitely bad	54	10%	14	3%	97	18%	11	2%
bad	77	15%	11	2%	92	17%	11	2%
rather bad	127	24%	23	4%	121	23%	22	4%
I have no opinion	47	9%	65	12%	48	9%	62	12%
rather good	144	27%	149	28%	118	22%	167	31%
good	58	11%	170	32%	43	8%	165	31%
definitely good	21	4%	96	18%	8	2%	93	18%

Source: authors' own data

Further, the patients were asked whether such factors as (1) organization of the health care system, (2) financing, (3) the number of practising doctors, (4) competences of practising doctors, (5) hospital infrastructure, (6) medical equipment in diagnostics and therapy, (7) costs of medications, (8) prevention/health education have an impact on the efficiency

of the health care system. The obtained results allow for drawing a conclusion that the patients share the same opinions. Over 70% of the respondents believe that these factors do have an impact on the efficiency of the system. Whereas, a majority of the respondents agree with the statement that the most significant factor are financial resources (see Table 5).

Table 5. Factors influencing the effectiveness of the health care system

	Factors influencing the effectiveness of the health care system															
	organization of the health care system		financing		number of practising doctors		competences of practising doctors		hospital infrastructure		medical equipment in diagnostics and therapy		costs of medications		prevention/health education	
	N=	%	N=	%	N=	%	N=	%	N=	%	N=	%	N=	%	N=	%
Definitely not	28	5	26	5	33	6	37	7	31	6	30	6	45	8	28	5
No	23	4	17	3	20	4	26	5	15	3	15	3	23	4	19	4
Rather not	26	5	12	2	21	4	19	4	32	6	17	3	18	3	26	5
Total number of negative answers	77	14	55	10	74	14	82	16	78	15	62	12	86	15	73	14
I have no opinion	52	10	53	10	63	12	51	10	68	13	63	12	66	12	51	10
Rather yes	91	17	76	14	91	17	106	20	114	21	104	20	104	20	113	21
Yes	171	32	151	28	146	27	132	25	138	26	136	26	122	23	145	27
Definitely yes	141	27	197	37	159	30	158	30	134	25	165	31	155	29	147	28
Total number of positive answers	403	76	424	79	396	74	396	75	386	72	405	77	381	72	405	76

Source: authors' own data

The next question referred to aspects/areas of health care that require immediate improvement. The following factors were included in the study: (1) quality of health benefits, (2) accessibility of health benefits, (3) range of benefits financed from health insurance contributions, (4) financing of health benefits, (5) infrastructure of health care entities (building, equipment), (6) knowledge, skills and competences of medical personnel. A great majority (60% and more) *rather agrees, agrees or definitely agrees* that the first five aspects require immediate change. Slightly over half (55%) of

them believes that what also needs to be improved is knowledge, skills and competences of the medical personnel (see Table 6).

The respondents were also asked to express their opinion on the factors/areas requiring changes and influencing the efficiency of the health care system. A great majority of them believe that the aspects requiring radical changes are the following: principles of financing of health benefits (85%), **priorities in the health care** (81%), the role of health insurance (80%), the system of training for medical personnel (71%), free-market rules (64%). One of the assessed

Table 6. Factors/aspects/areas requiring immediate improvements

	Factors/aspects/areas											
	quality of health benefits		accessibility of health benefits		range of benefits financed from health insurance contributions		financing of health benefits		infrastructure of health care entities (building, equipment)		knowledge, skills and competences of medical personnel	
	N=529	%	N=529	%	N=529	%	N=529	%	N=529	%	N=531	%
Definitely does not require improvement	76	14%	81	15%	72	14%	89	17%	61	12%	60	11%
Does not require improvement	43	8%	49	9%	43	8%	34	6%	35	7%	32	6%
Does not require much improvement	48	9%	43	8%	44	8%	44	8%	69	13%	67	13%
I have no opinion	25	5%	20	4%	36	7%	37	7%	47	9%	66	12%
Requires some improvement	104	20%	91	17%	78	15%	56	11%	100	19%	118	22%
Requires improvement	127	24%	104	20%	125	24%	133	25%	137	26%	111	21%
Definitely requires improvement	106	20%	141	27%	131	25%	136	26%	80	15%	77	15%

Source: authors' own data

elements was the role of the state (the ruling party) in the decision-making process in the system. Over 70% of the respondents believe that the role of politicians in planning and implementing reforms in the health sector should be limited (see Table 7).

The permanent discussion on amounts of remuneration for medical personnel encouraged us to ask the respondents what salaries they think selected medical professionals should receive. Table 8 presents the average minimum and maximum earnings.

Table 7. Factors/areas requiring changes and influencing the efficiency of the system

	Factors/areas													
	system of training of medical personnel		rules of financing of health benefits		limited role of the state (the ruling party) in the decision-making process in the system		increased role of the state (the ruling party) in the decision-making process in the system		role of health insurance		free-market rules		priorities in the health care system	
	N=528	%	N=527	%	N=529	%	N=528	%	N=527	%	N=529	%	N=527	%
Definitely not	12	2	6	1	10	2	83	16	4	1	13	2	5	1
No	15	3	15	3	20	4	51	10	5	1	8	2	8	2
Rather not	51	10	16	3	21	4	86	16	16	3	27	5	16	3
I have no opinion	76	14	38	7	102	19	117	22	79	15	140	26	75	14
Rather not	157	30	116	22	116	22	82	16	163	31	174	33	117	22
Yes	116	22	166	31	126	24	65	12	171	32	118	22	161	31
Definitely yes	101	19	170	32	134	25	44	8	89	17	49	9	145	28

Source: authors' own data

Table 8. The average monthly remuneration of selected medical professionals (gross amount, PLN)

Medical professionals	Doctors		Nurses		Paramedics	
	min.	max.	min.	max.	min.	max.
Amount	PLN 5500	PLN 9000	PLN 5250	PLN 6500	PLN 5000	PLN 6250

Source: authors' own data

Table 9. Declaration on participation in the costs of health benefits

	Patients' participation in the costs of health benefits		
	N=379	%	If yes, the maximum (average) amount is
No	319	84	PLN 22.16
Yes	60	16	

Source: authors' own data

The last data discussed in the article refers to participation in the costs of health benefits. Although “only” 379 (70.8%) of the respondents answered the question, it may be concluded that they share the same opinion on the issue. Almost 85% of the patients unanimously declare that they do not want to pay extra for health benefits, only 60 of the respondents are willing to incur additional costs in an average amount not exceeding PLN 23 a month (see Table 9).

DISCUSSION

Due to the significant role it plays in the society, the health care system remains one of the key fields of activity for the state authorities. Its functioning has a great impact on effectiveness of actions taken in all other fields of the public life and setting priorities remains an important part of healthcare planning and program management [3].

The health care system is a network of many phenomena that are used to fulfil the primary goals of the public life specified in the regulations of the European Region of WHO, i.e. prolonging a healthy life and improving its health-related quality as well as limiting social inequalities in health care [4]. Any reform of the system is a complex social, political and economic process based on set goals and ef-

forts to achieve them. Any flaws or imperfections of the system as well as all interventions and reforms aimed at eliminating them have an impact on health. Interventions to improve the functioning of the system are necessary and continual. In order to ensure the effectiveness, there is a need of evaluating the functioning of the present health care system, i.e. establishing how the system works, how it fulfils its tasks, in what areas it works well and what aspects require changes. The evaluation of the health care system should be based on the concept of objectivity and include a whole range of aspects [5]. There are many studies conducted and aimed at gathering opinions of patients. An overwhelming majority of this research refers to patients' satisfaction from the offered health benefits and it is based on such opinions that the health care system is assessed [see 6-12]. It is obviously a great generalization which does not really reflect the actual functioning of the system since satisfaction surveys refer to only one aspect of quality evaluation, i.e. the process [13]. They do not, however, include a range of other factors existing within the system [14]. A much more complex, though still an insufficiently precise study, are reports prepared by the Health Consumer Powerhouse. Their evaluation includes such areas as 1) patients' rights and information received by them, 2) accessibility (time after which the patient is provided with treatment), 3) treatment

effects, 4) range and scope of offered benefits, 5) prevention, 6) pharmaceuticals. In the quoted rankings opinions on the Polish health care system are bad or very bad – in 2017 it ranked 29th among all 35 countries which were assessed [15]. Opinions of beneficiaries – patients/consumers are confirmed by the results of our own study. It is clear that over half of the respondents negatively evaluated the health care system, whereas only 20% of them assessed it positively. Nobody evaluated the system as *definitely good or does not require any changes*, and 16% of the study participants had no opinion on the issue.

The most often quoted definition of health care system indicates that it is an organized and coordinated range of activities aimed at providing benefits and preventive, medical and rehabilitation services for protection of health status of an individual and a population [16]. The objectives that are believed to play a role in improving health status of a population are the following: (1) accessibility of health care, i.e. ensuring that a whole population is provided with health benefits and medical services, without any division in terms of cultural, economic, geographic or social differences, (2) quality of medical care – regarded as continuity of providing health benefits as well as preventive and medical services, (3) effectiveness of health care – productivity, rationality and efficiency of all actions taken within the system, (4) system dynamics – permanent and regular actions taken to improve the system and ensure the option of increasing satisfaction of patients, employees and medical personnel [17]. In our study a great majority of the respondents express an opinion that these aspects require immediate improvement. Such results are not, in fact, surprising since it may be observed that an average waiting time for medical services has extended. The authors of the report [18] emphasize the necessity of implementing radical changes in the system and reopening of the discussion on private insurance that is necessary for providing additional source of finan-

cing of the range of health benefits and shortening of the waiting time for medical services. The individuals (80%) participating in our study also share the opinion that the role of health insurance should be changed radically.

The tasks of the state authorities aimed at providing equal access to health are specified in the Law of 27 August 2004 on Health Care Benefits Financed from Public Funds. These tasks include providing conditions for functioning of the health care system; analysis and identification of health needs and factors changing them; health promotion and prevention focused on creating conditions favourable for health; financing under a procedure and in compliance with the rules set out in the Law on Health Care Benefits. First of all, it needs to be emphasized that an element of the health care system which has an impact on its functioning is financing [19]. In our own study almost 80% of the respondents express the opinion that financing is a factor which has the greatest influence on the effectiveness and efficiency of the system and 85% of the study participants believe that the rules of financing of health benefits require radical changes. Each year we may observe increasing outlays in the health care system, both in the public and private sector. According to the National Health Accounts, in 2016 the expenditure amounted to PLN 121.1 billion and increased twofold as compared to 2005 [20]. Unfortunately, the amount of money does not translate into accessibility of health benefits or subjective assessment of satisfying medical needs of Polish patients. It is necessary to change health priorities whose implementation will make it possible to change the way beneficiaries perceive the health care system. This clear opinion is given by 80% of the respondents. Moreover, they believe that the role of politicians in planning and implementing reforms in the health sector should be limited.

Reforming the health care system is a complex social, political and economic process based on set aims (priorities) and attempts made to

achieve them. A major objective is promoting, improving and maintaining health at the highest possible level. It seems to be indisputable that the assumptions of the future health policy should be formulated in the context of results of the survey that reflects opinions of different social groups, including also or even most of all, beneficiaries of the health care system.

CONCLUSIONS

1. Defining of health priorities may contribute to improvement in the functioning and management of changes in the health care system provided that they constitute a unified set of objectives.
2. A constantly negative evaluation of the Polish health care system by its beneficiaries imposes the need for a discussion on redefining health priorities.
3. The form of the Polish health care system requires radical changes. Its beneficiaries believe that the role politicians play in planning and implementing reforms in the health sector should be limited.
4. One of the top priorities in the health care system is its financing – a factor that has the most significant impact on the efficiency and functionality of the system. Beneficiaries share the opinion that the rules of financing of health benefits require immediate changes, which should impose the need of reopening of the discussion on the health insurance system.

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