

*Healthscapes*  
The Newsletter of the European Society  
for Health and Medical Sociology

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**LETTER FROM THE PRESIDENT**

Dear colleagues,

I am pleased to announce that the 19th Biennial Conference of the European Society for Health and Medical Sociology (ESHMS) will be held at the University Campus of Forlì (part of the University of Bologna), in northern Italy, from 25 to 27 August 2022. I warmly thank Professor Antonio Maturo for leading the local organising committee of this important event for the Society. The theme of the conference is “Healthscapes. Shaping the future of the post-pandemic society”- for more information go to the next page of the newsletter.

Furthermore I am happy to inform that two young researchers have been awarded the Society’s “Research Visit” grant for the year 2022: Barbara Morsello, research fellow at the University of Padua, will make a stay at the Institute of Social Sciences of the University of Lausanne (Francesco Panese’s team); Alice Scavarda, research fellow at the University of Torino, will make a stay at the Department of Sociology of the University of Ghent (Piet Bracke’s team). With these grants, the Society aims at reinforcing international collaborations and networking in the field of health and medical sociology.

I invite you to follow the Society on Twitter (@eshms1980), which has almost 600 followers. We regularly tweet about research and networking activities in medical and health sociology.

With my best regards,

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**Stéphane Cullati**

**President of the European  
Society for Health and  
Medical Sociology  
University of Fribourg,  
Switzerland**

*The 19th Biennial ESHMS Conference*  
**Bologna, Italy**  
**25-27 August 2022**



**Forlì Campus**  
- University of Bologna

On behalf of the European Society for Health and Medical Sociology I am pleased to announce the 19th Biennial ESHMS Conference, which will be held in the University of Bologna - Forlì Campus between 25-27 August, 2022. The theme of the conference is 'Healthscapes. Shaping the future of the post-pandemic society.

Covid-19 was a disruptive event, leaving no part of society left untouched. A 'global social fact,' blurring both geographic and political boundaries—the effects of which will be felt for years to come. Hit hardest were those already in precarious social standing: the poor and the vulnerable. The notion of a syndemic has been used to describe this grim interaction of virus and embodied health inequality.

The organization of care has shown all its limitations, especially where solid community health structures were absent. Many chronically ill patients and their families are still living through dire situations.

The future will be dominated by risk. Covid-19 has shown our vulnerability to viruses. We will live in a more surveilled society, and we will have to acclimate ourselves to new forms of prevention. It is no coincidence that worrying forms of health populism have arisen from this shift.

In this context, the following questions are important to be answered:

**- *What can the sociology of health and medicine offer in terms of analysis, research perspectives, and operational proposals?***

**- *How can research evidence be translated into viable policy, and how can the sociological imagination shape a more equitable and secure future?***

We hope that the conference will be the right place for creative discussions that will provide answers to the above-mentioned questions.

**Antonio Maturò**

*Member of the ESHMS Executive Board  
Full Professor of Medical Sociology  
at University of Bologna*

**More information on the conference you can find on the conference website:**

<https://eshms2022.wixsite.com/eshms2022>

**Reminder!**

**Abstract submission deadline  
15 January 2022**



The Swiss School of Public Health (SSPH+; [www.sspplus.ch](http://www.sspplus.ch)) assembles the inter-university faculty of public health sciences affiliated with the twelve Swiss universities of the SSPH+ Foundation: Basel, Bern, Fribourg, Geneva, Lausanne, Lucerne, Neuchâtel, Svizzera italiana, Zurich, BFH, SUPSI and ZHAW. SSPH+ is the national coordinating body for the promotion of postgraduate university education and research in the fields of public health.

The SSPH+ is looking for a

### **Post-doctoral researcher in epidemiology 80% to 100% position for one year**

to work on the analyses of data collected as part of the Corona Immunitas research project <https://www.corona-immunitas.ch/en/>. The project aims to study the spread of SARS-CoV-2 infection in the general population through seroprevalence studies. The overarching goal is to inform mitigation and vaccination policies. More than 30'000 participants, randomly selected from the general population, with some regional specificities have been included in cross-sectional surveys and cohort studies. Additional studies in vulnerable and highly exposed subpopulations have been conducted.

#### **Duties and responsibilities:**

- Synthesize and analyze data from the Corona Immunitas research project
- Contribute to the analyses already defined to advance the current publication plan
- Write manuscripts for peer-reviewed journals
- Contribute to ongoing projects related to the Corona Immunitas research project

#### **Qualification and skills:**

- PhD degree in epidemiology, public health, social sciences, life sciences or equivalent
- Strong interest in epidemiology and public health
- Extensive experience with the analyses of epidemiological data
- Extensive experience with statistical software (use of Stata or R)
- High proficiency in English
- Have published several original research papers in peer-reviewed journals

#### **Start and duration of employment:**

The post is available from January 1, 2022 with negotiable starting date, for 1 year.

#### **Additional information:**

The position is paid by SSPH+. The activity will be done under the supervision of one academic partner involved in the Corona Immunitas research project. The working conditions and salary are according to specific regulations of the partner. The postdoc will have access to the academic activity of the Swiss School of Public Health (SSPH+; [www.sspplus.ch](http://www.sspplus.ch)). For further information on the position, contact Prof. Arnaud Chiolero [arnaud.chiolero@unifr.ch](mailto:arnaud.chiolero@unifr.ch)

#### **How to apply?**

Find an academic partner involved in the Corona Immunitas research project who agrees to supervise your activity. Submit an application file in one pdf including at least a letter of motivation, a commitment letter of the academic partner and a curriculum vitae to Prof Arnaud Chiolero, MD PhD ([arnaud.chiolero@unifr.ch](mailto:arnaud.chiolero@unifr.ch)). Deadline for application: January 15, 2021.

# Job position offers

The Institute of Medical Sociology (Working Group: Work and Health), University Hospital Düsseldorf - Centre for Health and Society (chs) offers the following position (available as soon as possible):

## One research associate (doctoral student or post-doc) (100% of regular working hours)

The position is part of the project "Socioeconomic Inequalities in Health during the COVID-19 Pandemic (INHECOV): Empirical Analyses and Implications for Pandemic Planning" funded by the German Research Foundation and the international research project "EUROCARE - Inequalities in Informal Care in Adulthood in Europe: Social Participation, Health and the Impact of COVID-19". The tasks include in particular statistical data analyses of national and international data sets (incl. COVID-19 notification data, SOEP, ELSA, SHARE), national and international cooperation and conceptual development within the projects, as well as the scientific publication of project results.

### What we offer:

- A full-time position (100%) for 24 months (with planned extension and possibility of part-time as well)
- German public service paygrade TV-L 13
- An interdisciplinary team
- Possibilities of scientific qualification
- Opportunities for international networking

### Your profile:

- University degree - preferably in the fields of social sciences, epidemiology or statistics/biometrics
- A strong interest in empirical research and statistical data analysis
- Experience in the analysis of large data sets (desired). Ideally, knowledge in the analysis of longitudinal data using advanced statistical methods (e.g. multilevel models, survival time analyses or sequence analysis), preferably with Stata or R.
- Interest in medical sociology, in particular health inequalities, work and health, and life course research
- Very good English skills
- Ability to carry out interdisciplinary and independent scientific work in an international context
- Willingness to work in international and interdisciplinary teams

The employment contract is concluded with the Heinrich Heine University Düsseldorf.

Applications from women are expressly encouraged. Women will be given preferential consideration in the case of equal suitability, qualifications and professional performance, unless reasons relating to the person of a competitor outweigh this.

Severely disabled applicants will be given preferential consideration if they are equally qualified.

For questions please contact: PD Dr. Morten Wahrendorf, e-mail: [wahrendorf@uni-duesseldorf.de](mailto:wahrendorf@uni-duesseldorf.de)

## NEW BOOKS

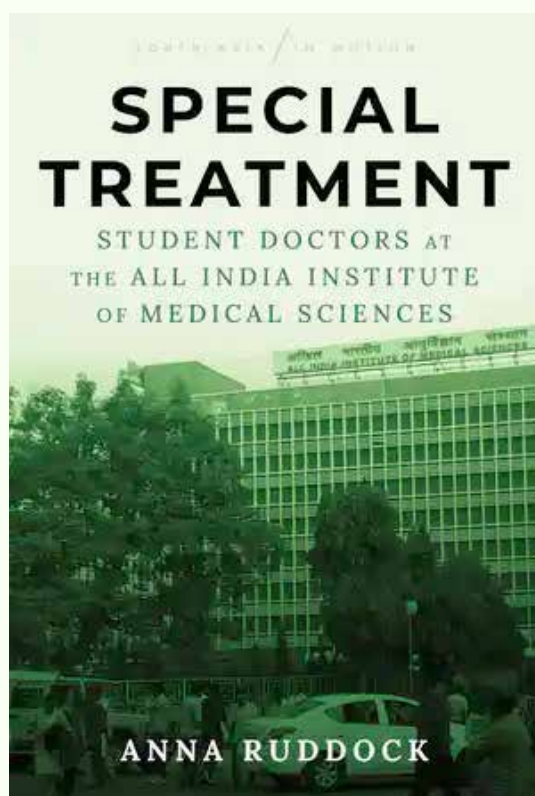
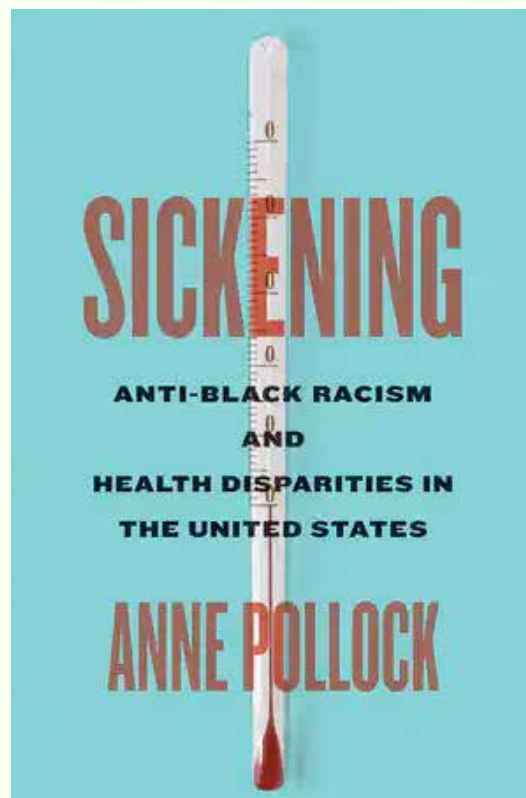
***Sickening:***

***Anti-Black Racism and Health Disparities in the United States by Anne Pollock***

***University of Minnesota Press***

***9781517911720 | August 2021 | 176 pp***

A crucial component of anti-Black racism is the unconscionable disparity in health outcomes between Black and white Americans. *Sickening* examines this institutionalized inequality through dramatic, concrete events from the past two decades, revealing how unequal living conditions and inadequate medical care have become routine.



***Special Treatment:***

***Student Doctors at the All India Institute of Medical Sciences***

***Series: South Asia in Motion by Anna Ruddock***

***Stanford University Press***

***July 2021 | 9781503628250 | 264 pp***

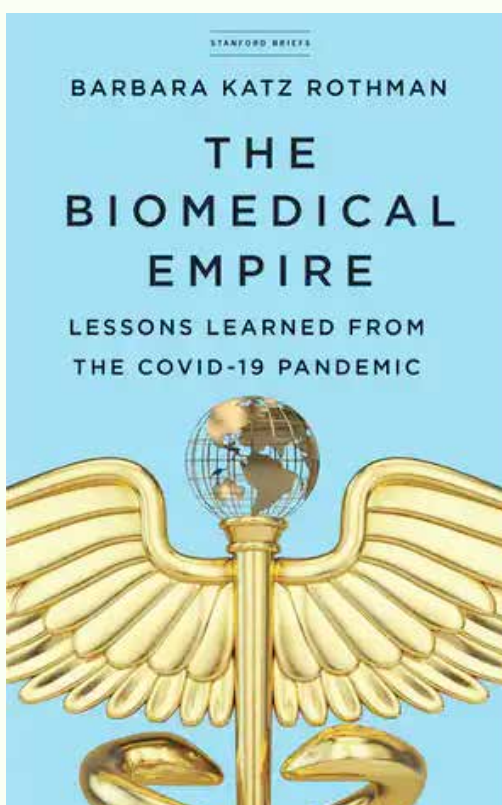
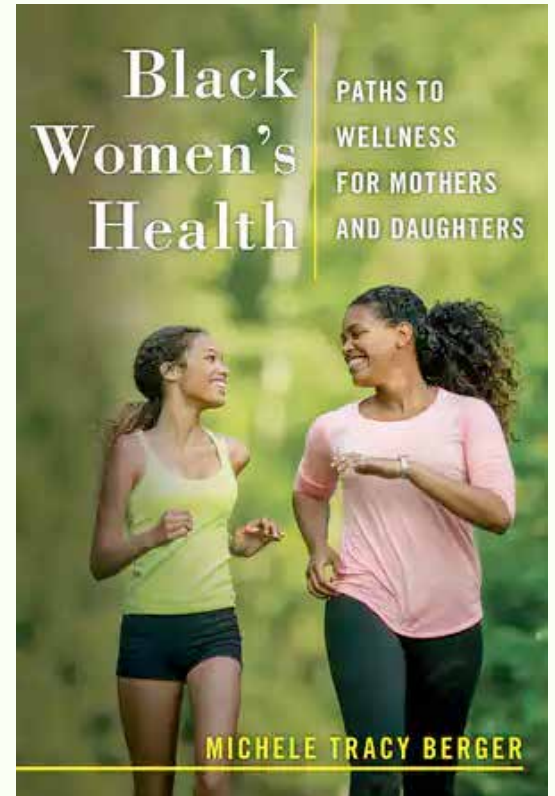
The All India Institute of Medical Sciences (AIIMS) is iconic in the landscape of Indian healthcare. In the first-ever ethnography of AIIMS, Anna Ruddock considers prestige as a byproduct of norms attached to ambition, aspiration, caste, and class in modern India, and illustrates how the institution's reputation affects its students' present experiences and future career choices. Ruddock untangles the threads of intellectual exceptionalism, social and power stratification, and health inequality that are woven into the health care taught and provided at AIIMS, asking what is lost when medicine is used not as a social equalizer, but as a means to cultivate and maintain prestige.

# NEW BOOKS

***Black Women's Health:  
Paths to Wellness for Mothers and Daughters***  
by Michele Tracy Berger

***New York University Press***  
***April 2021 | 9781479892952 | 256 pp***

The struggles African American women and their adolescent daughters face in living healthy, active lives. From heart disease and diabetes to HIV and obesity, Black women and girls face serious health risks, lagging behind their white counterparts by every measure of health, well-being, and fitness. In *Black Women's Health*, Michele Tracy Berger shows us why this is the case, exploring how the health needs of Black women and girls are uniquely rooted in their experiences with racism, sexism, and class discrimination.



***The Biomedical Empire:  
Lessons Learned from the COVID-19 Pandemic***  
by Barbara Katz Rothman

***Stanford University Press***  
***June 2021 | 9781503628816 | 128 pp***

We are all citizens of the Biomedical Empire, though few of us know it, and even fewer understand the extent of its power. In this book, Barbara Katz Rothman clarifies that critiques of biopower and the “medical industrial complex” have not gone far enough, and asserts that the medical industry is nothing short of an imperial power. Factors as fundamental as one’s citizenship and sex identity—drivers of our access to basic goods and services—rely on approval and legitimation by biomedicine. Moreover, a vast and powerful global market has risen up around the empire, making it one of the largest economic forces in the world.

**Author: Małgorzata Synowiec-Piłat**

**Title: *Przekonania i wiedza dotyczące chorób nowotworowych a uczestnictwo w onkologicznych badaniach profilaktycznych.***

***Studium socjologiczne (Beliefs and knowledge about cancer and participation in oncological preventive examinations. A sociological study)***

***Uniwersytet Medyczny im. Piastów Śląskich we Wrocławiu, Wrocław 2020, ss. 564;  
ISBN 978-83-7055-626-6***

**Contact: [m.synowiecpilat@gmail.com](mailto:m.synowiecpilat@gmail.com)**

What plays a key role in theoretical and empirical considerations undertaken in this monograph is the issue of health-related beliefs as a product of culture in a particular community, viewed from the everyday life perspective as well as the scientific perspective. Health-related beliefs and knowledge about cancer have been analysed as important elements of social consciousness, and they are presented in the context of the socialisation process, considering the important variable of “family history of cancer,” but also in the context of discourse about social inequalities and “cancer phobia.” The validity of the study of health beliefs about cancer comes down to the conclusion that such beliefs are an important predictor of health behaviours, as noted in many previous sociological studies. Beliefs about cancer shape particular kinds of health orientations that manifest themselves in specific behaviours. Such behaviours may either motivate or demotivate individuals to take action, to undergo regular preventive examinations, to undertake quick interventions whenever worrying symptoms are observed, and to contact medical professionals promptly.

The problem of health-related beliefs concerning cancer, as presented in this work, is raised very rarely in Poland. It is also hard to come across

a holistic perspective on health beliefs related to cancer which would address this issue in a multidimensional way, in the broadest social context, and would also show the intensity of these beliefs, the level of lay knowledge about cancer, the socio-demographic, socio-structural and socio-cultural considerations, as well as their impact on the respondents’ participation in cancer screening. Importantly, knowledge of these issues seems to have not only an exploratory significance but, above all, the potential for implementation in efforts to combat cancer. This work presents the results of research conducted at two time points over a period of six years (2012, n=910 / 2018, n=898) among healthy adults (without a cancer diagnosis) residing in Wrocław, as an attempt to fill the aforementioned knowledge gap.

What can be considered as an important scientific achievement of the research presented in this book is the construction of five scales to measure beliefs about cancer among healthy people. Those scales, based on factor analysis, were confirmed to be methodologically and substantively sound in the two stages of the study (2012 and 2018). The scales concerned the following aspects: 1) the daily life of cancer patients; 2) the openness of the public to communication with cancer patients; 3) the treatment and aetiology of cancer; 4) evaluation of the quality and availability of oncological medical services, and 5) everyday knowledge about cancer (aetiology of cancer, oncological preventive testing, the most common symptoms of cancer, cancer treatment methods).

Another great advantage of the presented research is that it was carried out at two points in time over the course of six years (2012/2018). Therefore, the monograph presents a comparative analysis of the data, enabling to capture the differences and changes that occurred over that period with regard to health beliefs and knowledge about cancer, the subjectively perceived risk of cancer, participation in preventive cancer screening, as well as regular-

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ities and trends that have remained largely unchanged over the years.

The key objective of the study was to show a highly structured set of beliefs concerning various issues related to oncological diseases. The study confirmed the high level of fatalistic beliefs about cancer in the studied population in four of the analysed dimensions. Additionally, the findings revealed a low level of common knowledge regarding issues such as aetiology of cancer, the most common symptoms, prophylaxis and treatment methods, coupled with a high sense of being at risk of cancer (“cancer phobia”). Moreover, the study confirmed the dependence of health beliefs related to cancer on socio-demographic variables (age, gender, marital status), socio-structural variables (education and economic status) as well as socio-cultural factors (history of cancer in the family and the degree of anxiety related to the disease). As another very important finding, the study confirmed that health beliefs and the level of knowledge about cancer, as well as the degree of “cancer anxiety” and “family history of cancer” impacted the respondents’ participation in preventive oncological examinations.

Apart from obtaining a coherent and multidimensional picture of beliefs about cancer, a particularly innovative result of this study is that it confirmed the existence of mutual relations between the analysed fatalistic beliefs. In fact, this means that various cancer fatalisms mutually reinforce themselves in the perception of lay persons. This phenomenon has been labelled as “cancer fatalism spiral.”

The exploration and in-depth analysis of socio-demographic, socio-structural and socio-cultural determinants of various aspects of health-related beliefs and lay knowledge about oncological diseases, as well as their impact on participation in cancer screening, is not only a highly interesting area of sociological exploration but, above all, it has applicative potential. Worth stressing is that

the variables that are correlated with fatalistic beliefs and the level of knowledge about cancer determine future health behaviours (active/passive health behaviours), and, as confirmed in the present study, they also determine participation in cancer screening. Fatalistic beliefs imply passivity in preventive behaviours of individuals, thus driving higher morbidity and mortality. The conclusions of the study can be applied to develop and implement programmes and campaigns aimed at positive modification of behavioural risk factors associated with cancer, both among the residents of Wrocław and in other communities. The study of health beliefs about cancer and the application of the findings in social practice obviously means that the research tools must be constantly improved and effective mechanisms must be found to develop and implement programmes aimed at supporting the health of specific social groups. However, a thorough exploration of ordinary people’s beliefs about oncological issues and the impact of such beliefs on their health behaviours and attitudes appears to be a promising path towards developing more effective strategies to combat cancer.

The results of this comparative study can be applied as practical guidance for policy makers dealing with oncological diseases, public health professionals and public institutions dealing with health and cancer, both at the central and local government level, as well as for health promoters working locally and at the grassroots level.

The confirmation that fatalistic beliefs, limited knowledge about cancer and a high fear of cancer are so strongly correlated with (non-)participation in cancer screening certainly presents a new perspective for reflection on health promotion related to cancer and opens up the possibility of using this type of sociological analysis to improve the effectiveness of existing and proposed anti-cancer strategies.



***Włodzimierz Piątkowski, From Medicine to Sociology. Health and Illness in Magdalena Sokołowska's Research Conceptions, Peter LANG, Berlin 2020, pp.273***

Several years ago, Nicolas Henckes and Isabelle Baszanger (2014) posed a provocative question: Is there a European medical sociology? When they assessed the beginnings of this subdiscipline, they emphasized its complex, diverse and even eclectic character. They claimed that it was only the analyses by Michel Foucault and Anthony Giddens that made it possible to create a relatively coherent European identity of sociomedical studies. However, that diagnosis did not take into account the achievements and accomplishments of Magdalena Sokołowska (1922-1989), an advocate of the integral and universal model of this discipline of sociology. Sokołowska's version of medical sociology was not of local nature: her model constructed under the conditions of communism and the Cold War aimed to "westernize" Polish studies on health and illness, which was a kind of challenge mounted to the then "ideological ,supervisors" over social sciences in the age of "real socialism".

The many years of studies over the scientific system of and hitherto unknown facts from Magdalena Sokołowska's life, conducted by Włodzimierz Piątkowski, resulted in the publication of the monograph "From Medicine to Sociology. Health and Illness in Magdalena Sokołowska's Research Conceptions". We learn from the book that, among others, Sokołowska built medical sociology on theoretical and methodological foundations by referring largely to the achievements of American sociologists such as Robert Farris, Warren Dunham, Talcott Parsons, Everett Hughes, Robert Merton, August Hollingshead or Eliot Freidson. She recognized those pioneers of studies on



health and research as the authors of the scientific identity of medical sociology (Sokołowska 1976d:312; after: Piątkowski pp. 166-167). Medical sociology in Sokołowska's version was almost always practically oriented and at the same time / from the 1970s / constructed on direct references to general sociology. Piątkowski quotes her diagnosis of that time that: "The theoretical assumptions of medical sociology in Poland have not yet been developed. This is not some special situation because there are no such studies in the world." (Sokołowska 1976e: 109). (see Piątkowski p. 167). This opinion prompted M. Sokołowska to even more intensely seek the cognitive and social identity of the subdiscipline, which she co-authored. In the "Preface" to the book, Prof. Anna Titkow (Former National Coordinator of the ESMS) in

<sup>1</sup> Nicolas Henckes, Isabelle Baszanger. Is there a European medical sociology?. Koniordos, Sokratis; Kyrtis, Alexandros. The Routledge International Handbook of European Sociology, 2014, 978-0415588805.

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turn emphasizes Sokołowska's interdisciplinary approach to health. Another characteristic of the Polish scholar was her special sensitivity to the inadequacy of patient's rights of that time. Anna Titkow stresses that "... this made her a pioneer of sociological studies, into which she introduced a fascinating research discipline defined by such terms as health, illness, and medicine". This area covered a broad range of issues, from early – already in the beginning of 1950s – attempts to analyze social medicine of that period and to form the foundations of "sociomedical approach" (Chapter I), when she studied the operation of different health care systems and compared them by describing inter alia the relations: industry-work-society. Already in the early 1960s, when characterizing the work of women, she described it in sociological terms from the perspective of social hygiene, also taking the broad socio-cultural context into account, and stressed the importance of the process of the emancipation of women from the angle of the paradigm of sociology of gender (Chapter II). Sokołowska placed the main emphasis on the forming the scientific identity of medical sociology (Chapter III), which was especially highlighted by another pioneer of medical sociology, a Belgian scholar L. M. Claus /1982 /, who described and interpreted the development of medical sociology in Europe. Still relevant today are Prof. Sokołowska's conclusions resulting from her studies on health and illness in the context of disability and rehabilitation (Chapter IV). Magdalena Sokołowska also presented in an original way the common research field on the borderline between medical sociology, sociology of the family and sociology of the city (Chapter V). She also consistently formed the foundations of sociology of medical professions (Chapter VI); she inter alia described as part of it the scope and character of the role of "social status" of the physician, extremely important for Polish health policy, in the socialist medical care system of the time. The

holistic understanding of health and its determinants can be discerned in the research on sociothanatology and complementary and alternative medicine (Chapter VII). The contemporary crisis of health care, relativization of medical ethics, the processes of medicalization and commercialization of patient care require an integral "patient-oriented" approach today. The book shows that already in the 1960s a pioneer of such an attitude was Professor Magdalena Sokołowska, which is why it worth remembering her person and the features of the unique model of medical sociology that she constructed in Poland and in Europe.

***Dr Andrzej Juros***  
***Chair of Social Issues of Health***  
***Institute of Sociology***  
***Maria Curie-Skłodowska University***  
***Lublin, Poland***

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**Jagiellonian  
University Cracow,  
Poland**

***Selected scientific achievements of Polish medical sociologists from the Jagiellonian University - Collegium Medicum.***

The Team of the Department of Medical Sociology, Chair Department of Epidemiology and Preventive Medicine UJ CM participated in several scientific projects in the last years. Among others in the 'COURAGE' Collaborative Research on Ageing in Europe, which was financed by the European Commission under the 7FP. In the years 2015-2016, the follow-up study for project was implemented under the COURAGE-POLFUS name. The follow study allowed to re-assess the factors studied in the first wave. The COURAGE in Europe study together with the COURAGE-POLFUS study formed the basis for the inclusion of our Team to the another international project 'Ageing Trajectories of Health: Longitudinal Opportunities and Synergies (ATHLOS)', funded by the European Commission under the Horizon 2020 program. In the years 2015-2019 the Team participated in the project "Neglect and self-neglect of older people - challenges for formal and informal caregivers and for medical and social professionals of the health

care and social welfare system", financed by the National Science Center in Poland.

Pathways Project – Participation to Healthy Workplaces and Inclusive Strategies in the Work Sector-Public Health Programme (2015-2018). Based on experiences, coming from multidimensional approach, 7 recommendations and 34 actions have been developed: pathways for inclusive labour markets in Europe, to support employment for all people with chronic diseases.

Results:

Based on the results of the aforementioned projects the following scales have been developed: COURAGE Social Network Index (COURAGE-SNI) (1); the Self-Reported Neglect Scale (SRNS) (2); the whole assessment of self-neglect performed using three scales: the Self-Reported Self-Neglect Scale (SRSNS), the Objective Assessment of the Level of Self-Neglect - Physical Appearance (OALSN-PA) scale and the Objective Assessment of the Level of Self-Neglect - Standards of Living Arrangements (OALSN-SLA) (3).

Our research found regional differences in an informal social capital (social participation, social support, social network, trust and loneliness) in

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older age across NUTS1 regions of Poland and different determinants of mentioned dimensions of social capital observed in the considered regions (4). Further research showed that in urban areas, social network and social participation supported positive self-rated health; in rural, older residents the number of years of education and social support played the same role, while self-rated health decreased with an increasing level of loneliness. Self-rated health decreased in both groups of older people with a growing number of diseases. The multivariate linear regression model of predictors of well-being in older age also confirmed differences between urban and rural elderly residents. In rural residents, subjective well-being significantly increased with the positive effect of the social network. In both urban and rural areas, poor assessment of subjective well-being in older age increased with a higher level of loneliness and growing number of chronic diseases (5). Determinants of self-reported health was also verified among women and men of general Polish population (6).

Other investigation aims to reveal gender-related differences in social determinants on quality of life assessed by a multi-pathway model including health, social, demographic and living place characteristics. The study group consisted of 5099 participants aged 50+ representing general populations of three different European regions (Finland, Poland, Spain) who participated in COURAGE in EUROPE Project. Standardized tools were used to measure quality of life (WHOQOL-AGE) and social determinants (COURAGE Social Network Index, OSLO-3 Social Support Scale, UCLA Loneliness Scale, participation scale and trust). A multipath model considering exogenous predictors (demographic, economic), mediators (social) and endogenous outcome (QOL) was created to reveal the role of determinants. Gender-related differences were investigated across three age categories: 50–

64; 65–79 and 80+. The model (RMSEA = 0.058; CFI = 0.939) showed the effects of all of the investigated determinants. Gender-related differences in the association between social constructs and QOL were observed for social networks in the group of 80+, for social support in the group of 50–64 and 65–79 years, and for social participation in the group of 65–79 years. Males benefited more (in QOL) from social networks and social support, and women from social participation (7). The role of changes in social relationships (transition out of marriage) or in health-related behaviors (changes in Body Mass Index) on quality of life was also investigated (8,9).

Among other topics investigated by our team was patients' satisfaction. The study aimed to assess older patients' overall satisfaction with the medical care and healthcare system in Poland and to verify such factors as patient-doctor interactions, access to health care and other sociodemographic characteristics as possible determinants of patient satisfaction at the later stage of life. The psychosocial dimension of patient-doctor relationships was associated with the satisfaction with both hospital and outpatient care. Being treated with respect (very good experience vs. bad odds ratio [OR] = 8.1, 95% confidence interval [CI]: [1.9, 34.4]) and the possibility to talk about private matters with medical team (very good experience vs. bad OR = 3.5, 95% CI: [1.1, 10.4]) during the last stay in hospital were reflected in the higher satisfaction with the healthcare system. By contrast, the involvement of patients in the decision-making process (very good experience vs. bad OR = 3.6, 95% CI: [1.8, 6.7]) or access to outpatient health care (based on developed index OR = 1.02, 95% CI: [1.01, 1.02]) were found to be significant determinants of satisfaction with the healthcare system in Poland. Other factors associated with satisfaction with hospital stay were gender and changes in health conditions, whereas achieving the expect-

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ed outcome was related to satisfaction with out-patient care, and the expenditure for medicines and medical services - to satisfaction with the healthcare system. The investigation confirms an important role of doctor-patient communication skills in improving older patient satisfaction and highlights the need for identifying the psychosocial dimension of patient-doctor relationships as an important part of health care (10).

Participation in the ATHLOS project, which aimed to identify the determinants of healthy aging by combining data from 17 international cohorts, was related to our team's work on the harmonization and analysis of social data. We have harmonized twenty-one variables referring to such aspects as: social networks, social support, social participation, the level of trust, a feeling of loneliness, or stressful life events. The methodological publication about methodological challenges in harmonization of the variables used as indicators of social capital in epidemiological studies of ageing was accepted to publication in *Aging and Society* (11).

1. Zawisza K., Galas A., Tobiasz-Adamczyk B., Chatterji S., Haro J. M., Miret M., Koskinen S., Power M., Leonardi M. (2014). The Validity of the Instrument to Evaluate Social Network in the Ageing Population: The Collaborative Research on Ageing in Europe Social Network Index. *Clinical Psychology & Psychotherapy*, 21(3), 227-241.

2. Zawisza K., Gałaś A., Tobiasz-Adamczyk B., Grodzicki T. (2019). Validity of a self-reported neglect scale among older adults in Poland, *The Gerontologist*, doi:10.1093/geront/gnz014.

3. Zawisza, K., Tobiasz-Adamczyk, B., Galas, A., & Grodzicki, T. (2021). Development and Validation of a Self-Neglect Scale Among Older People: The Study on Challenges for Neglect and Self-Neglect in Poland. *Journal of Applied Gerontology*, 0733464820985271.

4. Tobiasz-Adamczyk, B., & Zawisza, K. (2015). Regional differences and determinants of social capital in Polish elders 1. *Studia Socjologiczne*, (2), 119.

5. Tobiasz-Adamczyk, B., Zawisza, K. (2017). Urban-rural differences in social capital in relation to self-rated health and subjective well-being in older residents of six regions in Poland. *Ann Agric Environ Med*, 24(2), 162-170.

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