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**THE COMPARISON OF PATIENTS'
SATISFACTION WITH PRIMARY HEALTH
CARE RECEIVED IN THE CONTEXT
OF THE PROCESS OF REFORMING HEALTH
CARE SECTOR IN UKRAINE:
A CROSS-SECTIONAL RESEARCH
(based on the example of the primary health care
center in the city of Kyiv)**

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Ключевые слова: *первичная медицинская помощь, опросник EUROPEP, удовлетворенность первичной медицинской помощью, Украина*

Abstract. *The comparison of patients' satisfaction with primary health care received in the context of the process of reforming health care sector in Ukraine: a cross-sectional research (based on the example of the primary health care center in the city of Kyiv). Paryi V.D., Korotkiy O.V., Gurianov V.H. The purpose of the research is to compare the satisfaction of patients of the PHC center in the city of Kyiv who made declarations with doctors and received primary health care in 2019 with the satisfaction of patients of former therapeutic sites who received PHC in 2017. A cross-sectional research was conducted in the primary health care center in the city of Kyiv in two stages. The first phase was held during the 6 months of 2017. In total, 397 people at the age of 18 and older were selected, who contacted with primary health care physicians at the time of the research not less than one year. The EUROPEP questionnaire that was used consists of 23 questions with possible rating them according to five-point Likert scale and covering the following aspects: relationship between a doctor and a patient, evaluation of direct medical care, information and support of the patient by doctor, organizational aspects of health care delivery, availability of primary health care. The second phase of the research, using the same EUROPEP questionnaire was held during the 6 months of 2019. In total, there were 402 respondents who took part in research. We offered to determine the average value of the proportion of patients with the evaluation criteria «good» and «excellent» from received by them PHC for each of the 23 questions of a questionnaire as an integral indicator of satisfaction with the received PHC. The research found that the integral indicator of satisfaction with the received PHC in the city of Kyiv during the last two years in the context of the process of reforming the health care sector in Ukraine has increased from 75.5±0.5 in 2017 to 85.9±0.4 in 2019. The comparison of the average values obtained as a result of the research before and after the reforming of the primary care link in the city of Kyiv has revealed a statistically significant ($p<0,01$) increase in patients' satisfaction with the PHC in all the investigated aspects, except the answers to Q1 (making you feel you had enough time for consultation?) and Q23 questions (urgent care delivery).*

Реферат. *Сравнение удовлетворенности пациентов полученной первичной медицинской помощью в условиях реформирования отрасли: кросс-секционное исследование (на примере центра первичной медицинской помощи города Киева). Парий В.Д., Короткий А.В., Гурьянов В.Г. Цель исследования — сравнить удовлетворенность пациентов центра ПМП города Киева, которые заключили декларации с врачами*

и получили ПМП в 2019 году, с удовлетворенностью пациентов бывших терапевтических участков, которые получали ПМД в 2017 году. Кросс-секционное исследование проводилось в центре ПМП города Киева в два этапа. Первый этап проводился в течение 6 месяцев 2017 года. Всего для исследования были отобраны 397 человек в возрасте 18 лет и старше, которые на момент исследования обращались к врачам первичного звена в течение не менее одного года. Использован EUROPEP инструмент, который является опросником, состоящим из 23 вопросов с возможной оценкой их по пятибалльной шкале Likert, и охватывает следующие аспекты: взаимоотношения между врачом и пациентом, оценка непосредственного оказания медицинской помощи, информирование и поддержка пациента врачом, организационные аспекты оказания медицинской помощи, доступность ПМП. Второй этап исследования с использованием аналогичного опросника EUROPEP проведен в течение 6 месяцев 2019 года. В исследовании приняли участие 402 респондента. Исследованием установлено, что интегральный показатель удовлетворенности полученной ПМП в городе Киеве в течение последних двух лет в условиях реформирования отрасли вырос с $75,5 \pm 0,5$ в 2017 году до $85,9 \pm 0,4$ в 2019 году. Сравнение средних значений, полученных в результате проведенного исследования до и после реформирования первичного звена в городе Киеве, выявило статистически достоверное ($p < 0,01$) увеличение удовлетворенности пациентов полученной ПМП при анализе ответов на вопросы всех исследуемых аспектов, кроме ответов на вопросы Q1 («ощущение, что времени, которое выделено Вам врачом для консультации, достаточно») и Q23 («оказание услуг неотложной помощи»).

Modern modeling of the health care system requires the involvement of the patient – recipient of medical services in the decision-making process [2]. Feedback from the patient is recommended by the WHO in the formation of an integrated assessment of the quality of medical services [11]. International researchers are trying to determine how to measure and assess patients' satisfaction with the services received and describe the model of the relationship between the patient and the attending physician [10]. When reviewing the scientific literature patients' satisfaction is primarily associated with the communication skills of physicians, with the establishment of a relationship between them and patients based on trust and support, which usually increases compliance and improves long-term treatment outcomes [5]. That is why satisfaction has become a valuable indicator that characterizes the health care system as a whole along with indicators of population health and reducing the financial burden on the patient [8]. Therefore, worldwide the evaluation of received medical care by the patients is perceived as a judgment of quality by health policy makers, administrators and practitioners along with other key performance indicators [10].

In patients' satisfaction study conducted in the European region the standardized tool EUROPEP (The European Task Force on Patient Evaluations of General Practice Care) was used [4, 7]. Using this tool, it is possible to identify aspects in the provision of PHC that need to be adjusted [6]. It is investigated that the level of patients' satisfaction is quite closely related to the availability of medical care [3]. However, it should be borne in mind that high patients' satisfaction is not necessarily equivalent to its high quality [9]. Satisfaction of health care consumers in the context of health care reform in Ukraine is becoming an increasingly important

issue, although currently it is not typical to include patients' satisfaction in the criteria by which the quality of PHC should be evaluated [5]. In Ukraine, studies of patient satisfaction with the help of standardized instruments are not numerous and were conducted primarily among the rural population [1].

The purpose of the study is to compare the satisfaction of patients of the PHC center in Kyiv who signed declarations with doctors and received PHC in 2019 with the satisfaction of patients of former therapeutic units who received PHC in 2017, before the reform of the industry.

MATERIALS AND METHODS OF RESEARCH

The cross-sectional study was conducted at the PHC center in Kyiv in two stages. The first stage took place during 6 months of 2017. A total of 397 people aged 18 and older were selected for the study, who at the time of the study had been consulted by primary care physicians in a period no less one year. The tool used by EUROPEP is a questionnaire consisting of 23 questions with a possible score on a five-point Likert scale and covers the following aspects: *the relationship between doctor and patient* ("feeling that the time given to you by the doctor was enough" – Q1, "the doctor's interest in your individual situation" – Q2, "the doctor's assistance in the possibility of easy communication with him regarding your problems" – Q3, "involving you by the doctor in decisions making regarding medical care delivery" – Q4, "attentive listening to you by a doctor" – Q5, "ensuring confidentiality of records and personal data about you by the doctor" – Q6), *evaluation of direct medical care delivery* ("providing quick alleviation of disease by the doctor" – Q7, "getting help from a doctor so facilitates well-being that leads you to return to everyday life" – Q8, "thoroughness of the doctor's approach to your problems" – Q9, "the

quality of the doctor's examination (inspection)" – Q10, "offering services for disease prevention (additional examinations, preventive examinations, vaccination)" – Q11), *informing and supporting the patient by the doctor* ("explanation of the purpose of examinations, tests and methods treatment by the doctor" – Q12, "sufficient information given by your doctor about your symptoms and/or diseases" – Q13, "help of a doctor in combating negative emotions related to your health" – Q14, "help in understanding why it is important to follow the doctor's advice" – Q15), *organizational aspects of medical care delivery* ("knowledge of the doctor about what was done (told) to you during the previous visit" – Q16, "the doctor's explanatory work on that what can be expected when referring you to a secondary level of medical care" – Q17), *the availability of PHC* ("benevolence, courtesy of medical staff (except for doctor) to you" – Q18, "the possibility of visiting a doctor at a time convenient for you" – Q19, "possibility to make an appointment by phone" – Q20, "possibility to talk to a doctor by phone" – Q21, "time to wait for an appointment at the office" – Q22, "provision of emergency services" – Q23).

The second stage of the study using a similar EUROPEP questionnaire was conducted during 6 months of 2019. 402 respondents took part in the study.

Questionnaires were distributed by physicians and nurses to patients who expressed a desire to express their opinion after their visit to the doctor. In order to minimize the influence of health workers and prevent bias when filling in the questionnaire, patients were asked to fill in the latter at home and at repeat visit to slip it into a special container, which was placed at the entrance to the medical institution. The questionnaire survey was anonymous. Personal data were neither collected nor used by us.

The study used bibliosemantic, sociological (questionnaire survey), statistical methods. Descriptive statistical parameters are calculated as: mean, \pm standard deviation (SD) or \pm standard error (SE) and percent. The EZR v package was used for calculations. 1.35 (R statistical software version 3.4.3, R Foundation for Statistical Computing, Vienna, Austria), development tables are generated using licensed software Microsoft Office Excel 10. For comparison, the Mann-Whitney test was used to assess the differences between two independent samples at the level of the trait, quantified. The critical value of the level of statistical significance was taken at the level of $p < 0.05$ (5%).

RESULTS AND DISCUSSION

During the first stage of the study in 2017, it was proposed to fill in 470 questionnaires. The response

rate of patients was 411 questionnaires, which is 87.4%. 14 questionnaires were declared invalid, which is 3.5%. 397 questionnaires were recognized as valid and processed ($n_1 = 397$). During the second stage of the study in 2019, it was proposed to fill in 465 questionnaires. The response rate of patients was 437 questionnaires, which is 94.0%. 35 questionnaires were declared invalid, which is 7.5%. 402 questionnaires were recognized as valid and processed ($n_2 = 402$).

When comparing the average values obtained as a result of the study among groups of respondents before and after the reform of the primary level, a statistically significant ($p < 0.01$) increase was revealed in patients' satisfaction with PHC in the analysis of answers to questions of all studied aspects, except for answers 1 (Q1) and 23 (Q23) (Table 1).

We also calculated and compared the proportion of patients with the assessment of the received PHC, which corresponds to the definition of "good" and "excellent" in the first and second stages of the study, as well as the results of previous studies in different EU countries (Table 2).

Comparing the frequency of assessments of the received PHC – "good" and "excellent" for each of the 23 questions of the questionnaire on the results of the first and second stages of the study, we observe a tendency to its increase in almost all studied aspects. And the greatest increase is observed in the analysis of answers to questions Q22 "Waiting time at the office" (from 45.6 ± 2.5 in 2017 to 75.1 ± 2.2 in 2019), Q20 "Ability to register for an appointment" by phone "(from 59.9 ± 2.5 in 2017 to 72.1 ± 2.2 in 2019), Q21 "Possibility to talk to a doctor by phone" (from 64.2 ± 2.4 in 2017 to 78.4 ± 2.1 in 2019), Q19 "Opportunity to be invited to see a doctor at a time convenient for you" (from 66.0 ± 2.4 in 2017 to 82.3 ± 1.9 in 2019), which may indicate an improvement in the availability of primary health care. The increase in the Q14 score "Physician's help in combating negative emotions related to the state of your health" (from 55.9 ± 2.5 in 2017 to 83.8 ± 1.8 in 2019) is indicative. year), which may indicate a sufficient level of communication in the system "doctor - patient", a high level of trust and authority of the doctor [1, 3].

We proposed to determine the frequency of patients' assessments of the received PHC as "good" and "excellent" in the total measure for each of the 23 questions of the questionnaire as an integral indicator of satisfaction. According to the results of our two-stage study, it tended to increase from 75.5 ± 0.5 in 2017 to 85.9 ± 0.4 in 2019, this may indicate an increase in patients' satisfaction with the

received PHC [5]. It should be noted that this cross-sectional study had several limitations. In general, the sample is not representative of the general population. Based on this, it is assumed that the results of the overall assessment and comparability

of patients may be distorted or asymmetric. Therefore, additions and refinements can be achieved through expert discussions and larger-scale testing in the future.

Table 1

Quantitative assessment of the answers to the questions of the EUROPEP-tool with determining the significance of differences between stages I and II of the own study

Questions of the EUROPEP tool	Stage I of the study (2017), n ₁ = 397		Stage II of the study (2019), n ₂ = 402		The level of significance of differences between groups, p
	abs. number, (%) of missed answers	$\bar{X} \pm SD$	abs. number, (%) of missed answers	$\bar{X} \pm SD$	
Q1	11 (2.77)	4.06±0.83	6 (1.5)	4.10±0.88	0.262
Q2	16 (4.03)	4.23±0.71	16 (4.0)	4.38±0.69	0.003
Q3	21 (5.29)	4.19±0.72	15 (3.7)	4.36±0.69	0.001
Q4	31 (7.81)	4.16±0.79	21 (5.2)	4.39±0.70	<0.001
Q5	5 (1.26)	4.40±0.70	1 (0.2)	4.58±0.65	<0.001
Q6	45 (11.34)	4.37±0.69	24 (6.0)	4.52±0.66	0.001
Q7	19 (4.79)	4.26±0.70	12 (3.0)	4.41±0.66	0.003
Q8	26 (6.55)	4.25±0.71	25 (6.2)	4.40±0.70	0.002
Q9	12 (3.02)	4.26±0.73	4 (1.0)	4.43±0.71	0.001
Q10	6 (1.51)	4.36±0.72	5 (1.2)	4.51±0.67	0.002
Q11	21 (5.29)	4.28±0.74	8 (2.0)	4.44±0.79	<0.001
Q12	16 (4.03)	4.24±0.89	8 (2.0)	4.45±0.74	<0.001
Q13	9 (2.27)	4.22±0.83	7 (1.7)	4.49±0.67	<0.001
Q14	8 (2.02)	3.77±0.79	25 (6.2)	4.27±0.81	<0.001
Q15	21 (5.29)	4.15±0.96	14 (3.5)	4.42±0.72	<0.001
Q16	21 (5.29)	4.12±0.94	12 (3.0)	4.38±0.72	<0.001
Q17	24 (6.05)	4.12±0.97	14 (3.5)	4.43±0.69	<0.001
Q18	7 (1.76)	4.37±0.78	2 (0.5)	4.56±0.65	0.001
Q19	48 (12.09)	3.97±0.90	13 (3.2)	4.26±0.81	<0.001
Q20	60 (15.11)	3.91±1.11	47 (11.7)	4.19±0.92	0.002
Q21	60 (15.11)	4.00±1.02	37 (9.2)	4.09±1.22	0.016
Q22	16 (4.03)	3.38±1.04	15 (3.7)	3.94±1.11	<0.001
Q23	65 (16.41)	4.15±0.80	55 (13.7)	3.98±1.39	0.287



Table 2

Comparison of the frequency of patients' assessments of received PHC as "good" and "excellent" in the total measurement of the results of the first and second stages of the own study as well as previous one in different EU countries

Questions of the EUROPEP tool	Frequency of estimates of the received PHC as "good" and "excellent" in 2017, n ₁ = 397 (%±SE%)	Frequency of estimates of the received PHC "good" and "excellent" in 2019, n ₂ = 402 (%±SE%)	Indicators of 8 EU countries [8]	
			interval	average%
Q1	72.5±2.2	79.4±2.0	(87.4-95.1)	89,6
Q2	81.9±1.9	86.1±1.7	(77.1-95.2)	87,9
Q3	77.8±2.1	85.8±1.7	(85.1-93.9)	89,2
Q4	74.8±2.2	84.6±1.8	(83.2-93.7)	86,9
Q5	87.2±1.7	92.5±1.3	(88.0-95.3)	91,6
Q6	77.8±2.1	87.1±1.7	(91.2-97.0)	94,7
Q7	81.9±1.9	88.6±1.6	(75.3-92.8)	86,5
Q8	79.3±2.0	84.3±1.8	(83.4-93.6)	88,5
Q9	80.9±2.0	91.3±1.4	(84.8-94.4)	89,8
Q10	85.1±1.8	92.5±1.3	(82.4-94.4)	88,9
Q11	79.6±2.0	91.0±1.4	(79.9-90.3)	86,7
Q12	82.9±1.9	91.3±1.4	-	-
Q13	83.9±1.8	91.8±1.4	(83.3-96.2)	89,1
Q14	55.9±2.5	83.8±1.8	(72.6-91.1)	83,2
Q15	81.1±2.0	90.0±1.5	(82.1-93.1)	87,3
Q16	80.6±2.0	87.1±1.7	(78.3-91.2)	85,9
Q17	80.1±2.0	90.5±1.5	-	-
Q18	87.4±1.7	92.5±1.3	(83.8-94.6)	89,9
Q19	66.0±2.4	82.3±1.9	(76.0-97.4)	88,6
Q20	59.9±2.5	72.1±2.2	(65.4-95.6)	86,3
Q21	64.2±2.4	78.4±2.1	(68.6-94.3)	82,7
Q22	45.6±2.5	75.1±2.2	(63.9-82.9)	72,1
Q23	69.5±2.3	78.4±2.1	(84.0-98.0)	91,7
Середнє значення	75.5±0.5	85.9±0.4		

CONCLUSIONS

1. The study found that the integrated indicator of patients' satisfaction with PHC in the city of Kyiv over the past two years in terms of reforming the industry has increased from 75.5±0.5 in 2017 to

85.9±0.4 in 2019 but remains lower than in the European Union.

2. Improved accessibility of primary care to medical care was revealed, namely: satisfaction with

the answer to the question "Waiting time at the office" increased from 45.6±2.5 in 2017 to 75.1±2.2 in 2019, "Possibility to make an appointment by phone" – from 59.9±2.5 in 2017 to 72.1±2.2 in 2019. Communication skills, a high level of trust and authority of the doctor were expressed in increased satisfaction when answering the question "Physician's help in combating negative emotions related to your health" (from 55.9±2.5 in 2017 to 83.8±1.8 in 2019).

3. Comparison of the mean values obtained as a result of the study before and after the reform of the

primary care in the city of Kyiv, revealed a statistically significant ($p < 0.01$) increase in patients' satisfaction with PHC in the analysis of answers to all aspects, except answers to questions 1 (Q1) and 23 (Q23). The results of the study can be used in the substantiation and development of a new functional and organizational model of PHC, taking into account patients' satisfaction as an important resultant component in the integrative measurement of the quality of PHC.

Conflict of interest. The authors declare no conflict of interest.

REFERENCES

- Odrynskyi VA. [Medico-social substantiation of the model of primary health care for the rural population at the level of the administrative district: Dis ... Cand. honey. Science: 14.02.03]. Nacionalna medychna akademiia pisladyplomnoi' osvity im. PL Shupyka. Kyiv; 2015. p. 197. Available from: <http://www.nmapo.edu.ua/zagruzka/DrAr/DrOdrinskiy.pdf>
- Abdullah Khlofh Tabekhan, Yahia Mater Alkhalidi, Abdullah Khalufah Alghamdi. Patients satisfaction with consultation at primary health care centers in Abha City, Saudi Arabia. *Journal of family medicine and primary care*. 2018;7(4):658-63. doi: https://doi.org/10.4103/jfmpe.jfmpe_318_17
- Rositsa Dimova, Romyana Stoyanova, and Donka Keskinova The EUROPEP questionnaire for patient's evaluation of general practice care: Bulgarian experience [Internet]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5346897/>
- Panayides N, Latsou D, Geitona M. An Evaluation of Patient Satisfaction In Pafos, Cyprus With The «Europep» Instrument. *Value in health*. 2014;17(7):A433. doi: <https://doi.org/10.1016/j.jval.2014.08.1109>
- Valentin Pariy, Oleksandr Korotkyi. Satisfaction of patients with first medical care: cross-section study (on the example of city Kyiv). *EUREKA: Health Sciences*. 2017;6:19-27. doi: <https://doi.org/10.21303/2504-5679.2017.00467>
- Randa Hemadeh Rawan Hammoud Ola Kdouh Tarek Jaber Lea Ammar. Patient satisfaction with primary healthcare services in Lebanon. *The international journal of health planning and management*. 2018;34:e423-35. doi: <https://doi.org/10.1002/hpm.2659>
- Hugo Roque, Ana Veloso, Pedro L Ferreira. Portuguese version of the EUROPEP questionnaire: contributions to the psychometric validation. *Rev Saude Publica*. 2016;50:61. doi: <https://doi.org/10.1590/S1518-8787.2016050006259>
- Achim Mortsiefer, Attila Altiner, Annette Ernst, Hanna Kadusiewicz, Alice Krahe, Christine Mellert, Ingmar Schäfer, Carl-Otto Stolzenbach, Birgitt Wiese, Christin Löffler. Satisfaction with general practice care in German patients with multimorbidity: a cross-sectional study. *Family practice*. 2017;34(4):452-8. doi: <https://doi.org/10.1093/fampra/cmw141>
- Susan P Sparkes, Rifat Atun, Till Bärnighausen. The impact of the Family Medicine Model on patient satisfaction in Turkey: Panel analysis with province fixed effects. *PloS One*. 2019;14(1). doi: <https://doi.org/10.1371/journal.pone.0210563>
- Nada Spasojevic, Boris Hrabac, Senad Husseinagic. Patient's Satisfaction with Health Care: a Questionnaire Study of Different Aspects of Care. *Mater Sociomed*. 2015 Aug;27(4):220-4. doi: <https://doi.org/10.5455/msm.2015.27.220-224>
- Van Royen P, Rees CE, Groenewegen P. Patient-centred interprofessional collaboration in primary care: challenges for clinical, educational and health services research. An EGPRN keynote paper. *Eur J Gen Pract*. 2014;20:327-32. doi: <https://doi.org/10.3109/13814788.2014.908462>

СПИСОК ЛІТЕРАТУРИ

- Одринський В. А. Медико-соціальне обґрунтування моделі первинної медико-санітарної допомоги сільському населенню на рівні адміністративного району: дис... канд. мед. наук: 14.02.03 / Нац. мед. акад. післядиплом. освіти імені П.Л. Шупика. Київ, 2015. 197с. URL: <http://www.nmapo.edu.ua/zagruzka/DrAr/DrOdrinskiy.pdf>
- Abdullah Khlofh Tabekhan, Yahia Mater Alkhalidi, Abdullah Khalufah Alghamdi. Patients satisfaction with consultation at primary health care centers in Abha City, Saudi Arabia. *J. of family medicine and primary care*. 2018. Vol. 7, No. 4. P. 658-663. DOI: https://doi.org/10.4103/jfmpe.jfmpe_318_17
- Dimova Rositsa, Stoyanova Romyana, Keskinova Donka. The EUROPEP questionnaire for patient's

evaluation of general practice care: Bulgarian experience. URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5346897>

4. Panayides N., Latsou D., Geitona M. An Evaluation of Patient Satisfaction In Pafos, Cyprus With The «Europep» Instrument. *Value in health*. 2014. Vol. 17. No. 7. P. A433.

DOI: <https://doi.org/10.1016/j.jval.2014.08.1109>

5. Pariy Valentin, Korotkyi Oleksandr. Satisfaction of patients with first medical care: cross-section study (on the example of city Kyiv). EUREKA: Health Sciences, 2017. No. 6. P. 19-27.

DOI: <https://doi.org/10.21303/2504-5679.2017.00467>

6. Patient satisfaction with primary healthcare services in Lebanon / Randa Hemadeh et al. *The international journal of health planning and management*. 2018. January/March(Vol. 34). P. e423-e435.

DOI: <https://doi.org/10.1002/hpm.2659>

7. Roque Hugo, Veloso Ana, Ferreira Pedro L. Portuguese version of the EUROPEP questionnaire: contributions to the psychometric validation. *Rev Saude Publica*. 2016. Vol. 50. P. 61.

DOI: <https://doi.org/10.1590/S1518-8787.2016050006259>

8. Satisfaction with general practice care in German patients with multimorbidity: a cross-sectional study / Achim Mortsiefer et al. *Family practice*. 2017. Vol. 34, No. 4. P. 452-458.

DOI: <https://doi.org/10.1093/fampra/cmw141>

9. Sparkes Susan P., Atun Rifat, Bärnighausen Till. The impact of the Family Medicine Model on patient satisfaction in Turkey: Panel analysis with province fixed effects. *PLoS One*. 2019. Vol. 14, No. 1.

DOI: <https://doi.org/10.1371/journal.pone.0210563>

10. Spasojevic Nada, Hrabac Boris, Huseinagic Senad. Patient's Satisfaction with Health Care: a Questionnaire Study of Different Aspects of Care. *Mater Sociomed*. 2015. Aug. (Vol. 27, No. 4). P. 220-224.

DOI: <https://doi.org/10.5455/msm.2015.27.220-224>

11. Van Royen P, Rees CE, Groenewegen P. Patient-centred interprofessional collaboration in primary care: challenges for clinical, educational and health services research. An EGPRN keynote paper. *Eur J Gen Pract*. 2014. Vol. 20. P. 327-332.

DOI: <https://doi.org/10.3109/13814788.2014.908462>

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