

SATISFACTION WITH PRIMARY HEALTHCARE DOCTOR'S SERVICES ACCORDING TO THE PATIENTS OF SELECTED HOSPITALS IN THE LUBLIN MACROREGION

Satysfakcja z usług lekarskich podstawowej opieki zdrowotnej w opinii pacjentów wybranych placówek w makroregionie Lubelskim

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STRESZCZENIE

Wstęp: W życiu każdego człowieka odpowiednio realizowana opieka zdrowotna odgrywa kluczową rolę dla prawidłowego funkcjonowania. W wielu środowiskach poziom opieki medycznej, a zwłaszcza, jakość świadczonych usług zdrowotnych staje się coraz częściej podejmowanym tematem dyskusji. Opiniowanie dotyczy zwłaszcza lekarzy podstawowej opieki zdrowotnej, którzy inicjują wszelkie kontakty pacjenta z personelem medycznym. Celem pracy było wysondowanie opinii pacjentów wybranych placówek systemu ochrony zdrowia makroregionu Lubelskiego na temat satysfakcji ze świadczeń udzielanych im przez lekarzy POZ. Wyniki prezentowanego w artykule sondażu posłużą do opracowania projektu badań w tym zakresie obejmujących próbę mieszkańców całego województwa lubelskiego. **Material i metody:** Grupę badaną stanowiło 100 pacjentów placówek udzielających świadczeń o charakterze podstawowej opieki zdrowotnej: NZOZ Ośrodek Zdrowia w Czemiernikach i Przychodnia Wojskowego Szpitala Klinicznego z Polikliniką SPZOZ w Lublinie. Narzędzie badawcze stanowił autorski kwestionariusz. Analizy materiału badawczego dokonano przy użyciu programu *IBM SPSS Statistics*. **Wyniki:** Z przeprowadzonych badań wynika, że zdecydowana większość badanych korzysta ze świadczeń lekarza POZ kilka razy w roku. Znacznie więcej kobiet (85,2%) niżeli mężczyzn (56,5%) jest zdania, że lekarz POZ zapewnia wysoką kompleksowość oferowanych świadczeń. Dostrzeżono, iż wraz z wiekiem zadowolenie z kompleksowości świadczeń lekarza POZ spada. Pełnym zaufaniem swojego lekarza darzyło 47,2% kobiet i 30,4% mężczyzn. **Wnioski:** Przeprowadzone przez autorów badania pozwalają zobrazować tylko niewielką część problemu jakim jest satysfakcja ze świadczeń lekarza podstawowej opieki medycznej. Wyniki badania uprawdopodobniają tezę o kompleksowości świadczeń realizowanych w ramach podstawowej opieki zdrowotnej. Jednak, aby jednoznacznie stwierdzić, iż ogólny poziom zadowolenia mieszkańców makroregionu Lubelskiego z kompleksowości usług udzielanych przez lekarza POZ jest wysoki, należy przeprowadzić analizę w skali całego województwa.

ABSTRACT

Introduction: Good health care is essential for human beings' proper functioning in everyday life. The subject of quality level of health care and provided services is getting more and more popular during conversations in many facilities. Primary health care doctors are the most exposed to opinions as they initiate patients' further contacts with medical personnel. The goal of work was to assess the opinion of Lublin residents regarding satisfaction with primary health care doctor's servi-

ces. **Material and methods:** The surveyed group consisted of 100 patients from facilities providing primary health care services: NZOZ Ośrodek Zdrowia in Czemierniki and Przychodnia 1 Wojskowego Szpitala Klinicznego z Polikliniką SPZOZ in Lublin. Authorial questionnaire was the research tool. Analysis of the gathered data was done using *IBM SPSS Statistics* software. **Results:** The research concludes that majority of the surveyed use services of primary health care doctors a few times a year. Many more women (85,2%) than men (56,5%) claim that primary health doctors provide services of high comprehensiveness. It was noticed that as the age increases the satisfaction with the provided services decreases. 47,2% of women and 30,4% of men put total trust in their doctors. **Conclusions:** The conducted research allows to present only a fraction of the bigger issue which is satisfaction with general practitioners' services. In order to prove that Lublin macroregion residents' overall satisfaction with general practitioners' services is high, a study needs to be conducted which takes into consideration the whole Voivodeship.

Słowa kluczowe: lekarz, satysfakcja, zaufanie, kompleksowość

Keywords: physician, satisfaction, trust, comprehensiveness

INTRODUCTION

The main goal of health care is to ensure beneficiaries' good health and proper state of mind which affect the efficiency level and the quality of health care¹¹¹. Patient's level of satisfaction is a very important indicator regarding medical care's assessment. Medical care satisfaction is defined as a high level of contentment with provided service which results from meeting the client's expectations¹¹². Despite the fact that research regarding satisfaction with health care started in the late 90's of the XX century¹¹³, the subject of health care's quality is becoming more and more popular¹¹⁴.

Beneficiaries' satisfaction with medical services is analyzed in particular on primary health care level¹¹⁵ because it is the primary and the most common meeting point of a doctor and a patient. First contact doctors are the most exposed to opinions as they very often accompany their patients throughout their whole lives. They take full care of a patient, e.g. they make decisions regarding which kind of therapy to apply, regarding periodic health examinations, regarding diagnostic health examinations or professional consultations. They offer help in lifestyle creation and in cultivating health friendly behaviors¹¹⁶. "A primary health doctor does his best to be a patient's partner and his guide around the medical area"¹¹⁷. It is

¹¹¹ Faezipoura M., Ferreira S. 2013. A system dynamics perspective of patient satisfaction in healthcare. *Procedia Comput Sci*; 16: 9.

¹¹² Rudawska I. 2005. Satysfakcja pacjenta czy postrzegana jakość usługi zdrowotnej? O sposobach oceny relacji pacjent-usługodawca. *Zeszyty Naukowe Ochrony Zdrowia, Zdrowie Publiczne i Zarządzanie*; 3(1): 101-106.

¹¹³ Marcinowicz L. 2004. Satysfakcja pacjenta z opieki – analiza polskiej literatury medycznej. *Probl Med Rodz*; 6(2): 10-13

¹¹⁴ Bojar H. 2013. Wykorzystanie ankiety satysfakcji pacjentów z usług w zarządzaniu praktyką lekarza rodzinnego - narzędzie badawcze. *Studia Ekonomiczne, Uniwersytet Ekonomiczny w Katowicach*; 168: 26-38.

¹¹⁵ Plentara R., Knyszyńska A., Bażydło M., i wsp. 2015. Satysfakcja pacjentów podstawowej opieki zdrowotnej z opieki medycznej i psychospołecznej. *Pom J Life Sci*; 61(3): 335-340.

¹¹⁶ Masiakowski A., Stępień M. 1995. Lekarz rodzinny – lepsza jakość w polskim systemie ochrony zdrowia. *Pol J Public Health*; 106(7-8): 157-164.

¹¹⁷ Bojar H. 2013. Wykorzystanie ankiety satysfakcji pacjentów z usług w zarządzaniu praktyką lekarza rodzinnego – narzędzie badawcze. *Studia Ekonomiczne, Uniwersytet Ekonomiczny w Katowicach*; 168: 26-38.

very important that the doctor's relations with the patient are on the highest possible level.

So far many interesting studies have been conducted which focused on patients' level of satisfaction with the medical services. Nevertheless, those results have to be considered as very diversified, especially taking into account the surveyed population. Therefore the goal of this work was to study the level of satisfaction with primary health care doctor's services according to the residents of Lublin region.

MATERIAL AND METHOD

The surveyed group consisted of 100 patients from facilities providing primary health care services: NZOZ Ośrodek Zdrowia in Czemniniki (n=50) and Przychodnia 1 Wojskowego Szpitala Klinicznego z Polikliniką SPZOZ in Lublin (n=50). Women constituted more than half of the surveyed population (54%). The youngest respondent was 19 years old and the oldest one was 76 years old. The median age was 58. People with secondary education (36%) and with higher education (35%) constituted the majority of the surveyed. 50% of the respondents were from the city and 50% of the surveyed were from the countryside.

Diagnostic poll method, survey technique was used when conducting this research. The research tool was the authorial questionnaire which tackled issues such as: frequency of using the services, waiting time and comprehensiveness of primary health doctor's services, level of trust towards a primary health doctor. The questions were closed and the surveyed could provide usually only one answer per question. An attachment was added to the questionnaire which contained questions regarding socio-demographic factors.

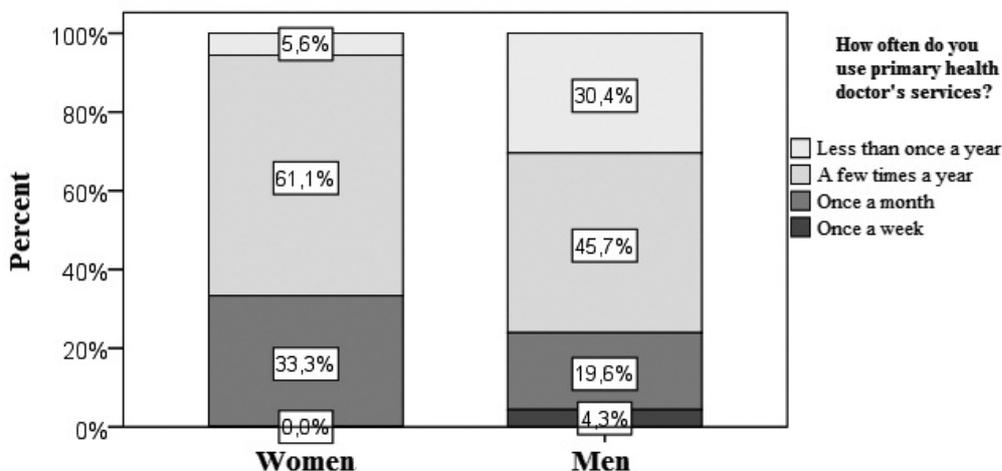
Analysis of the research material was done using IBM SPSS Statistics software. Following tools were used for statistical analysis:

- Chi2 test in order to check if among nominal variables (correlating) and cardinal (independent) a statistically important correlation appears. Statistical significance of $p > 0,01$ was assumed which signalizes occurrences of statistically significant correlations.
- U. Mann-Whitney test in order to check if there is a statistically important difference among two groups in relation to cardinal variables. Statistical significance of $p > 0,05$ was assumed which signalizes statistically significant differences.
- Kruskal-Wallis test in order to check if there is a statistically important difference in relation to cardinal variables among more than two groups. Statistical significance of $p > 0,05$ was assumed which signalizes statistically significant differences.

RESULTS

Statistically significant difference between sex (U Mann Whitney test: $Z = -2,283$, $p = 0,022$), age (Kruskal-Wallis test: $H = 8,656$, $p = 0,013$) and frequency of using primary health doctor's services was demonstrated. According to the research, the surveyed use services of general practitioner a few times a year, especially women (Chart 1).

Chart 1. Frequency of using primary health doctor's services depending on sex

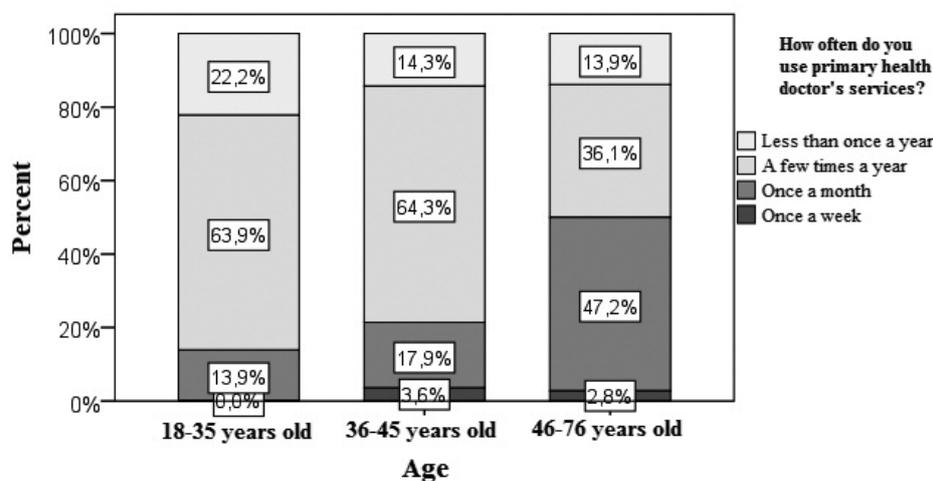


Source: own study

As the age increases, the frequency of visits to general practitioner increases as well. The respondents from age groups 18-35 (63,9%) and 36-45 (64,3%) mostly use services of ge-

neral practitioner a few times a year. However, respondents who are 46 years old and older use such services once every few months (47,2%) (Chart 2).

Chart 2. Frequency of using primary health doctor's services depending on age.



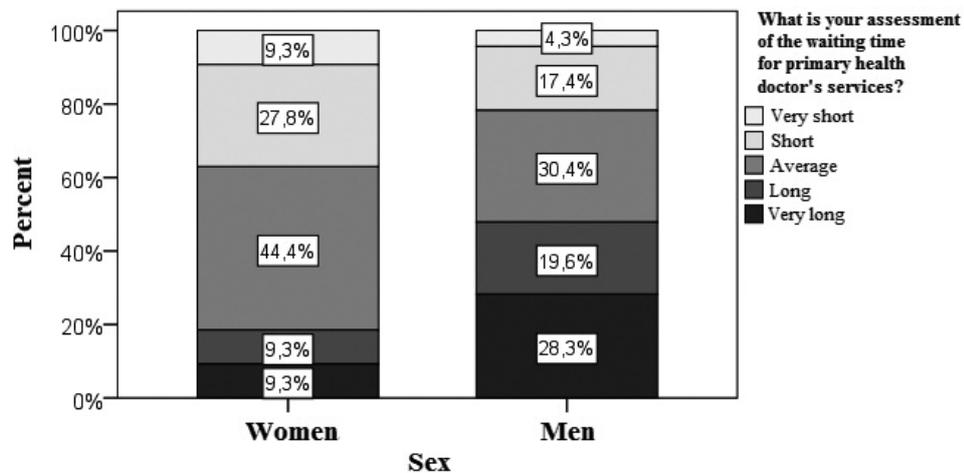
Source: own study

Lack of statistically significant difference between place of residence (U Mann-Whitney test: $Z=-0,949$, $p=0,343$) and education (Kruskal-Wallis test: $H=4,150$, $p=0,126$) was demonstrated.

Statistically significant difference between sex (U Mann-Whitney test: $Z=-2,871$, $p=0,004$), place of residence (U Mann-Whit-

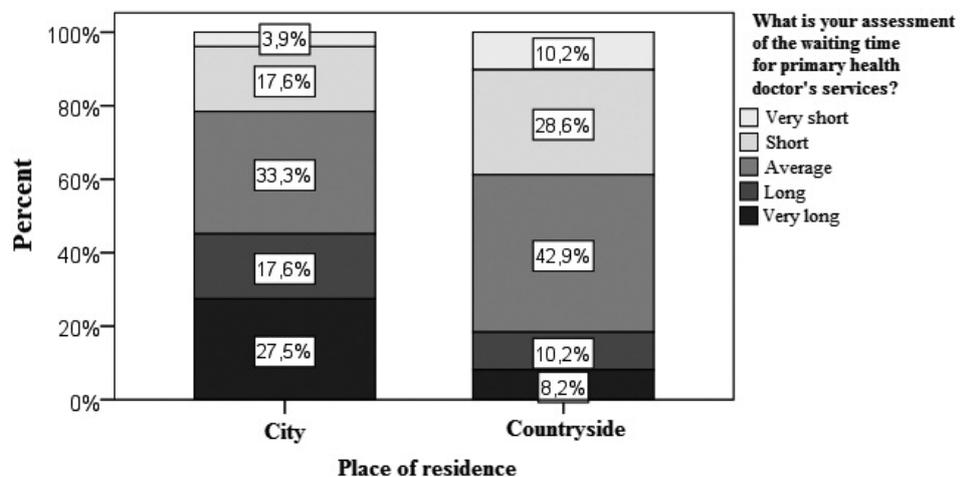
ney test: $Z=-2,909$, $p=0,004$) and the assessment of waiting time for a visit was demonstrated. The waiting time was mostly described as average. According to women and countryside residents the waiting time was shorter than according to the rest of the surveyed (Charts 3, 4).

Chart 3. Assessment of waiting time for primary health doctor's services depending on sex



Source: own study

Chart 4. Assessment of waiting time for primary health doctor's services depending on place of residence



Source: own study

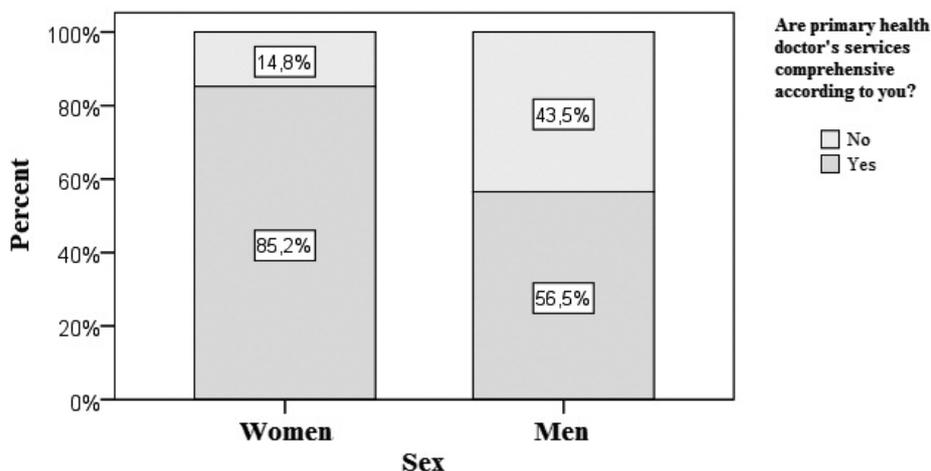
Level of education (Kruskal-Wallis test $H=2,202$, $p=0,332$) and age (Kruskal-Wallis test: $H=0,572$, $p=0,751$) did not diversify the assessment of the waiting time.

Statistically significant correlation between sex (Chi2 test= $10,123$, $p=0,001$), age (Chi2 test= $8,667$, $p=0,013$) and assessment of the medical services' comprehensiveness was demonstrated. A lot more women (82,5%) than men (56,5%) claim that primary health doctor ensures comprehensiveness of services one provides. The younger the respondents the more of them claim that general practitioner provides comprehensive services (Chart 5). No

statistically significant correlation between place of residence (Chi2 test= $0,103$, $p=0,748$) and education (Chi2 test= $0,053$, $p=0,974$) was demonstrated.

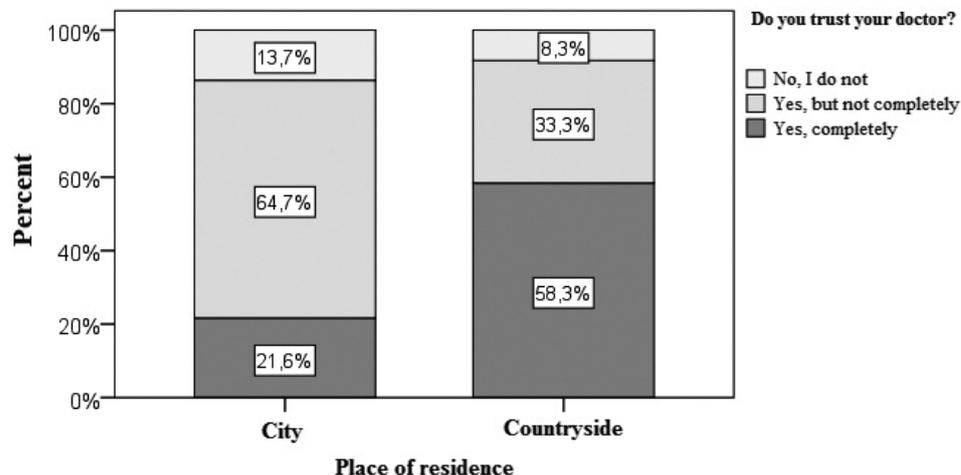
Statistically significant correlation between sex (Chi2 test= $7,282$, $p=0,026$), place of residence (Chi2 test= $14,048$, $p=0,001$), age (Chi2 test= $12,244$, $p=0,016$) and trust towards general practitioner was demonstrated. More women (47,2%) than men (30,4%) put total trust in their general practitioner. Also, more residents from the countryside (58,3%) than residents from the city (21,6%) put total trust in their general practitioner (Chart 6).

Chart 5. Assessment of services' comprehensiveness depending on age.

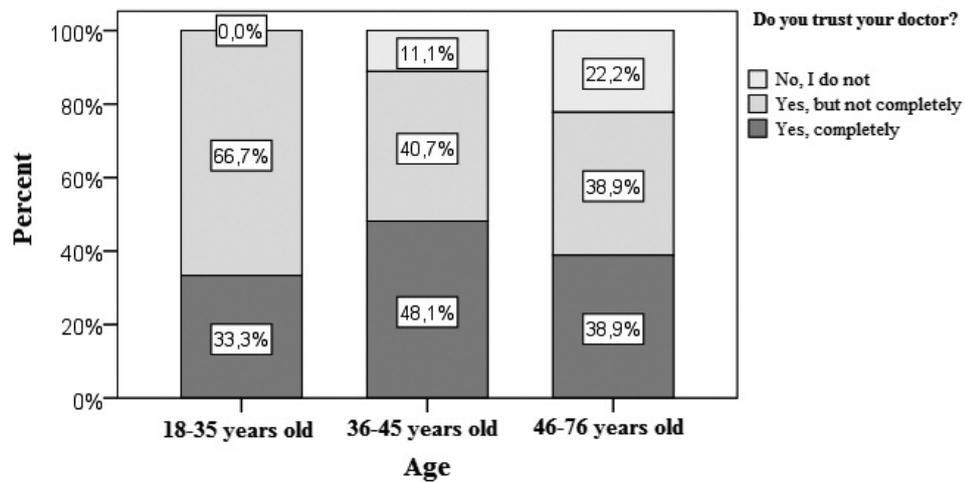


Source: own study

Chart 5. Trust towards doctors depending on place of residence.



Source: own study

Chart 7. Trust towards doctors depending on age.

Source: own study

Many respondents (66,7%) from age group 18-35 years old have lack of trust towards their general practitioner (Chart 7). No statistically significant correlation between level of education and trust towards a general practitioner (Chi2 test=7,587, $p=0,108$) was demonstrated. It was also acknowledged that the respondents with lower education level put more trust in their general practitioner, as opposed to the respondents with higher education level.

DISCUSSION

There is no denying that a certain cooperation between health care system and society takes place. Patient-doctor relations is an undeniable element of the therapeutic process which influences medical services' assessment¹¹⁸. Satisfaction or lack thereof reflects the quality level of provided services and has huge influence over patients' choice of doctor and medical facility. That is why it is a very

important factor shaping medical services market¹¹⁹.

Authorial research shows that trust towards primary health doctor is influenced by determinants such as age, sex and place of residence. It was demonstrated that as people grow older the trust towards their doctors diminishes. Women and countryside residents put the most trust in primary health doctors. Similar results were observed in research conducted by Ghods and co-workers where age, sex and ethnicity had big influence on the therapeutic services' quality as well as on patient-doctor relations¹²⁰. Da-Hai and co-workers were studying patients' trust towards doctors in Zhongshan and Shanghai Tenth People's hospitals situated in Shanghai. They acknowledged that patients' age correlates with their trust towards doctors. In contrast to the authorial analysis, the trust towards doctors increased with age in Shanghai patients¹²¹. Garg and co-workers also acknow-

¹¹⁸ Mendoza M.D., Smith S.G., Eder M.M., Hickner J. 2011. The seventh element of quality: the doctor-patient relationship. *Fam Med*; 43(2): 83–89.

¹¹⁹ Kamińska M., Brodowski J., Bażydło M., Dąbrowska O. 2009. Postawy personelu medycznego a poczucie bezpieczeństwa pacjenta. *Fam Med Primary Care Rev*; 11(4): 881–885.

¹²⁰ Ghods B.K., Roter D.L., Ford D.E., Larson S., Arbelaez J.J., Cooper L.A. 2008. Patient-physician communication in the primary care visits of African Americans and Whites with depression. *J Gen Intern Med*; 23(5): 600–606.

¹²¹ Da-Hai Z., Ke-Qin R., Zhi-Ruo Z. 2016. Patient Trust in Physicians: Empirical Evidence from Shanghai, China. *Chin Med J*; 129(7): 814–818

ledged in their research that trust towards doctors increases with age¹²². Thom and co-workers acknowledged that patients' trust increases when a doctor is competent, thorough and careful during examination as well as when a doctor is a good listener and has complete knowledge of the patients' illness history and knows how to treat it best¹²³. Effective patient-doctor communication and trust is extremely important when a patient suffers from multiple diseases and chronic conditions¹²⁴.

Plentara and co-workers acknowledged in their research that patients from Szczecin are rather satisfied with primary health doctor's services. The surveyed appreciated gentleness during examination (83%), respect and intimacy (82%) as well as kindness (77%) demonstrated by their general practitioners. Easy access to doctors as well as doctor's interest in patients' problems were also listed as positive factors¹²⁵. Kamińska-Rosner and co-workers were analyzing general satisfaction with comprehensiveness of treatments on an outpatient basis. The patients were more content with the level of services provided to them than with the general health system functioning in Poland. The researchers acknowledged statistically significant correlation between sex and satisfaction with primary health doctor's services. Women were more content than men with re-

ceiving outpatient treatment ($p=0,053$)¹²⁶. Taheri and co-workers came to similar conclusions as their research demonstrated that women are more satisfied with medical care than men¹²⁷. In the authorial analysis comprehensiveness of services provided to the patients were assessed. It had similar results to the researches mentioned above. It was acknowledged that a lot more women (85,2%) than men (56,5%) emphasized comprehensiveness of services provided by primary health doctors.

Yassaee and co-workers state that the teenage beneficiaries of English health care assess general practitioners' services as very good. They especially appreciated respect towards patients (91,8%) and thorough explanation of patients' health conditions (85,7%)¹²⁸. Lankarani and co-workers also acknowledged patients' satisfaction with general practitioners' services. More than half of the surveyed (53,1%) were satisfied with comprehensiveness of the services, especially with waiting time and time dedicated to patients in the doctor's office as well as with respect of privacy¹²⁹. In research conducted by Sahrabi and Albalushi, basic health services were positively assessed by 80% of the surveyed. The surveyed especially emphasized care continuity and comprehensiveness and high efficiency of the provided services¹³⁰. In research conducted

¹²² Garg R., Shen Ch., Sambamoorthi N., Kelly K., Sambamoorthi U. 2016. Type of Multimorbidity and Patient-Doctor Communication and Trust among Elderly Medicare Beneficiaries. *Int J Family Med*;

DOI: 10.1155/2016/8747891.

¹²³ Thom D.H., Hall M.A., Pawlson L.G. 2004. Measuring patients' trust in physicians when assessing quality of care. *Health Aff*; 23(4): 124–132.

¹²⁴ Salive M.E. 2013. Multimorbidity in older adults. *Epidemiol Rev*; 35(1): 75–83.

¹²⁵ Plentara R., Knyszyńska A., Bażydło M., i wsp. 2013. Satysfakcja pacjentów podstawowej opieki zdrowotnej z opieki medycznej i psychospołecznej. *Pom J Life Sci* 2015; 61(3): 335–340.

¹²⁶ Kamińska-Rosner J, Zdun-Ryżewska A. Satysfakcja pacjentów z ambulatoryjnej opieki medycznej i jej uwarunkowania. *Medycyna Rodzinna*; 3: 83-86.

¹²⁷ Taheri M., Amani A., Zahiri R., Mohammadi M. 2011. Patient satisfaction with Urban and Rural Insurance and Family Physician Program in Iran. *J Family Reprod Health*; 5: 11–18.

¹²⁸ Yassaee A.A., Hargreaves D.S., Chester K. 2016. Experience of Primary Care Services Among Early Adolescents in England and Association With Health Outcomes. *J Adolesc Health*;

DOI: 10.1016/j.jadohealth.2016.09.022.

¹²⁹ Lankarani K.B., Maharlouei N., Akbari M., et al. 2016. Satisfaction Rate Regarding Health-care Services and Its Determinant Factors in South-West of Iran: A Population-based Study. *Int J Prev Med*; 7: 122.

¹³⁰ Sahrabi M.R., Albalushi R.M. 2011. Clients' satisfaction with primary health care in Tehran: A cross-sectional study on Iranian Health Centers. *J Res Med Sci*; 16(6): 756-762.

by Łukomska and co-workers the services provided by general practitioner were also assessed as very good. However, the respondents had reservations towards waiting time, preventive services and patient's incorporation into preventive decision making. Respondents' assessment was influenced by age, sex, education and frequency of using general practitioners' services. The biggest discrepancy in assessments were age related. As the age increased the satisfaction with the provided services increased as well. The biggest level of satisfaction was observed in patients who were 60 years old and older and the lowest level of satisfaction was observed in patients who were below 40 years old¹³¹. It is imperative to also focus on the National Health Care research regarding patients' satisfaction with primary health care services. Over 35 thousand Polish people took part in the research. The majority of the surveyed (39,34%) claimed that the services were very good. 24,69% of the surveyed claimed the services were very good and 19,02% of the surveyed claimed that the services were on mediocre level. More than half of the respondents started their treatment on the same day that they were admitted and 1/5 of the respondents had to wait a day longer¹³². Miller and co-workers claim that according to their research only 15% of patients wait for admittance for longer than a half an hour¹³³. However, in the research conducted by Sałacka and co-workers 67% of the surveyed waited less than 15 minutes for the admittance¹³⁴.

In the authorial research the waiting time was assessed as medium. Better results were gained in the research conducted by Łukomska and co-workers where 91% of the patients assessed the waiting time as fast¹³⁵. Those results are contradictory to the results gathered from the authorial research because in the authorial survey a lot less people stated that the waiting time was short or very short.

Kemicer-Chmielewska and co-workers demonstrated significant correlation between age, health condition and frequency of visits to the doctor among the residents of Szczecin. People in the age range of 50-60 years old (24,68%) and people who deemed their health condition as very bad visited doctors the most often. 27,34% of respondents stated that they visit a doctor four times a year. Most of those respondents had roughly 50 years old¹³⁶. Authorial analysis points to the correlation between sex, age and frequency of visits to a primary health doctor. Women visit doctors a lot more often than men. The frequency of the visits to primary health doctors increases with age. Respondents who are less than 45 years old go to doctors a few times a year but respondents whose age is in range of 46-76 years old go to doctors once a month. Place of residence and level of education had no influence on the frequencies of the visits. The surveyed use the primary health doctors' services a few times a year.

¹³¹ Łukomska A., Szrajda J., Nowakowska I. 2012. Satysfakcja osób starszych z usług świadczonych przez lekarza rodzinnego. *Gerontol Pol*; 20(2): 68–72.

¹³² Wyniki ankiety badającej poziom satysfakcji pacjenta w POZ. Źródło: <http://www.nfz.gov.pl/aktualnosci/aktualnosci-centrali/wyniki-ankiety-badajacej-poziom-satysfakcji-pacjenta-w-poz,6828.html> (Dostęp: 15.12.2016).

¹³³ Miller M., Supranowicz P., Gębska-Kuczerowska A., Car J. 2007. Ocena poziomu satysfakcji pacjentów jako element jakości pracy podstawowej opieki zdrowotnej. *Pol Merkur Lekarski*; 23(137): 367–370.

¹³⁴ Sałacka A., Koziellec T., Późniak J., Hornowska I., Kotkowiak L., Michoń P. 2006. Ocena satysfakcji pacjenta z funkcjonowania podstawowej opieki zdrowotnej w świetle badań ankietowych pacjentów przychodni medycyny rodzinnej. *Fam Med Primary Care Rev*; 8(2): 311–313.

¹³⁵ Łukomska A., Roś D., Jachimowicz-Wołoszynek D. 2006. Wpływ wieku na poziom satysfakcji pacjentów korzystających z usług lekarza rodzinnego. *Fam Med Primary Care Rev*; 8(1): 88–94.

¹³⁶ Kemicer-Chmielewska E., Żułtak-Bączkowska K., Rotter I., Kotwas A., Jasińska M. 2012. Wpływ wybranych czynników na częstość korzystania z wizyt u lekarza POZ. *Fam Med Prim Care Rev*; 14(2): 163–165.

CONCLUSIONS

The conducted research allows to present only a fraction of the bigger issue which is satisfaction with general practitioners' services. In order to prove that Lublin macroregion residents' overall satisfaction with general practitioners' services is high, a study needs to be conducted which takes into consideration the whole Voivodeship. However, the obtained results constitute basis for further studies and starting new discussions on the subject. The results also allow to pose a claim that assessment of patients' satisfaction with health care should constitute basis for further development and changes in that area.

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