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Original article

Health security of Poles

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INFORMATIONS

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ABSTRACT

In recent years, the sense of security of Poles in various areas of life has increased, but this does not apply to health security. The aim of the article is to answer the question: How has the sense of health security of Poles changed in the last decade? The subject of the analysis are the results of the research conducted by the Centre for Social Opinion Research and data from the Central Statistical Office, relating to social security and health security, in the perspective of the last dozen or so years.

KEYWORDS

health security, social security, national security

Introduction

The increase in the standard of living of individuals changes social expectations towards institutions meeting individual and collective needs of the society. Providing social security is a major challenge for governments today, not only because despite the 'welfare state' crisis, expectations of it still persist. Conditions of functioning of societies have changed, new problems have appeared, for example, an ageing population and the need to provide care for a growing group of seniors. Social security is spoken of more frequently than military threats today. In Poland, a general increase in the sense of social security is observed – unemployment is decreasing, fewer people feel the risk of losing their jobs, poverty or crime [1]. The data from the Central Statistical Office (GUS) indicate that the majority of Poles assess their financial situation as good or average [2]. This optimistic trend reflected in objective indicators published by the Central Statistical Office, as well as in opinion polls, does not apply to healthcare. Healthcare problems are permanently mentioned in the social policy discourse. Regular recurring protests of nurses, paramedics, resident doctors and other groups employed in healthcare institutions in Poland express dissatisfaction with their economic situation. These events should be treated as serious signals of existing systemic problems. This results in negative assessments of the functioning of different areas of healthcare and forms opinions about the lack of ideas of successive governments to improve the common healthcare system. Perhaps, the crisis in the welfare state, which is being discussed more and

more openly today, is manifested, above all, in the field of healthcare, which is only accessible to everyone in declarations. Healthcare is also an area in which economic and cultural inequalities become very apparent. Certain groups, due to low incomes and poor education, cannot provide themselves with health security at the expected level or are not aware of its risks. The aim of the article is to answer the question: How has the sense of health security of Poles changed in the last decade?

1. The relations between national security, social security and health security

J. Gierszewski defines national security broadly – as "a state and process obtained as a result of adequately organized defence and protection against all threats coming from various fields of state activity" [3]. "Security", in subjective terms, means a state of freedom from threats. In the past, these used to be mainly of military nature, but nowadays the threat register includes social factors such as poverty, crime, environmental problems, migration, demographic and health problems, etc. Security is perceived through the prism of the social policy of the state, which is to create effective systems of protection against risk (disability, accidents, job losses, sudden expenditures, illness, etc.) [3].

M. Leszczyński develops a thesis on the need to broaden the scope of the subject matter of the term "security". The end of the Cold War and globalization significantly changed the living environment of people [4]. According to the author, national security takes on a new meaning due to the fact that Poland is a part of wider systems affecting security, i.e. NATO and the European Union. Leszczyński identifies national security with sustainable social development based on stable economy and development opportunities for citizens able to function in the conditions of globalisation. A secure state is free from military threats and terrorism, as well as internal threats such as poverty, crime, civilization diseases, demographic problems, etc. Therefore, national security should be analysed with the use of an interdisciplinary approach [4]. The quoted author believes that social security is no less important than military or economic security and determines the level of citizens' trust in their own state [4]. Social security "covers all legal and organisational actions carried out by government (national and international), and non-governmental entities and by citizens themselves, who aim at providing a certain standard of living for individuals, families and social groups and preventing their marginalisation and social exclusion" [4]. According to Leszczyński, social security consists of three components:

- social security, which is determined by the benefits system, minimum income, etc.,
- development security, which depends on human capital, i.e. the qualification of citizens, their education opportunities, state of health,
- community security, which depends on the level of public trust, readiness for cooperation and active citizenship [4].

Given the above, health security is part of development security. As health is one of the conditions for human development and the realisation of human potential. Unfortunately, there is no consensus among researchers on the definition of health security. The diversity of health-related behaviours depends on economic and cultural factors. Economic factors influence the scope of using paid healthcare and are one of the factors shaping lifestyles

(physical activity, healthy food, etc.), so income inequalities are of great importance in this respect. Among cultural factors, an important role is played by education and awareness of health risks, taking preventive measures, the system of values, etc. [5]. For the health security of citizens, the guarantees of state institutions ensuring the right to healthcare and the availability of healthcare on equal terms are important. In Poland, the right to healthcare on equal terms and the resulting obligations imposed on public authorities, are laid down in Article 68 of the Constitution of the Republic of Poland:

"Art. 68.

1. Everyone has the right to health protection.
2. Public authorities shall ensure that citizens, regardless of their material circumstances, have equal access to publicly funded healthcare services. The conditions and scope of the provision of benefits shall be determined by law.
3. Public authorities are obliged to provide special healthcare for children, pregnant women, the disabled and the elderly.
4. Public authorities are obliged to combat epidemic diseases and prevent negative health effects of environmental degradation.
5. Public authorities shall support the development of physical culture, especially among children and young people" [6].

The provisions of the Constitution clearly specify the rights of citizens and obligations of institutions, but in practice, social feelings about the possibility of using the expected healthcare are negative. Taking into account the above considerations, including those concerning definition problems, I propose my own definition of health security: "Health security is a state of satisfaction of the health care needs of individuals and communities. Its indicator is the subjective sense of individuals that there is a satisfactory level of availability of institutional emergency and specialist health care services, as well as other services and benefits that serve to maintain physical and mental well-being".

Obviously, objective indicators that allow to describe the effectiveness of the system provided by healthcare institutions cannot be omitted [7]. The group of such indicators includes, for example, the level of health expenditures allocated in the state budget, the number of medical personnel (doctors, nurses, etc.), the number of hospitals and outpatient clinics, the number of medical procedures performed, the number of units of specialist equipment of a specific type, mortality rate, life expectancy, the level of morbidity of specific diseases, life in health expectancy, etc. It is difficult to consider any of these indicators to be the most important, although the size of GDP allocated to health care is certainly important. On the other hand, it is known that the way in which these funds are distributed may result in dissatisfaction of the beneficiaries of the system. National Health Account published in 2017 by the Central Statistical Office (GUS) reports that in subsequent years the share of expenditure on health care (current expenditure, excluding expenditure on investments, science) in the gross domestic product did not exceed 7% (in 2013 this indicator was 6.38%, in 2014 – 6.25%, and in 2015 – 6.34%) [7, p. 138].

The next chapter is devoted to recalling the opinion of the society on their own health condition and healthcare system in Poland.

2. Poles' opinions on their own health condition and healthcare system

2.1. Assessment of one's own health

The presentation of a public opinion on one's own health and institutional healthcare precedes the recall of values that society considers important [8]. Figure 1 shows the indications of respondents in the perspective of the years 2007-2016. Among the values important for Poles are, invariably since 2007, family happiness, good health and peace of mind. The number of respondents indicating health as a value decreased slightly compared to a decade ago (by 2 pp.). Nevertheless, more than 50% of respondents rank health among the three most important values.

The results of the research, referred to in the same CBOS report, allow us to assess how Poles perceive their health condition. The data contained in Figure 2 enable to compare opinions in the 2007-2016 perspective. Each year, the number of respondents assessing their health

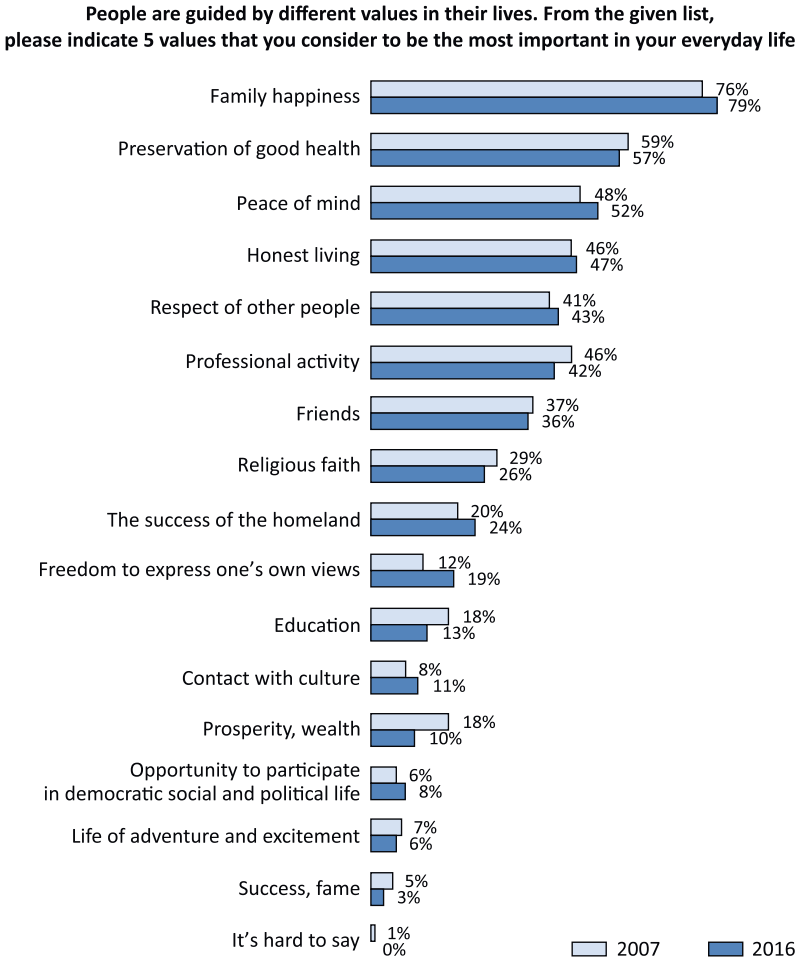

Fig. 1. Values significant for Poles
Source: [8, p. 2].

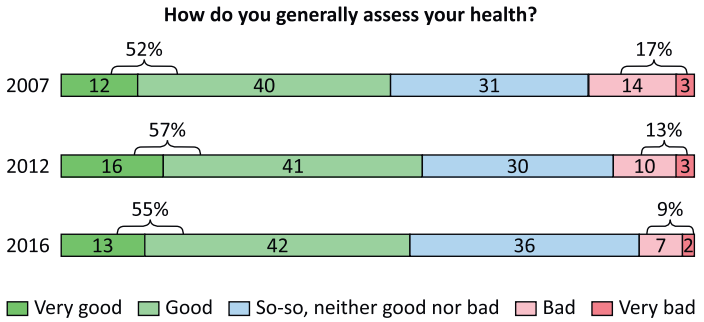

Fig. 2. Assessment of one's own health condition
Source: [8, p. 3].

as good and very good remains at a similar level – over 50% of responses. Since 2007, the number of people claiming that their health status is poor has been decreasing (difference between 2007 and 2016 is 8 pp.). Table 1 collates health assessments by age group. It is not surprising that the youngest assess their health best; the older the age group, the fewer good ratings. The highest number of bad assessments of the state of health concerns the age groups of 55-64 and over 65.

Table 1. Health assessment in relation to age

Age of respondents	How do you generally assess your health?		
	Good	So-so	Bad
	in percent		
18-24 years old	85	15	0
25-34	80	18	1
35-44	69	25	6
45-54	55	40	4
55-64	38	45	18
65 years old and over	25	57	18

Source: [8, p. 4].

Social change, which is observed in the area of health, also affects lifestyles. In the CBOS survey, respondents answered the question regarding activities they consider to be conducive to health. In 2016 almost half of the respondents considered healthy eating as beneficial. One third of the respondents indicated that health is promoted by regular visits to the doctor, the same number of opinions concerned stress avoidance. Almost 30 percent of the responses were received by the category of active recreation. More than one fifth of respondents found non-smoking to be pro-health behaviour. Comparing the answers of 2016 and of 1993 a drop of 8 pp. should be noted with regard to the opinion that healthy eating is good for health, by 6 pp. the number of people claiming that health is promoted by visits to the doctor has

increased, by 9 pp. the number of people recognising regular gymnastics and running as health promoting activities has increased.

An interesting change can be seen in the opinions of the society on the responsibility for maintaining health. In 1993 less than two-fifths of respondents felt that health care was a matter for the competent authorities. In 2016, 41% of respondents shared this opinion. Figure 3 allows to compare the indications of respondents in surveys conducted at intervals of several years.

Respondents were also asked if they care about their health and what actions they take in this direction. The obtained results indicate that most of the respondents are of the opinion that they care about their health (Table 3), but in practice almost 40% of the respondents

Table 2. Activities considered to be conducive to health

From the list below, please select two types of activities that you think contribute most to improving people's health	Respondents' indications according to survey dates			
	V 1993	VIII 2007	VII 2012	IX 2016
	in percent			
Healthy eating (lots of fruit and vegetables, reduction of animal fats)	56	43	50	**48**
Regular visits to the doctor	24	31	34	**30**
Avoiding nervous, stressful situations	33	30	29	**30**
Regular gymnastics, running, etc.	15	23	25	**24**
Spending free time actively (walks, bicycle trips, etc.)	28	24	23	**27**
No smoking	24	30	21	**23**
No drinking alcohol	14	14	9	**11**
Regular taking of vitamins	2	2	3	2
Other	1	1	1	0

The percentages do not add up to 100, because the respondents could indicate two actions.

Source: [8, p. 5].

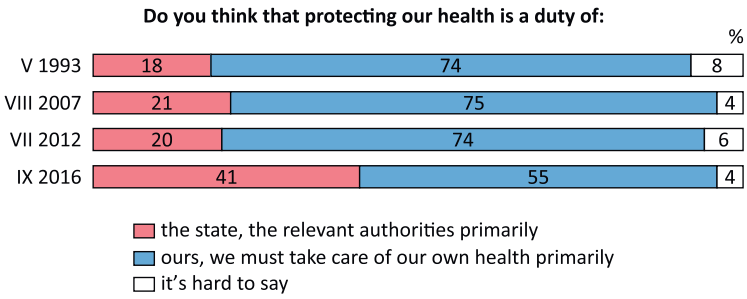

Fig. 3. Assessment of one's own health condition
Source: [8, p. 7].

stated that they never or almost never do physical activity such as running, swimming, cycling or team games, over 50% do not do gymnastics or aerobics, one fifth of the respondents do not go preventively to the dentist.

Table 3. Assessment of one's own health condition

Do you consider yourself a person who cares about your own health?	Respondents' indications according to survey dates							
	V 1993		VIII 2007		VII 2012		IX 2016	
	in percent							
Definitely yes	14	58	17	80	19	81	24	85
Rather yes	44		63		62		61	
Rather no	30	38	17	19	17	19	13	14
Definitely no	8		2		2		1	
It's hard to say	4		1		0		1	

Source: [8, p. 9].

Table 4. Practical manifestations of caring for one's own health

Please indicate how often you:	At least once a day	At least once a week	At least a few times a year	At least once in a few years	Never or almost never
	in percent				
do professional, intensive sports training	1	5	3	3	88
do physical exercises, such as gymnastics, aerobics, go to the gym, etc.	8	22	10	2	58
take nutritional vitamins and herbal supplements etc.	15	14	16	4	51
do activities such as running, swimming, cycling, team games, etc.	11	34	16	2	37
go to the dentist preventively	0	1	35	41	23
walk for at least one hour	33	34	13	2	18
have preventive medical examinations performed (morphology, ultrasound, ECG, etc.	0	1	31	59	9

The answer "hard to say" was eliminated.

Source: [8, p. 11].

2.2. Evaluation of the healthcare system

CBOS research indicates a persisting since 2001 tendency for respondents to give negative assessments of healthcare functioning. Figure 4 allows to compare the indications of respondents in the years 2001-2018. The number of people dissatisfied with healthcare is usually between 60 and 70%. Data contained in Table 5 indicate that respondents dissatisfied with medical services constitute the majority of respondents, regardless of whether they are financed from the National Health Fund or from additional health insurance.

Respondents' opinions on medical services shown in Table 6 may be helpful in determining the presumed causes of the aforementioned generalised negative assessment of the functioning of healthcare. In the surveyed sample, 87% of respondents deny that it is easy to make an appointment with a specialist if necessary, 71% indicate difficulties in performing the necessary diagnostic tests, 66% indicate difficulties related to the necessity of dismissal from work or other activities, if it is necessary to adjust the date of a visit to the doctor, 65% of respondents deny that treatment is free of charge, 61% of respondents claim that patients are not treated equally, 57% disagree with the opinion that doctors of various specialties are available in locations convenient for patients, 56% express reservations about the speed and effectiveness of administration of medical facilities, 54% complain about difficulties in finding help outside the place of residence. The majority of respondents positively assessed the competence and involvement of doctors, the availability of GPs, the use of modern equipment, the possibility to obtain information about the place of medical assistance, the kindness of medical staff and the use of the Internet.

In the cited study respondents also expressed opinions on the possible sources of healthcare problems. In 2018 nearly 50% of indications concerned too small outlays on health care and its ineffective use. The second indication was that the money was improperly spent. It was only in the third place that respondents indicated too little funding for healthcare.

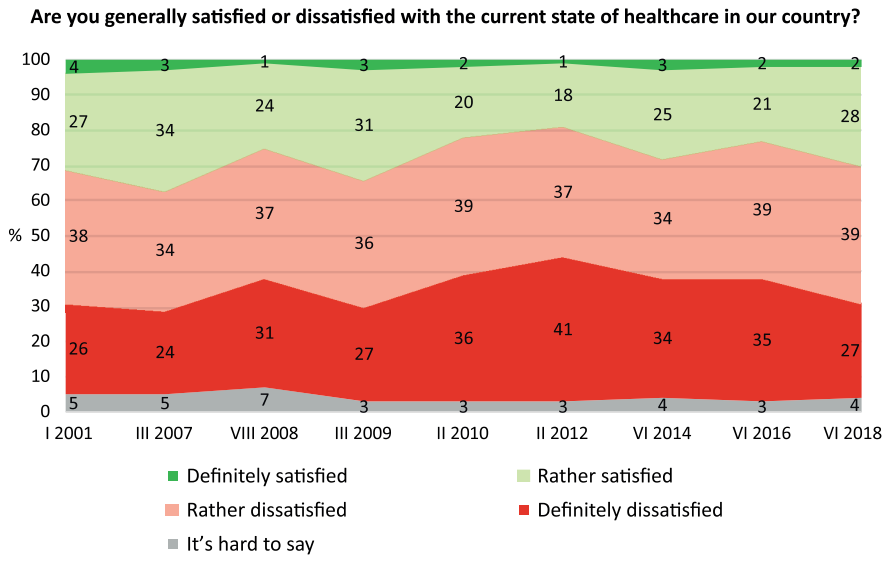

Fig. 4. Evaluation of the functioning of the healthcare system
Source: [9, p. 2].

Table 5. The method of using medical services and their assessment

Respondents who used medical services in the six months preceding the survey:	Are you generally satisfied or dissatisfied with the current state of the functioning of healthcare in our country?		
	Satisfied	Dissatisfied	Hard to say
	in percent		
only within the common health insurance	39	58	3
under common health insurance and, at the same time, under services provided beyond this system – entirely independently financed or available under additional insurance (subscription, insurance policy)	27	70	3
exclusively fully self-financed or available as part of additional health insurance	17	72	11
not using medical services	25	68	7

The table combines the answers "definitely satisfied" and "rather satisfied".

Source: [9, p. 3].

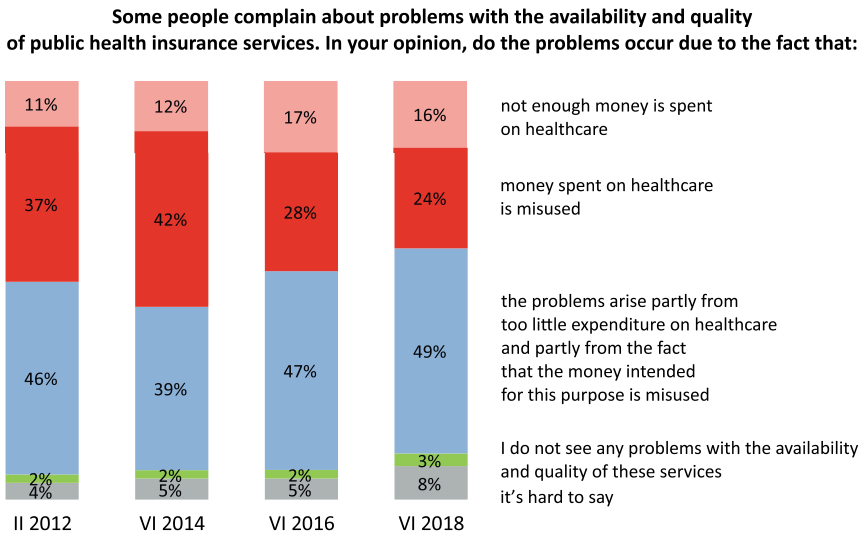

Fig. 5. Sources of difficulties in the functioning of the healthcare system
Source: [9, p. 11].

Conclusions

The aim of the article is to answer the question: How has the sense of health security of Poles changed in the last decade? The analysis of CBOS and CSO research results and other sources concerning health security allows us to conclude that Poles consider health to be one of the three most valued values. At the same time, respondents pay little attention to

Table 6. Opinions on medical services

Do you agree or disagree with the following opinions concerning the medical advice and services that you currently receive from the National Health Fund under public health insurance? Do you think that:	Affirmative answers according to survey dates						
	III 2007	III 2009	II 2010	II 2012	VI 2014	VI 2016	VI 2018
	in percent						
doctors are competent – they know what they are doing	–	–	–	68	65	67	70
you can get to the primary care physician (GP)* without difficulty	85	75	75	73	74	65	68
doctors get involved in their work – they want to help patients	–	–	–	61	58	60	65
modern medical equipment is used	–	–	–	55	58	61	59
even at night, you can get immediate medical help	–	–	–	56	54	59	58
information on where to get medical advice or help is well spread	61	70	64	52	54	56	57
patients are treated with kindness and care	75	77	73	54	54	49	57
healthcare successfully uses modern solutions, e.g. the Internet	–	–	–	32	46	57	56
medical help is easily obtained also outside the place of residence	–	–	–	39	42	42	46
facility administration supports patients quickly and efficiently	–	–	–	41	41	39	44
doctors of various specialties and diagnostic laboratories provide services in locations convenient for patients – no need to look far to find them	–	–	–	37	43	38	43
all patients are treated equally, depending only on their state of health	48	58	55	44	38	37	39
treatment is complimentary	–	–	–	52	50	40	35
you can easily arrange an appointment for a convenient hour, so that you do not have to leave e.g. work/lessons/other activities	–	–	–	30	30	32	34
the necessary diagnostic tests can be carried out quickly and without greater difficulties	–	–	–	25	27	24	29
if the patient needs it, it is easy to get to an appointment with a specialist	–	–	–	11	11	8	13

The table combines "definitely yes" and "rather yes" answers, and omits the negative and "hard to say" answers.

*Until 2014, we asked about the GP.

Source: [9, p. 5].

practicing a healthy lifestyle. Over the last decade, negative assessments of the functioning of the healthcare system have persisted. A significant change is observed in opinions on the responsibility for citizens' health. In contrast to previous years, almost half of respondents are now convinced that the responsibility for the health of Poles lies with public authorities. According to the respondents, the reasons for the problems of the health care system are, above all, money spent improperly and insufficient financial resources. Negative evaluation of the functioning of the system is carried out by both, respondents using the NHF and those with private insurance. Respondents, expressing their critical attitude towards healthcare, negatively assess mainly the access to specialists and to diagnostic tests. The unequal treatment of patients is also the subject of criticism. According to the majority of respondents, treatment is not free of charge. Doctors and their competences, the kindness of medical staff and the availability of GPs are evaluated positively. Respondents also appreciate the opportunity to get help, including at night, the use of specialist equipment and well spread information on where to get advice or treatment.

The result of the presented analysis allows us to conclude that health security is a "weak link" of social security and, consequently, of the system of national security. It therefore seems that remedial action in this area should be a priority for successive governments.

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Conflict of interests

The author declared no conflict of interests.

Author contributions

The author contributed to the interpretation of results and writing of the paper. The author read and approved the final manuscript.

Ethical statement

The research complies with all national and international ethical requirements.

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Biographical note

Beata Czuba – Colonel res., doctor, scientific and didactic assistant professor at the Faculty of Logistics, Security and Management of the Military University of Technology. Author of several dozen articles and four scientific monographs (*Adaptacja zawodowa kobiet żołnierzy. Przystosowanie zawodowe, relacje społeczne, emocje – studium socjologiczne*. Warszawa: Wyd. WAT; 2015; *Generałowie w Wojsku Polskim*. Warszawa: Wyd. WAT; 2016; *Od zarządzania zasobów ludzkimi do zarządzania kapitałem ludzkim*. Warszawa: Wyd. WAT; 2017, *Świat utracony, świat przeżywany. Zasoby wykorzystywane przez weteranów w radzeniu sobie z traumą wojenną*. Warszawa: Wyd. WAT; 2018). Her scientific interests include psychology and sociology of emotions and personality, social groups (mainly military), social security, gender.

	Bezpieczeństwo zdrowotne Polaków
STRESZCZENIE	W ostatnich latach wzrosło poczucie bezpieczeństwa Polaków w różnych obszarach życia, nie dotyczy to jednak bezpieczeństwa zdrowotnego. Artykuł ma na celu odpowiedź na pytanie: W jaki sposób zmieniło się poczucie bezpieczeństwa zdrowotnego Polaków w ostatniej dekadzie? Przedmiotem analizy są wyniki badań Centrum Badania Opinii Społecznej oraz dane Głównego Urzędu Statystycznego, odnoszące się do bezpieczeństwa społecznego i bezpieczeństwa zdrowotnego, w perspektywie kilkunastu ostatnich lat.
SŁOWA KLUCZOWE	bezpieczeństwo zdrowotne, bezpieczeństwo społeczne, bezpieczeństwo narodowe

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