THE LEVEL OF HEALTH CONSUMERS SATISFACTION ANALYSIS FROM BUCHAREST MUNICIPALITY, ROMANIA

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ABSTRACT
The first part of the article presents the relevant aspects of the literature, the qualitative research being carried out by browsing online resources, books and articles, relevant research, presenting theoretical aspects regarding notions of satisfaction, behavior of consumers of medical services, methods and satisfaction measurement techniques and, of course, the main factors that influence it positively or negatively. The article continues with the empirical research, the interpretation of the obtained data. The methodology used is quantitative, using the opinion poll, and the tool used was the questionnaire. Due to the pandemic context, the instrument was applied online. At the end of the article, we formulated the conclusions of the research, the limits of the study and future research.

KEYWORDS: *consumers satisfaction, consumers behavior, health services.*

1. INTRODUCTION

Nowadays, the beneficiaries of health services have access to modern and fast technologies, which gives them the advantage of accessing a large volume of information from and about the healthcare environment, thus observing an increased degree of information of patients, implicitly leading to the increase. consumer expectations for this type of service.
An essential aspect that must be pursued in order to improve the quality of medical services in Romania is to know the degree of satisfaction of consumers of health services.

2. LITERATURE REVIEW

Recently, many studies have focused on analyzing patients' perceptions of health services. Boyer et al. (2006), Henderson et al. (2004), Wong et al. (2012) are among the researchers who addressed this topic in their international studies. At first glance, it can be stated that patient satisfaction is an indicator, perhaps the most relevant, in measuring the quality of health services (Ng & Luk, 2019, p. 790). Although the term “patient satisfaction” has a broad understanding and use in research, few studies have addressed the definition of this concept. The ambiguity of the concept makes it difficult to analyze the empirical value of the study instruments. Therefore, clarifying the concept of patient satisfaction is a necessary condition for evaluating existing tools, but also for creating valid tools in the future. This concept of "satisfaction" is not only used in health. Moreover, numerous studies have been conducted on the concept of satisfaction, one of the best known works belonging to the psychologist Abraham Maslow. (Ng & Luke, 2019, p. 790)

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Maslow (1943, p. 14) in his paper argues that satisfaction is a chain of needs, appearing even if the previous one was not 100% satisfied. Researchers Ng and Luk (2019, p. 790) conclude that ultimately satisfaction is only a process in the development of different and multiple needs.

Of course, the definition of satisfaction is approached from several points of view. This is essential for the living conditions and prosperous financial situation of individual consumers, for the profits of companies and for economic and political stability. From a consumer point of view, satisfaction can be like an individual priority, with a goal to be achieved as a result of consuming products and using services. Ultimately, satisfaction is the result of the individual's decision-making capacity. (Oliver, 2015, p. 4)

Oliver (1981, p. 27) defines satisfaction as "the brief psychological state that results when the emotion around unconfirmed expectations is coupled with the consumer's previous feelings about the experience." At the same time, Tse and Wilton (1988, p. 204) suggest that satisfaction is "the consumer's response to assessing the perceived discrepancy between previous expectations (or another performance rule) and the actual performance of the product as perceived after consumption". On these statements Oliver (2015, pp. 6-7) points out that they denote only key notions that help to understand this process of satisfaction. Moreover, these concepts recognize that satisfaction is the result of a psychological process, appearing at the end of the individual's activities and not only when the results of goods and services are immediately observed. Therefore, immediate assessments of satisfaction can be made after the goods consumed quickly (for example, a candy), but also assessments of the satisfaction arising from the consumption over a longer period of the product or service (for example, a holiday).

Vavra (1997, p. 4) explains consumer satisfaction from two perspectives, namely that of the result and that of the process. From the point of view of the result, satisfaction represents the final state resulting from consumption, and from the point of view of the process, satisfaction emphasizes the perceptual, evaluative and psychological process that contributes to obtaining it throughout the process. Thus, according to the definitions, satisfaction itself is subjective, based on a psychological process of the consumer, but also on previous experiences of the perception process.

Instruments used to measure satisfaction. Patient satisfaction surveys have been conducted in several medical organizations around the world. In France, the evaluation of the satisfaction of consumers of hospital services has been mandatory since 1996, ensuring a large number of projects dedicated to the concept of satisfaction and the validation of questionnaires aimed at this concept. Thus, the majority of respondents (94%) had a positive attitude towards the patient satisfaction questionnaire, considering it fundamental and necessary. Healthcare professionals have been distrustful of patients' ability to criticize their competence and quality of care. The main problems reflected by this questionnaire were: lack of information, a noisy atmosphere, complaints about skills and knowledge, cleanliness of salons, food quality. Some of these problems were known to hospital management, claiming that they were caused by a lack of resources and an inadequate quality policy. (Boyer, et al., 2006, pp. 359-361)

Another example of a study was conducted in a hospital in Australia. A series of 52 interviews was conducted with 20 patients (each patient participating in a maximum of three interviews) from a university hospital. These interviews resulted in 16 important topics, the most discussed being: medical results, clinical results, professionalism and competence of staff, discharge from hospital (Henderson, et al., 2004, pp. 73,79). The conclusions of this study highlighted that this concept of patient satisfaction is very complex, cannot be well defined and cannot mean the same thing to everyone. This satisfaction is based on real life experience, and this experience will always be unique. The present study showed that patients focus on different dimensions in the process of identifying the factors that influence the degree of satisfaction with the services provided by a hospital. For research on patient satisfaction to be relevant and identify what is important to them, research must be based on patient experience. (Henderson, et al., 2004, p. 82)

In both examples the study methodology was different. In France, the questionnaire was used as a research tool, and in Australia the interview, both tools having the role of highlighting patients' satisfaction with hospital services, but in a specific and different way. In the study in France, following the questionnaire, the problems identified were organizational and environmental, with few departments planning actions to improve healthcare, while in the case of the Australian University Hospital the focus fell on the patient and how he should be involved in the process diagnosis and treatment, but also on his life experience. Being two different research tools, the collected data highlight the quantitative and qualitative dimensions of the studies.

Based on the above, it is observed that the opinion poll method, being the most frequently used to collect information about the satisfaction of consumers of medical services, however, obtains answers to a set of predefined questions, and not the opinions of patients about to certain issues that concern them, certain priorities being even omitted. It is worth noting that these questions are developed based on perceptions of good health practices. (Hill, 1992, p. 245)

Another method is benchmarking and has been applied in Hong Kong Hospitals. The instrument is called the Hong Kong Inpatient Experience Questionnaire (HKIEQ) and was developed and validated as a tool for measuring the experiences of patients in this city for the first time in 2010 (Wong, et al., 2012, p. 371). An essential aspect is to accurately measure the satisfaction of consumers of health services with the product or service used to improve the future experience of the consumer with the organization, and this can be achieved through consumer satisfaction surveys. If the use of these surveys does not produce accurate results, they were made in vain (Powers & Dawn, 2009, p. 236). So the solution is to maximize the response rate and minimize the errors caused by the lack of answers.

Over time, researchers have developed various models to measure the satisfaction of consumers of health services. The most relevant models are:

The conceptual model of service quality (discrepancy model) developed by the authors Parasuraman, Zeithaml and Berry presents 10 criteria underlying the formation of consumer expectations and perceptions, being applied in a wide range of services (Parasuraman, et al., 1985, pp. 49). These are: reliability, response, competence, access, courtesy, communication, credibility, security, understanding / knowing the customer and tangibility (Parasuraman, et al., 1985, p. 47). In addition, this model also identified 5 discrepancies between the service provider and are likely to affect the quality of services perceived by consumers: the difference between consumer expectations and perception management, the discrepancy between perception management and service quality specification, the discrepancy between quality specifications service and service provision, the difference between service provision and external communications and the fifth discrepancy being the difference between the expected and the perceived service, determined by the sum of the other discrepancies (Parasuraman, et al., 1985, p. 45).

The SERVQUAL model also developed by the same three authors, Parasuraman, Zeithaml, Leonard Berry, presents a tool with 22 elements, SERVQUAL, to assess the perception and expectations regarding the quality of services offered by service organizations and retail. Thus, this model contains 5 dimensions (three original and two combined) that suggest the following definitions: tangibility (physical structure, equipment used and staff), reliability (ability to perform the promised service), response (willingness to help customers and to provide the promised service), assurance (courtesy of employees and their ability to inspire credibility), empathy (care, individual attention)". The last 2 dimensions contain representative elements of seven original dimensions, namely: security, courtesy, understanding / knowing the consumer, competence, credibility, access and communication. (Parasuraman, et al., 1988, pp. 12, 23)

The SERVPERF model was developed by Joseph Cronin and Steven Taylor. According to the two researchers, the SERVQUAL model is inadequate, based on the theory of discrepancies between the performance expected by the consumer regarding a general class of services and their evaluation (perception) on a real performance of a specific company, while SERVPERF it measures the quality

of services only in terms of perception. Thus, the SERVPERF model, whose scale is based on performance, is much more efficient compared to the SERVQUAL model scale, reducing by 50% the number of measured items (from 44 items to 22). The structural analysis of the two models is in the theoretical favor of the SERVPERF model. This statement, together with the failure of the adverse model, supports the quality of performance-based services. (Cronin & Taylor, 1992, pp. 55, 64). In Cronin and Taylor's second paper, "SERVPERF versus SERVQUAL," the two researchers conclude that SERVPERF is a much more useful tool for measuring the perception of service quality by managers, which can provide a total score of quality relative to representative consumer subgroups. (Cronin & Taylor, 1994, p. 130)

Another model for measuring satisfaction is the conceptual model of quality which is based on a waiting framework. Such a model describes the possibility of forming and developing patient perceptions, but can also gain managerial value by simply identifying areas characterized by major shortcomings and areas for practical action (Conway & Willcocks, 1997, p. 140). It is a logical model that contains 4 key elements: the degree of patient satisfaction, experiences, expectations and confirmation of expectations. Satisfaction or dissatisfaction is fueled by influencing factors. Many factors can autonomously mark patients' expectations from the beginning, but this degree of satisfaction influences the expectations of consumers of medical services in the future. Thus, a circle of influence is formed. (Conway & Willcocks, 1997, pp. 133-134).

Factors influencing the behavior and satisfaction of health service consumers. The behavior of health service consumers is the result of the influence of both external factors, such as: social and cultural factors, and internal factors: psychological and personal. Consumers of health services differ from consumers of other types of services because of the market in which they operate, the health system and the doctor-patient relationship (Rădulescu, et al., 2012, pp. 992-993; Sabie, 2011).

Philip Kotler (1988) classifies the factors that influence consumer behavior in the following groups: cultural (social class, culture and subculture); social (reference groups, family, and social status); personal (age, occupation, lifestyle, financial situation, personality); psychological (motivation, perception, learning, attitude) (Rădulescu, 2008, pp. 98-99) apud Philip Kotler (1998).

Culture is a set of rules, attitudes and beliefs that members of a society have, largely determining their behavior. In this context, subcultures can be developed, respectively cultural categories based on ethnic, religious, geographical and age groups. (Cătoiu & Teodorescu, 2004, p. 83)

Beliefs about certain diseases, cultural references about the cause and its treatment, are cultural components that can determine the influence of patients' perception of accepting or denying the disease, but also how it will be treated. Beliefs that illness is a punishment for certain acts or a shame, the idea that sexual orientation is also a disease in itself, are given by ethnic and religious cultural categories (Rădulescu, 2008, p. 100).

Within the social factors, the family plays a key role, being the environment in which individuals grew up, influenced by the thinking of each member. In addition to the family, the membership groups also represent a social structure, characterized by people who have common goals and norms (Cătoiu & Teodorescu, 2004, pp. 79, 81). Thus, the impact of the family will be observed in the choice of reference groups or patients' membership, their way of thinking and acting being found in any activity of the patient, from the way of investigating the disease to the healing process.

The first of the personal factors is the age of the consumer of health services. There are differences between people up to 45 years old and those over 65 years old. For example, the number of hospitalizations, illnesses and medical visits increase with age. Also, people over the age of 65 will always prefer hospitalization to out-of-hospital treatment, as they perceive in-hospital treatment to be much more careful.

The occupation, like the social class, reveals that a higher socio-professional category accesses fewer health services than those in the middle category, because it prefers preventive consultations. This type of consultation avoids reaching an advanced stage of the disease.

The level of education suggests the level of information of patients, the openness to a more developed technology and the desire to be biased in decision making.
In this area of health, lifestyle is a factor that most affects the current state of health. The way of life depends on one's own person. The more correct the lifestyle and protected from harmful factors, the longer a person's health will be.
Personality is a determinant that has a suggestive influence on this behavior. In the case of serious illnesses, the patient presents with stress, emotions and agitation, behaviors related to personality. If the medical staff knows how to handle these delicate situations of patients, they will overcome the critical moments. Thus, the personality contributes to the efficiency of the service and to the patient's perception of the medical organization. (Rădulescu, 2008, pp. 102-105)
Psychological factors have as main representatives perception and attitude. Perception is the activity of finding and understanding stimuli from the environment (Rădulescu, 2008, p. 105; Cătoiu & Teodorescu, 2004, p. 58). The way in which health services are perceived is closely related to the ambiance (the colors with which the hospital is decorated), the technical equipment, the relationship between the medical staff and the personal problems of the patients (previous experience). Attitude is associated with an accumulation of reactions to certain social objects. Consumers use the dominant belief to analyze the services offered, keeping them as the most important. Jim Blythe's multi-attribute model explains how these dominant beliefs help shape an attitude. The model uses as an attribute the following criteria: training of medical staff, schedule, cost of medical services, waiting time, ambiance, promptness in solving problems, and kindness of staff. Each attribute is given a grade from 1 to 9, depending on the strength of the dominant belief and the level of performance. In addition to these internal and external factors, patient loyalty was also a factor of positive influence on behavior, having the effect of recommending health services to groups to which the patient belongs, but also respecting and using these services more often. (Naidu, 2009, p. 377)
In terms of patient satisfaction, it can be determined by factors related to care, empathy, reliability and responsiveness, according to Naidu (2009, p. 367) and Tucker and Adams (2001).
Due to the multiple changes in the environment, major pressures are on medical organizations to take into account the satisfaction of health service consumers and to integrate it into the strategic position and long-term viability of organizations. The impact of this evolution was followed by drastic changes, causing the medical staff and hospital managers to find different mechanisms to support the system. These changes come from the greatest possible competition, the changing structure of costs, increased information available and better informed patients (Andaleeb, 1998, p.181). The first determinant of the influence of satisfaction studied by Andaleeb is communication. From the first years of life we are told that open communication is the key to all problems, that it helps us to extrovert feelings. By communicating, we help speed up the healing process. This last statement also applies to patients. When the doctor-patient relationship is open, based on communication, then the uncertainty, abstinence and frustration caused by waiting for results, the nature of treatment or the type of care disappear from this context. Such communication is provided by a doctor who constantly presents explanations about what he does and why he does it. Other important factors are: staff competence, quality of facilities, staff behavior, and perceived cost. According to Conway and Willcocks (1997), there are other factors that influence patient satisfaction. The two authors refer to individual contextual influences, namely: the level of pain, stress and perceived risk, the patient's preference, personality and socio-economic status.

3. RESEARCH METHODOLOGY

Regarding the theoretical part of this paper, it was done by a qualitative method, by going through online resources, books and specialized articles, while for the research a quantitative method was used, namely the opinion poll. The instrument underlying this quantitative method is the questionnaire, considered the most frequently used in the social sciences. Defining the questionnaire

is a tool of verification consisting of a set of written questions, sometimes graphical or imaginary, arranged in a psychological and logical way, which through the administration of the survey participants or through self-administration provide answers or data which will be processed and recorded. (Chelcea, 2001, p. 177)

The questionnaire used in this research was applied online, through the "iSondaje" platform, between February 20 and May 10, 2020, being promoted and distributed on social channels such as Facebook, WhatsApp and e-mail.

The questionnaire consists of 19 questions, of which the first 14 had the role of measuring the degree of satisfaction of patients in Bucharest in relation to health services provided by public hospitals, and the remaining 5 questions were for respondents' identification. The first two questions aim is to introduce the respondent into the subject, but also to easily interact with him. Also, the instrument used closed questions, with one or more answer options and semi-open or mixed questions, coming to the support of the respondent and giving him the opportunity to present other options. These questions were formulated in the form of evaluation scales with different items and evaluation grids. In addition, dichotomous or trichotomous questions were used.

The purpose of the study is to perform an analysis of the degree of satisfaction of consumers of health services in Bucharest.

The participants in this study were the beneficiaries of health services in public hospitals in Bucharest, aged between 18 and 65 years. This research tool was distributed on social networks and by e-mail, and after centralizing the answers and processing the database, 273 answers were validated, of which 29.3% belonged to males, and 70.7% were female responses. Of these, 49.1% had the last high school graduation, 38.8% higher education, 5.9% vocational education, 4% middle school and 2.2% primary education. Regarding the monthly income, half of the respondents were in the category below 2,000 lei, 24.5% registered an income between 2,000 lei and 3,000 lei, 14.7% have a monthly income between 3,000 lei and 4,000 lei and only 11% register an income of over 4,000 lei.

The hypotheses of the study are:

Hypothesis 1: The more open the doctor-patient relationship (communication based), the greater the satisfaction of patients with the services provided.

Hypothesis 2: If the image transmitted by the public health organization regarding the competence of the medical staff, the perceived costs and the quality of the facilities are positive, then the patients' satisfaction will also be higher.

Hypothesis 3: The more appropriate the medical staff and the greater interest in solving patients' problems, the higher the level of satisfaction of consumers of hospital services.

Hypothesis 4: There is a positive relationship between the appropriate behavior of patients and the effectiveness of the medical act.

Hypothesis 5: If patients are informed and aware of the possible outcomes of treatment, then their satisfaction will be higher.

Hypothesis 6: The more correctly and openly patients communicate with healthcare professionals, the greater the chances of a correct diagnosis.

Each hypothesis corresponds to a series of questions, apart from the identification ones. Thus, the first hypothesis has the role of identifying for the beginning if the doctor-patient relationship influences the patient's satisfaction with the accessed service, and for this questions 1 and 2 have been formulated. The second hypothesis considers relevant, important aspects in forming an opinion by patients towards the public health institution, returning questions 3-5. The third hypothesis has the role of identifying the behavior of medical staff towards consumers of medical services, but also how important it is in measuring the degree of satisfaction. For its validation, questions 6-7 were established. Questions 8-9 correspond to hypothesis four. Hypothesis five, which takes into account the degree of involvement of patients in the care process, has questions 10-12, and the last hypothesis refers to the diagnostic process and what factors led to its correct determination. Questions 13-14 correspond to this hypothesis.

4. RESULTS AND DISCUSSIONS

This section represents the result of centralization and interpretation of data, with the ultimate goal of analyzing the degree of satisfaction felt by patients of Bucharest in relation to health services accessed in public hospitals.
To begin with, the first two questions were to create a familiar framework for the respondent, to prepare him and to have an easier interaction, while emphasizing quite important aspects that directly affect the degree of satisfaction felt by patients.

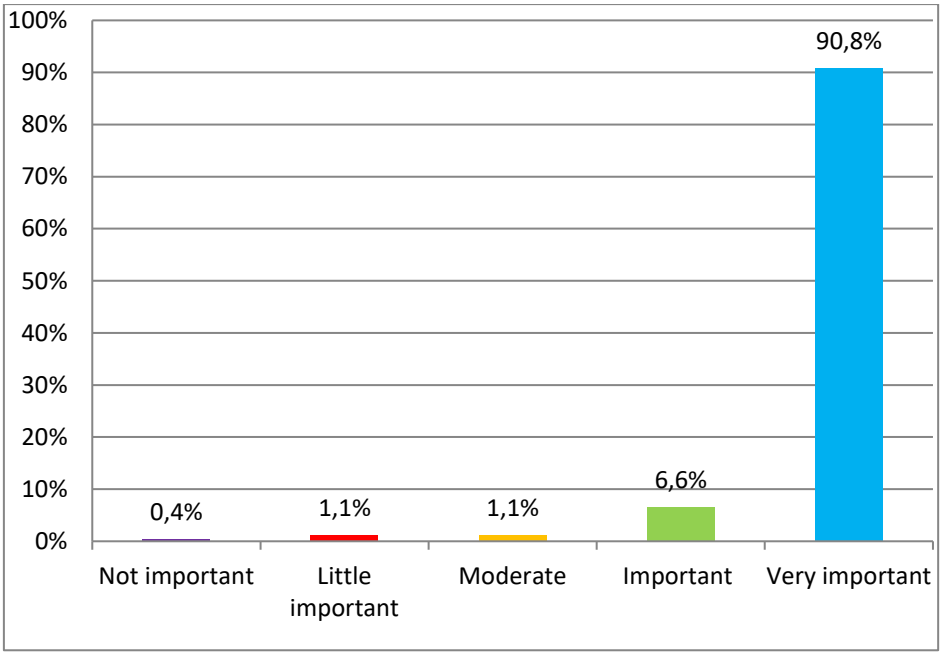

Figure 1. The importance of communication in doctor-patient relation
Source: Authors 2020

The results of this question showed that 90.8% of respondents consider this communication to be very important, essential, in their contact with a healthcare professional, giving the highest grade on an evaluation scale from 1 to 5. The other given answers correspond to insignificant values and given the almost maximum percentage for that scale, it can be seen that patients are aware of one of the key factors that lead to the establishment of a correct diagnosis and rapid healing.
For question number two, respondents were asked to choose a variant that best suited them to describe their relationship or interaction throughout the last medical visit. The results show that in a percentage of 82.8% respondents are based on an open relationship, based on trust, communication being easy. In connection with the previous question, it proves how important communication is, leading to the removal of fears, clarification of perplexities and the beginning of the healing or treatment process.
A percentage of 15.8% belongs to the variant for an uncertain doctor-patient relationship, where, in the most probable case, there were deficiencies in the communication process, coming from both sides or even from one alone. Although it is not such a significant value, this percentage is not to be neglected, giving signals that the continuous improvement of the doctor-patient relationship should still be considered. The low percentage of 0.7% for the “restraint-based” option denotes a patient's ability to be able to remove fears, barriers that prevent him from having a healthy and receptive relationship with medical staff. (Figure 2)

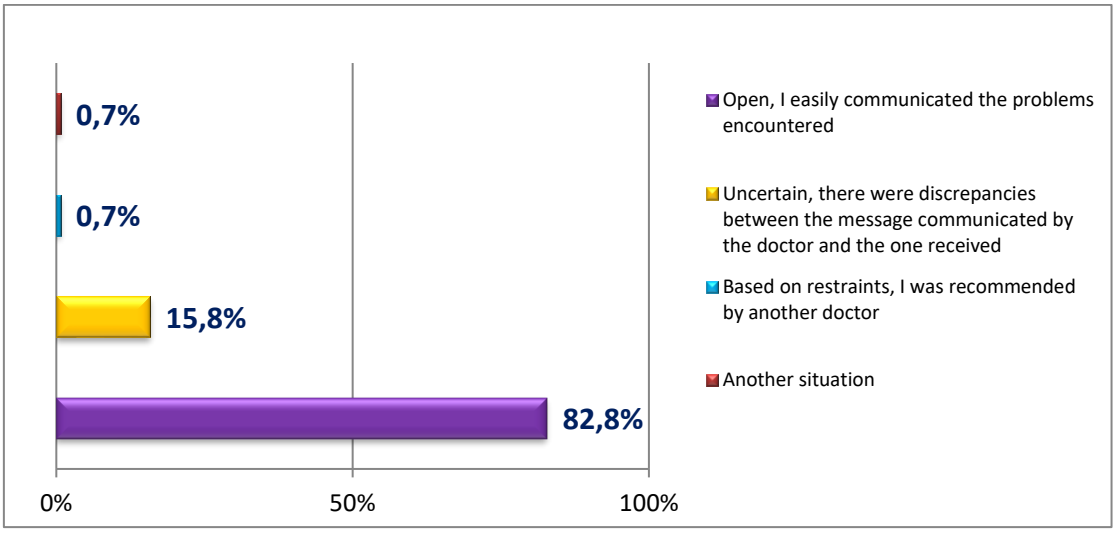

Figure 2. Characterization of the doctor-patient relationship

Source: Authors 2020

The role of the third question is to observe the influence of the experience and ability of the healthcare staff, as it is perceived by a patient. "Competence of medical staff" is one of the main factors that lead to the identification of the type of perception that the respondent has regarding the accessed health service. Thus, on a scale from 1 to 5, half of those surveyed considered that this factor greatly influences the patient's satisfaction or perception of the public health organization. A percentage of about 40% corresponds to grade 4 (largely), and a value of 4.4%, although it is almost insignificant, still surprises individuals whose factor is little influenced by the degree of satisfaction. Therefore, it is demonstrated that this factor is paramount in the image transmitted by a public medical system, on which the health of civil society also depends.

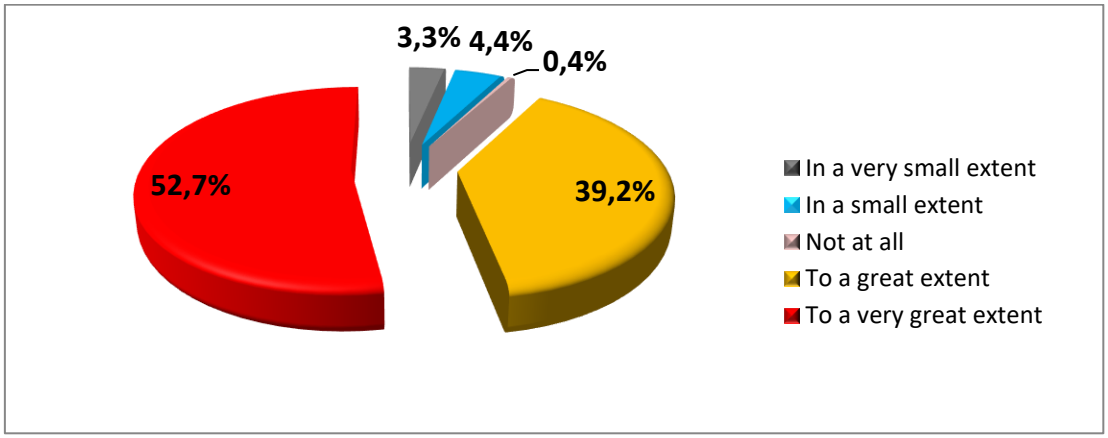

Figure 3. The influence of medical staff competence on the patients' degree of satisfaction

Source: Authors 2020

Considering the second factor that the literature ranks among the first to have a considerable influence in identifying this degree of satisfaction, the results show the abstention of those surveyed in 34.1%. Respondents who consider that the charged tariff has a large and very large influence are 31.1% and 24.5%, respectively. Thus, the average response according to respondents' perception is 3.65 on a scale of 1 to 5. Therefore, the values tend from the neutral position to a large influence.

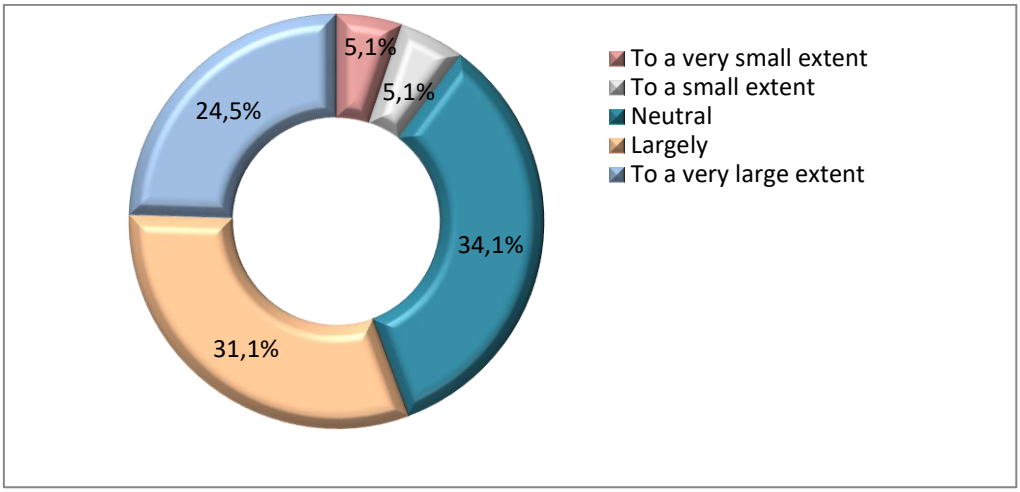

Figure 4. The fee charged for treatment in relation to the patient financial situation
Source: Authors 2020

Following a more detailed correlation between the perceived rate and the monthly income of the respondents, the result contradicts the information obtained. According to the calculated "chi-square" coefficient, its value is 55.6%, so the assumption that the charged tariff has a great influence is rejected, because the value of the coefficient to be validated must be less than 5%.

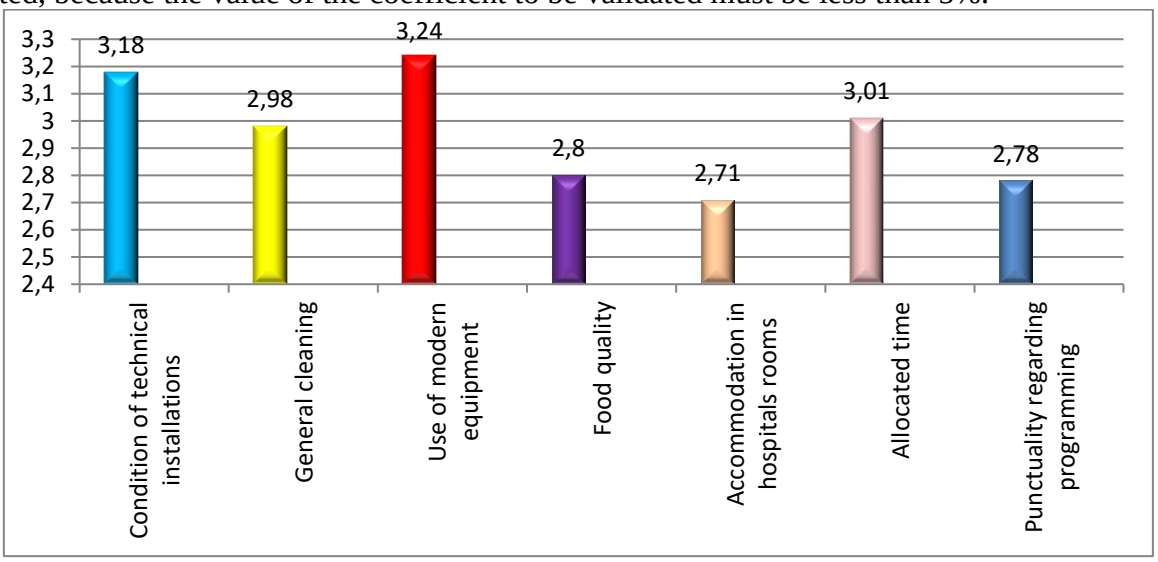

Figure 5. Respondents' perception on the facilities of the healthcare units
Source: Authors 2020

To question number five respondents were asked to express their satisfaction with certain medical facilities, giving a grade from 1 to 5, where 1 = very dissatisfied and 5 = very satisfied. The results, as can be seen in Figure 5, do not exceed the average mark of 3.3, which means that the respondents slightly exceed the threshold of indifference and move towards a slight satisfaction, as in the case of "state of the art", "use of modern equipment" and "time allotted". The marks below the average answer as a whole indicate a slight dissatisfaction that leads to indifference to the answer options "general cleanliness", "food quality", "accommodation in salons" and "punctuality for scheduling". The correlation between the medical facilities presented and the age category in which respondents fall, the results showed that for certain aspects age significantly influences the answers to this question. For example, in terms of "food quality", 71.4% of the total respondents who said they were dissatisfied were in the young age group, ie 18-29 years, 69.7% of the total number of people who said they were dissatisfied, declared indifferent are part of the young category and 68.2% of the total

respondents who said they are satisfied are also part of the young category. For the answer variant "accommodation in salons", which obtained the lowest grade, this is justified. Of the total respondents from the first three age categories, 18-29 years, 30-49 and 50-64 years, 6%; 19.8% and 6.6% opted for the item "dissatisfied". The exception was the last age category, that of the elderly, in which all respondents said they were satisfied. Therefore, in terms of medical facilities, respondents were not satisfied with the image transmitted by the hospital in which they were treated.
Question 6 aimed to identify the attitude of health care staff, through which doctors can show interest in treating and healing patients. In general, the attitude of an individual is very important, influencing the type of communication that is established between both parties. Trust, as well as communication, is also the result of appropriate behavior, which is necessary in obtaining information on which depends, for example, the state of health, perhaps certain causes, which have contributed to the emergence of a disease or imbalances.

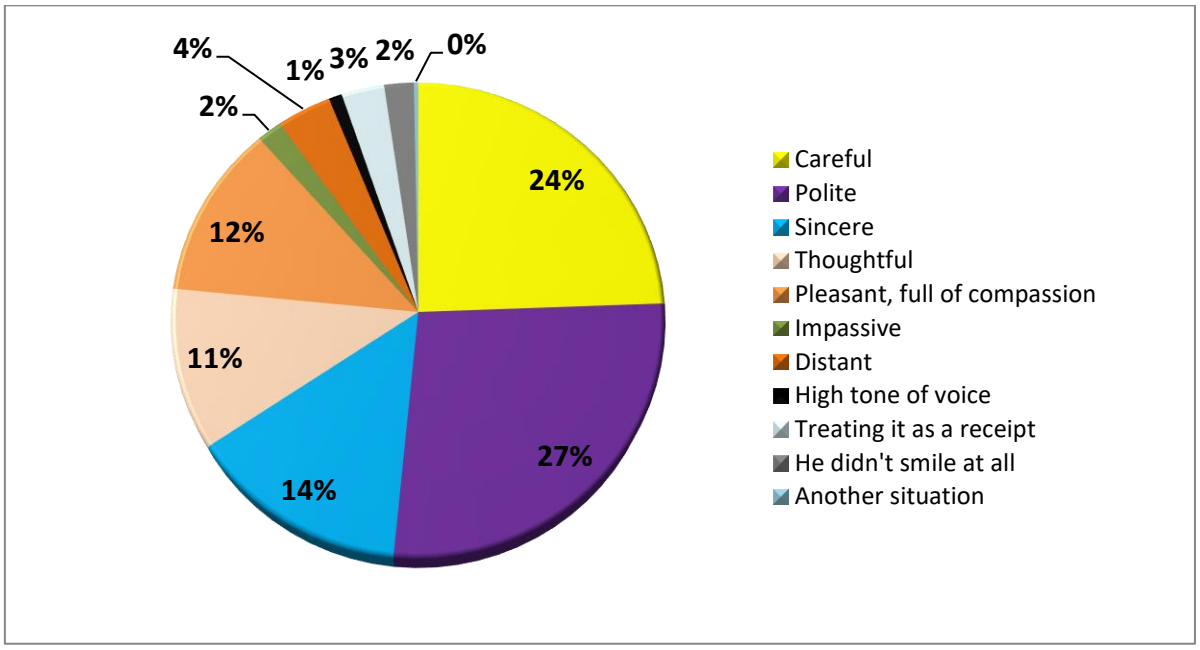

Figure 6. Behavior of medical staff
Source: Authors 2020

According to the chart, the highest value of 27% is recorded for a polite doctor. This percentage is immediately followed by the "careful" attribute which corresponds to a percentage of 24%. Three other important attributes are "sincere", "pleasant" and "care", being represented by the values 14%, 12% and 11% respectively. Among the negative attributes, the one who registers the highest percentage is the distant doctor, who corresponds to a value of 4%. The attitude of "treating the patient as a voucher" recorded a percentage of 3%, and the lowest values are recorded by the attributes "did not smile at all", "careless" and high tone of voice ". Therefore, respondents appreciated that during the consultation the doctor, in most cases, behaved appropriately and in a few cases reported unfavorable attitudes that would influence their perception in a negative way.
When asked, respondents agreed on the interdependence between an appropriate attitude and increased consumer satisfaction. Through this question respondents demonstrate their ability to identify an attitude favorable to them that will surely lead to their increased satisfaction.

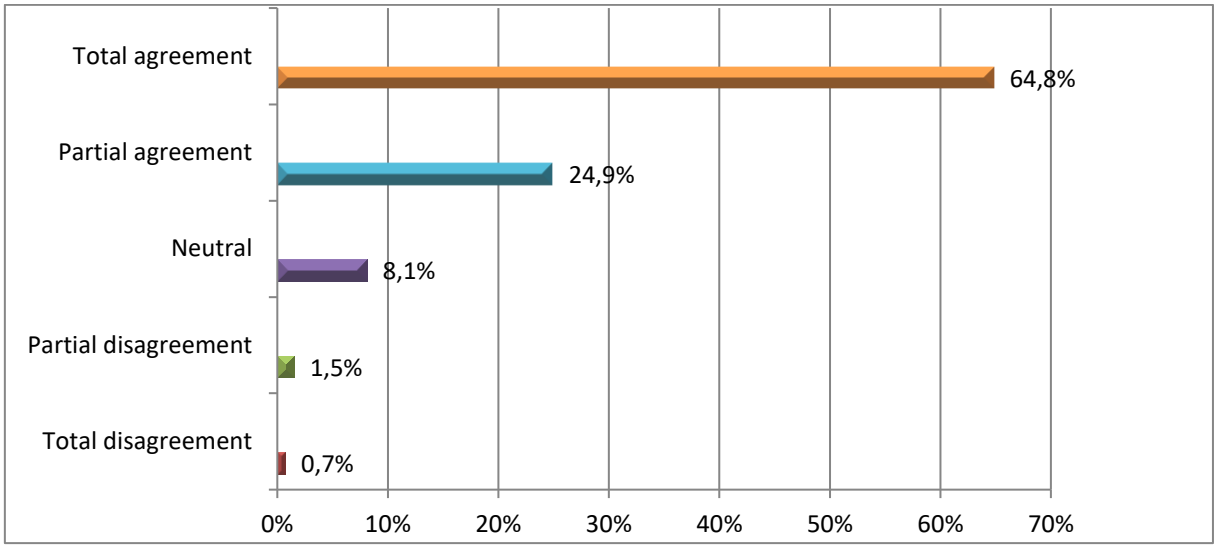

Figure 7. Appropriate attitude of the medical staff entails an increased satisfaction of the patient towards the accessed services

Source: Authors 2020

Thus, according to the data represented in the graph, more than half of respondents (64.8%) answered totally agree with this statement, and 24.9% partially agree. The indifference of the respondents represented only 8.1%, while for the partial and total disagreement they have the percentages of 1.5% and 0.7%. Therefore, the low percentages for the last three items show the awareness of the respondents regarding the appropriate behavior of the medical staff.

For question number eight, respondents were asked to rate the extent to which they fit into each of the patient categories shown in the chart, giving a grade from 1 to 5, where 1 = total disagreement and 5 = total agreement. Of course, if patients had to add another situation for which they felt a framing closer to their personality, they had the option "other situation". Given that the answers for the "other situation" category were few and irrelevant, this was not taken into account.

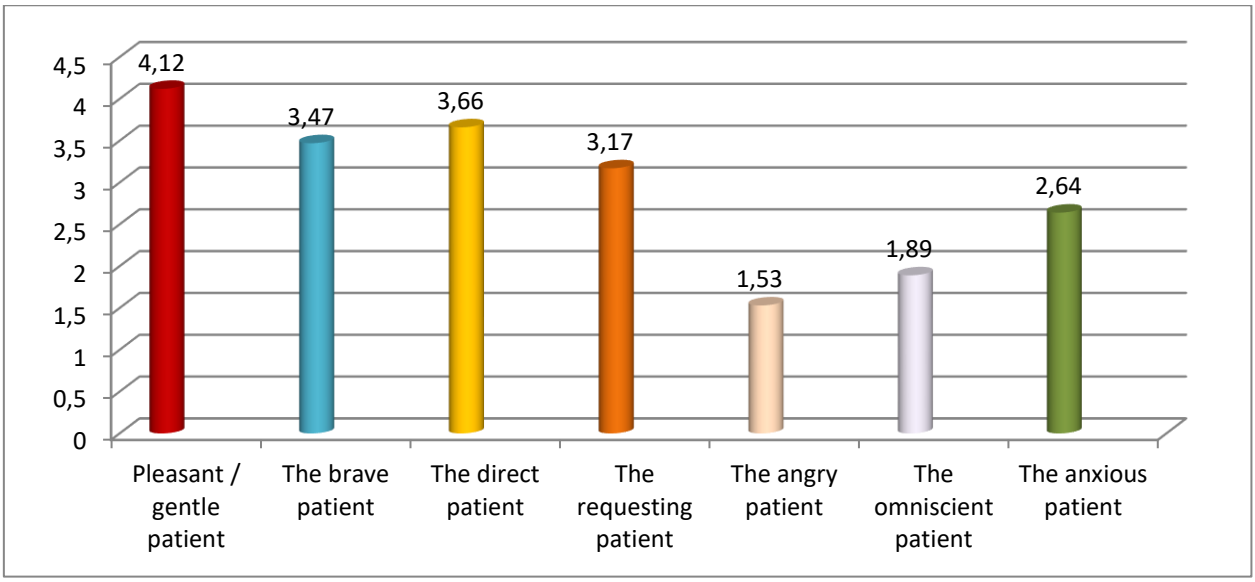

Figure 8. Type of the patient

Source: Authors 2020

According to Figure 8, for the "pleasant patient" category, the average of the grades given was 4.12, which means that most respondents empathized largely with this category. For the categories "brave patient", "direct patient", "requesting patient" and "anxious patient", the average score was 3.47;

3.66; 3.17 and 2.64. Regarding the categories "requesting patient" and "angry patient", they registered the lowest marks of 1.53 and 1.89, respectively. Both indicate that the respondents empathize to a very small extent and to a lesser extent with these categories, with patients implying that they have appropriate behavior that is consistent with the behavior of the medical staff, indeed confirming question number six on appropriate attitude. of a doctor. Thus, it can be said that as the patient shows an appropriate behavior, then the medical staff will present a suitable one, the correlation being valid and vice versa.

Following the correlations made between this question and the gender of the respondents or the age category, several aspects stood out. For example, the gender of the respondent significantly influences the answer to this question. For the "brave patient" category, for both males and females, the most answers were given for grade 4 (largely). Out of the total number of female respondents, ie 193 people, 77 are considered to be largely brave patients, but out of the total number of male respondents (80), only 26 are considered to be largely brave patients. Therefore, it can be seen very clearly that the female patient takes precedence. The same situation is found in the case of the "direct patient" category, 84 female respondents opted for the "largely" item, and only 36 male respondents opted for the same item.

In terms of age, this also significantly influences the answer to this question. For the same categories, young people (18-29 years old) stood out to a large extent compared to the other age categories.

Question number 10 was used to find out the opinion of the respondents about their involvement as patients. Depending on these answers, it will be possible to identify in the next question the extent to which some aspects or factors would contribute to the improvement of the degree of involvement. According to the literature addressed in the first part of the paper, patients feel the need for a much greater involvement in the treatment process, because it gives them a state of safety, this being the way that ensures a faster healing. Probably, putting one's own health in the hands of a person is quite difficult, depending largely on the knowledge and decisions of the medical staff, and through this involvement the patient's insecurity can disappear and the healing process can begin. Therefore, it seems that the respondents had the same opinion, the percentage for the "yes" option being 91.9%.

To question number eleven, the respondents were asked to give each aspect a grade from 1 to 5, where 1 represents the fact that that aspect is unimportant, and 5 denotes that it is very important. Of course, if the respondents had had to add another option, they had the opportunity, but the answers were very few and insignificant. For all four aspects the average grades started from 4, the highest being the average grade of 4.51, which means that all variants are very important and serve as benchmarks for identifying the degree of satisfaction of the patients surveyed.

Through question 12 it was found that most of the respondents have a good state of health represented by 44.7%. This is immediately followed by the 32.6% percentage which corresponds to a very good state of health. For the "neither bad nor good" option, the value was 20.9%, meaning that patients have a state of health influenced by small ailments.

Given the data obtained in relation to the current state of health, there is a possibility that they may not have encountered problems during the medical consultation in terms of communication and patient-physician relationship. If both parties showed an appropriate attitude, then the diagnostic and treatment process took place within normal parameters.

Question number thirteen requires respondents to choose between the two answer options which one is compliant with the last medical consultation. It can be clearly seen that the 89% process belongs to the "yes" option, which means that the medical staff to whom the respondents chose to draw met their standards of satisfaction. By choosing almost entirely this answer, it can be deduced that the aspects such as communication, doctor-patient relationship, behavior of both parties and certain medical facilities previously presented and evaluated, were indeed positive and appropriate. The percentage given for the "no" answer is 11%, representing the few cases in which some of the respondents were faced with the unpleasant situation of being misdiagnosed.

For the last question in the present questionnaire, the answer “providing the necessary information” ranks first, with a percentage of 43.3%, meaning that the respondents, as patients, were able to present exactly the symptoms they had. The next 38.5% is given to the “open communication” option, confirming once again that it is appreciated by both parties, giving it due importance. For the third option "removing certain barriers" respondents gave only a percentage of 16.3%, meaning that only some patients can overcome certain obstacles such as fear, shame or fear of being judged at the time in which they have a medical consultation. As a result of this low percentage, it can be considered that patients are still not aware that the medical staff is there to help them in the process of diagnosis and treatment, and not to criticize them. It is important to have an objective mindset about these issues so as not to omit essential information.

5. RESEARCH CONCLUSIONS AND LIMITS

From the beginning of the present paper, the objective was to analyze the degree of satisfaction of consumers of health services provided by public health institutions in Bucharest. The first hypothesis that formed the basis of the paper was: The more open the doctor-patient relationship, the greater the satisfaction of patients with the services provided. The first two questions in the questionnaire corresponded to this hypothesis, and through their analysis it was concluded that this hypothesis was validated. Almost all respondents, with few exceptions, acknowledged the importance of this factor in a doctor-patient relationship. The same situation was established in the second question, the respondents characterizing their own relationship with the doctor as open, the dialogue with them being easy. Therefore, if the communication is stable, then the capacity for receptivity on both sides can be stated.

The second hypothesis is: If the image transmitted by the public health organization regarding the competence of the medical staff, the perceived costs and the quality of the facilities are positive, then the patients' satisfaction will also be higher. Most of the respondents identified the competence of the medical staff as a decisive factor that greatly and to a large extent influences the degree of satisfaction felt. For the perceived costs, the results indicate a slight contradiction. Although the average response to the influence of the perceived satisfaction goes from a neutral position to a large influence of patients, in relation to the monthly income of respondents, the perceived rate does not have a significant influence, respondents choosing the option "does not matter price". And in terms of medical facilities, the average response was 3.3, meaning a slight satisfaction, and for some aspects, such as: food quality, time allowed, punctuality with which the patient enters the appointment and accommodation in wards, the scores were lower, indicating dissatisfaction. The exception was made by the category of the elderly, who showed an attitude of gratitude.

Hypothesis three: The more appropriate the medical staff and the greater interest in solving the patient's problem, the higher the level of satisfaction of the consumers of hospital services will be validates. Following the results, the respondents identified an appropriate behavior of the medical staff, characterizing them by being polite, attentive, pleasant and caring, the patients being in full agreement. So respondents had the ability to identify a favorable attitude that leads to increased satisfaction.

Hypothesis four: There is a positive relationship between the appropriate behavior of patients and the effectiveness of the medical act has been validated. According to the data, respondents were asked to express their degree of affiliation for certain categories of patients, resulting in the fact that most empathize with the categories "gentle, brave, direct, demanding and anxious." In conclusion, the type of patient influences the efficiency of the medical act.

The fifth hypothesis is: If patients are informed and aware of the possible outcomes of treatment, then their satisfaction will be higher. This hypothesis was also validated, respondents, as patients, feeling the need to be much more involved in the process of treatment or care, this giving them a sense of

security. In question eleven, all aspects that could contribute to active participation in this process were assessed as important or very important.

The last hypothesis was: The more correctly and openly patients communicate with healthcare professionals, the greater the chances of a correct diagnosis. This hypothesis was operationalized with the last three questions in the questionnaire and was also validated.

The first referred to the current health status of the respondents in order to establish a correlation between adequate communication and the provision of a correct diagnosis. Therefore, the results showed that the established sample is in good health, not encountering problems during the medical consultation. The second question identified that the vast majority of patients received a correct diagnosis, resulting in aspects such as communication, doctor-patient relationship, behavior of both parties and certain medical facilities presented and evaluated previously, indeed were positive and appropriate. And in the last question, the respondents were asked to identify the situations that influenced the establishment of the diagnosis, the most chosen being "providing the necessary information". Another answer was offered to this question, "deficiencies in the quality of the medical act", granted, most likely, by the respondents who did not receive a correct diagnosis.

The final conclusion is that the patients who benefited from the health services provided by the medical institutions within the Bucharest Municipality have a medium to a high degree of general satisfaction.

Limits of the research. Like any scientific research, it has certain limitations. Difficulties were encountered in terms of data collection, the questionnaire being applied only online. Due to the pandemic caused by the new Coronavirus, the research tool could not be applied face to face, as was initially established. There was a risk that the respondents would not be honest when completing the questionnaire or would have answered the questions superficially.

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