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Analiza zadovoljstva pacijenata radom timova porodične medicine u Domu zdravlja Banja Luka

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Sažetak

Uvod: Reforma primarne zdravstvene zaštite u Bosni i Hercegovini počela je 1999. Fokus je bio na uvođenju porodične medicine, naspram postojećeg dispanzerskog načina rada, baziranog na Službi opšte medicine. Reforma je proces koji traje i sve promene se implementiraju sa ciljem poboljšanja pacijentovog zadovoljstva. Naš cilj je da analiziramo zadovoljstvo pacijenata i uticaj društveno-demografskih faktora na zadovoljstvo pacijenata radom timova porodične medicine.

Metode: Ovo istraživanje je opservaciona i deskriptivna studija, sprovedena u ambulantama porodične medicine Doma zdravlja u Banja Luci od 01. februara do 01. aprila 2022. Podaci su prikupljeni korišćenjem EUROPEP upitnika, koji je standardizovani instrument za evaluaciju pacijentovog zadovoljstva primarnom zdravstvenom zaštitom, kao i upitnik sa društveno-demografskim informacijama. Studija je obuhvatila 250 pacijenata iz ambulanti porodične medicine, iz grada, predgrađa i okoline.

Rezultati: Analiza 250 upitnika dala je odgovore na 23 pitanja iz EUROPEP instrumenta, procenjujući 4 domena: odnos doktor-pacijent $\bar{X}$ (4.22) SD (0.85); medicinska nega $\bar{X}$ (4.32) SD (0.90); informacije i podrška $\bar{X}$ (4.04) SD (0.94); i organizacija usluga $\bar{X}$ (3.81) SD (0.98). Društveno-demografske i druge karakteristike pacijenata mnogo utiču na zadovoljstvo pacijenata zdravstvenim uslugama u porodičnoj medicini.

Zaključci: Generalno, pacijenti su zadovoljni uslugom koju dobijaju od strane timova porodične medicine u Domu zdravlja Banja Luka, a najmanje su zadovoljni organizacijom usluga. Prema individualnim pitanjima iz EUROPEP upitnika, pacijenti su najviše nezadovoljni dostupnošću lekara preko telefona, primanjem saveta od lekara, dugim čekanjem u čekaonicama i zakazivanjem termina.

Ključne reči: porodična medicina, zadovoljstvo pacijenata, EUROPEP upitnik

Analysis of Patients' Satisfaction With the Work of Family Medicine Teams at the Primary Healthcare Center in Banja Luka

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Abstract

Introduction: The primary healthcare reform in Bosnia and Herzegovina began in 1999. The focus was on the introduction of family medicine, in comparison to the existing dispensary model of care based on the practice of general medicine. The reform is an ongoing process, and all changes are being implemented to improve patients' satisfaction. Our objective is to analyze patients' satisfaction and the impact of socio-demographic factors on patients' satisfaction with the work of family medicine teams.

Methods: This research is an observational and descriptive study conducted in family medicine clinics of the Primary Healthcare Centre in Banja Luka from February 1st to April 1st 2022.

The data was gathered using the EUROPEP questionnaire which is a standardized instrument for the evaluation of patients' satisfaction with primary healthcare, as well as a questionnaire with socio-demographic information. The study comprised 250 patients from family medicine clinics in the city, suburbs, and countryside.

Results: The analysis of 250 questionnaires has provided answers to 23 questions in the EUROPEP instrument assessing four domains: doctor-patient relation $\bar{X}$ (4.22) SD (0.85); medical care $\bar{X}$ (4.32) SD (0.90); information and support $\bar{X}$ (4.04) SD (0.94); and organization of services $\bar{X}$ (3.81) SD (0.98). Socio-demographic and other patient characteristics greatly impact family medicine patients' satisfaction with healthcare services.

Conclusions: In general, the patients are satisfied with the care provided by the family medicine teams of the Primary Healthcare Centre in Banja Luka, and least satisfied with the organization of services. According to individual questions in the EUROPEP questionnaire, the patients are most unsatisfied with reaching their doctors by phone, receiving advice from them, spending a lot of time waiting in the waiting rooms, and scheduling their appointments.

Keywords: family medicine, patient satisfaction, EUROPEP questionnaire

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Uvod

Reforma primarne zdravstvene zaštite u Bosni i Hercegovini počela je 1999, sa uvođenjem porodične medicine. Svrha reforme bila je da se poboljša zadovoljstvo pacijenata i kvalitet zaštite. Tokom prethodnih godina, prostorni i ljudski resursi neophodni za implementaciju ovog novog modela zaštite, zasnovanog na pružanju usluge pacijentu od strane timova porodične medicine, su bili zadovoljeni u većini domova zdravlja.

Ambulantni model, koji je bio zastupljen do tada, postepeno je zamenjen novim, a to je model zasnovan na porodičnoj medicini. Timovi porodične medicine formirani su za vreme reformskih procesa i svaki tim se sastoji iz jednog lekara i dve sestre, koji obezbeđuju usluge na primarnom nivou zdravstvene zaštite za 2000 registrovanih pacijenata.[1]

Tim porodične medicine je focus zdravstvenog sistema i institucionalno je predstavljen ambulantama porodične medicine, zajedničkim ambulantama i domovima zdravlja. Nova uloga domova zdravlja je da obezbedi logističku podršku timovima porodične medicine kroz konsultativno-specijalističke klinike i dijagnostičke usluge. Takođe koordiniše rad ambulanti porodične medicine.[2]

Primarna zdravstvena zaštita (PZZ), koju smo nasledili, bila je fokusirana na bolest i terapiju, epizode zaštite i pasivni prijem pacijenata, sa većom stopom konsultativno-specijalističkih i dijagnostičkih usluga, kao i bolničkog lečenja. Često PZZ nije bila prvi nivo pacijentovog kontakta sa zdravstvenim sistemom, a kontinuitet zdravstvene zaštite je bio gotovo nepostojeći. U domova zdravlja, na nivou PZZ, usluge su obezbeđivane prema godištu, polu ili vrsti bolesti, od strane specijalizovanih odeljenja ili usluga, što nije najefikasniji način iskorišćavanja dostupnih resursa.[3]

Porodična medicina predstavlja drugačiji pristup primarnoj zdravstvenoj zaštiti, sa fokusom na kontinuirano čuvanje i poboljšanje zdravlja ljudi i korisnik zdravstvene zaštite je u fokusu zdravstvene zaštite. Umesto pasivnog čekanja da zdravstveni korisnik (koji ima određene zdravstvene probleme) sam dođe u ambulantu, tim porodične medicine teži da aktivno traži korisnike, za vreme faze u kojoj odgovarajuća intervencija daje najbolje dugoročne rezultate.[4]

Porodična medicina uspostavlja prvi korak sa zdravstvenim korisnikom u zdravstvenom sistemu. Omogućava otvoren i neograničen pristup korisnicima, rešavajući različite zdravstvene probleme, bez obira na godine, pol ili druge karakteristike korisnika. Tim porodične medicine koordiniše zdravstvenu zaštitu sarađujući sa drugim profesionalcima u zdravstvenom sistemu, zastupajući zdravstvenog korisnika u budućem kontaktu sa drugim specijalistima. Rad tima porodične medicine fokusiran je na zdravstvenog korisnika i usmeren na pojedinca, njegovu/njenu porodicu, njihovu zajednicu.[5,6]

Introduction

The primary healthcare reform in Bosnia and Herzegovina began in 1999 with the introduction of family medicine. The purpose of the reform has been to improve patient satisfaction and the quality of care. During the previous years, spatial and staffing requirements necessary for the implementation of this new model of care which is based on patient care being provided by family health teams were met in most healthcare centres.

The dispensary model which had been relevant until then was gradually substituted by the new one which is family medicine-based. Family medicine teams were formed during the reform process and they each consist of one physician and two nurses that provide primary healthcare services for 2000 registered patients.[1]

The family medicine team is the focus of the health system and it is institutionally represented by family medicine clinics, shared practices, or health centers. The new role of the healthcare center is to provide logistical support to family medicine teams through consultative-specialist clinics and diagnostic services. It also coordinates the work of family medicine clinics.[2]

The primary health care (PHC) we inherited used to be focused on disease and therapy, episodic care, and passive admission of patients, along with a higher rate of consultative-specialist and diagnostic services, and hospital treatments. Often, PHC was not the first level of patients' contact with the health system, and the continuity of healthcare was almost nonexistent. In the majority of health centers, at the level of PHC, services were provided according to age, sex, or type of illness by specialized departments or services, which is not the most efficient way of utilizing available resources.[3]

Family medicine presents a different approach to primary healthcare with its focus on the continuous preservation and improvement of the population's health, and the healthcare user in the focus of healthcare. Instead of passively waiting for the healthcare user (who has certain health problems) to come to the clinic, the family medicine team strives to actively seek the user during the phase in which an appropriate intervention gives the best long-term results.[4]

Family medicine establishes the first contact with the healthcare user within the healthcare system. It ensures open and unlimited access to users, resolving various health problems regardless of age, sex, or any other characteristic of the user. The family medicine team coordinates healthcare by working with other professionals within the healthcare system and representing the healthcare user in future contact with other specialists. The work of the family medicine team is focused on the healthcare user and geared towards the individual, his or her family, and their community.[5,6]

Na operativom nivou, porodična medicina u Republici Srpskoj (RS) uspostavljena je kao medicinska specijalnost i uvedena u entitetske zdravstvene centre. Autonomni timovi porodične medicine (koji se sastoje od jednog porodičnog lekara i jedne ili dve sestre/tehničara) su formirani. Na nivou PZZ, svi zdravstveni korisnici imaju slobodan izbor lekara porodične medicine.[1]

Zbog velikog interesovanja za obezbeđivanje visokog kvaliteta usluga u zdravstvu sprovedene su brojne studije kako bi se našao metod procene i kontinuiranog poboljšanja kvaliteta usluga. Prema Wensing-u i sar. jedan od načina je uključiti pacijente u procenu kvaliteta usluga time što bi se procenilo njihovo zadovoljstvo kroz različite aspekte pruženih zdravstvenih usluga. Godine 1988. i 1990. radovi Hall-a i Dornan-a obezbedili su osnov za istraživanje zadovoljstva pacijenata. Isto tako, radovi Wensing-a, Grol-a i Fitzpatrick-a predstavljaju pregled iskustava u istraživanju pacijentovog zadovoljstva, na nivou primarne zdravstvene zaštite (PZZ).[6,7,8]

Ovaj istraživački rad ima za cilj da analizira zadovoljstvo pacijenata radom timova porodične medicine i uticajem koji društveno-demografski faktori imaju na njega.

Metode

Ovo istraživanje je sprovedeno u ambulantama porodične medicine Doma zdravlja Banja Luka od 01. februara do 01. aprila 2022. Pedeset timova porodične medicine u Domu zdravlja Banja Luka je bilo aktivno uključeno u ovo istraživanje.

Populacija uključena u studiju obuhvatila je pacijente koji idu u ambulante porodične medicine u gradskim, prigradskim i seoskim područjima, bez obzira na to da li imaju zdravstveno osiguranje ili ne. Odabir zdravstvenih ambulanti i timova porodične medicine za ovo istraživanje baziran je na uključivanju gradskih, prigradskih i seoskih ambulanti kako bi se dobili objektivni rezultati.

Za ovo istraživanje koristili smo internacionalno validiran EUROPEP upitnik (Grol i Wensing, 2000)[7,8] koji je standardni alat za evaluaciju zadovoljstva pacijenata primarnom zdravstvenom zaštitom u Evropi. EUROPEP upitnik se sastoji od 23 pitanja koja pokrivaju sledeće domene:

1. Prvih 6 pitanja – doktorov odnos sa korisnikom zdravstvenih usluga;
2. Sledećih 5 pitanja – medicinska briga pružena korisniku zdravstvenih usluga;
3. Sledeća 4 pitanja – informacije i podrška pružena korisniku zdravstvenih usluga;
4. Poslednjih 8 pitanja – organizacija usluga u porodičnoj medicini.

Petostepena Likert skala korišćena je za evaluaciju pacijentovog zadovoljstva pruženom zdravstvenom zaštitom.

At the operative level, family medicine in the Republic of Srpska (RS) has been established as a medical specialty and introduced to municipal health centers. Autonomous family medicine teams (which consist of one family physician and one or two nurses/medical practitioners) have been formed. At the PHC level, all healthcare users have a free choice of a family medicine doctor.[1]

According to the high interest shown in ensuring the high quality of performance in healthcare, numerous studies have been conducted to find a method of assessment and continuous improvement of performance quality. According to Wensing and colleagues, one of the ways is to include the patients in the assessment of performance quality by examining their satisfaction through various aspects of the provided health services. Back in 1988 and 1990 the works of Hall and Dornan provided the basis for the research on patient satisfaction. Likewise, the works of Wensing, Grol, and Fitzpatrick represent a review of the experience in the research of patients' satisfaction at the level of primary health care (PHC).[6,7,8]

This research paper aims to analyze patients' satisfaction with the work of family medicine teams and the impact that socio-demographic factors have on them.

Methods

This research was conducted in family medicine clinics of the Primary Healthcare Centre Banja Luka from February 1st to April 1st, 2022. Fifty family medicine teams of the Primary Healthcare Centre Banja Luka have been actively involved in this research.

The study population comprised patients who go to family medicine clinics in urban, suburban, and rural areas regardless of whether they have healthcare insurance or not. The selection of healthcare clinics and family medicine teams for this research was based on the involvement of urban, suburban, and rural clinics, to procure objective results.

For this research, we have used the internationally-validated EUROPEP-questionnaire (Grol and Wensing, 2000)[7,8] which is the standardized tool for the evaluation of patients' satisfaction with primary healthcare in Europe. The EUROPEP questionnaire consists of 23 items covering the following four domains:

1. The first 6 items – doctor's relationship with the healthcare user;
2. The next 5 items – medical care provided to the healthcare user;
3. The following 4 items – information and support provided to the healthcare user;
4. The last 8 items – organization of services in family medicine.

The five-point Likert scale was used to evaluate patients' satisfaction with the provided care.

Kako bi se kompletirala studija i postigla najviša moguća validnost informacija o pacijentovom zadovoljstvu, kreiran je društveno-demografski upitnik. On sadrži pitanja koja se odnose na pacijentov pol, godine, prisustvo hroničnih bolesti i koliko često posećuju svog porodičnog lekara.

Upitnici su distribuirani u pisanoj formi. Na uzorku od 50 izabranih timova porodične medicine svaki tim je podelio 50 upitnika svojim pacijentima.

Studija je odobrena od strane direktora Doma zdravlja Banja Luka, kao i Etičkog obora Medicinskog fakulteta u *Banja Luci*.

Statistička analiza podataka

Podaci prikupljeni u istraživanju su statistički obrađeni u sledećim kompjuterskim programima: IBM SPSS Statistics i Microsoft Excel 2016. Kako bi se statistički obradili podaci, koristili smo sledeće parametre deskriptivne analize: procente, frekvence, srednju vrednost, standardnu devijaciju, prosečan rang i sumu rangova. Rezultati prikupljeni koristeći EUROPEP upitnik su parametrički, te smo zato koristili One-Way ANOVA test za društveno-demografske i druge karakteristike korisnika usluga. F-test je korišćen za izračunavanje razlike u zadovoljstvu pacijenata. Za posledičnu post-hoc analizu koristili smo *Scheffé* test i Fisher LSD test. Kako bi odredili razlike u veličini efekta između evaluacija koje su dali pacijenti, koristili smo eta kvadrat i omega kvadrat, koji su tumačeni koristeći Cohen-ovu skalu veličine efekta. Podaci su takođe obrađeni koristeći regresiju statističkih analiza i izračunat je beta koeficijent.

Nivo značajnosti statističke analize rezultata israživanja je 0.01.

Rezultati

Populacija uključena u studiju obuhvatila je 250 pacijenata. Rezultati su pokazali sledeće činjenice: istraživanje je uključilo 38% muških i 62% ženskih pacijenata; 19% pacijenata su bili starosti 42 do 49 godina; 27% su bili hronično oboleli muškarci i 34% hronično obolele žene; 19% je izjavilo da posećuje svog porodičnog doktora kada za tim ima potrebe; 54% je izjavilo da svi članovi porodice nemaju istog porodičnog doktora (Tabela 1).

To complete the study and achieve the highest possible validity of information regarding patients' satisfaction, a socio-demographic questionnaire was created. It includes questions regarding the patients' sex, age, the presence of chronic illnesses, and how often they visit their family doctor.

The questionnaires were distributed in written form. In the sample of 50 selected family medicine teams, they each distributed 50 questionnaires to their respective patients.

The study was approved by *the director of the Primary Healthcare Center Banja Luka,* as well as by the Ethics Committee at the Medical Faculty in Banja Luka.

Statistical data analysis

The data collected in the research were statistically processed in the following computer programs: IBM SPSS Statistics and Microsoft Excel 2016. To statistically process the data, we used the following parameters of descriptive analysis: percentages, frequency, mean value, standard deviation, average rank, and the sum of ranks. The results gathered using the EUROPEP questionnaire are parametric, therefore we used the One-Way ANOVA test for sociodemographic and other characteristics of care users. The F-test was used to calculate the differences in patients' satisfaction. For a subsequent post-hoc analysis we used the *Scheffé* test and Fisher LSD test. To determine the effect size differences between the evaluations given by patients, we used the eta-squared and omega-squared which were interpreted using the Cohen's scale of effect size. The data were also processed using the regression statistical analysis and a beta coefficient was calculated.

The significance level of statistical analysis of the survey results is 0.01.

Results

The study population comprised 250 patients. The results concluded the following points: the research included 38% male and 62% female patients; 19% of the patients were aged 42 to 49 years old; 27% were chronically ill males and 34% chronically ill females; 19% reported visiting their family physician when the need occurs; 54% reported that not all family members have the same family doctor (Table 1).

Tabela 1. Karakteristike korisnika zdravstvene zaštite (N=250)
Table 1. *Healthcare users' characteristics (N=250)*

Varijable/ Variables		Kategorije/ Categories		Broj (N)/ Number (N)	Procenat (%)/ Percentage (%)
	Pol/Sex		Muškarci//Male	96	38
			Žene/Female	154	62
	Starost/Age		18-25	28	11
			26-33	38	15
			34-41	28	11
			42-49	47	19
			50-57	36	14
			58-65	32	13
			66-73	31	12
			74-81	8	3
			82-89	2	1
	Hronične bolesti/ Chronic diseases	Muškarci/ Male	da/yes	67	27
			ne/no	29	12
		Žene/ Female	da/yes	85	34
			ne/no	69	28
	Frekvenca poseta/ Frequency of visits		Kada osetim potrebu/ When I feel the need	48	19
			Nekoliko puta nedeljno/ Several times a week	9	4
			Jednom nedeljno/ Once a week	32	13
			Jednom mesečno/ Once a month	36	14
			Nekoliko puta mesečno/ Several times a month	32	13
			Jednom godišnje/Once a year	28	11
			Dvaput godišnje/ Two times a year	38	15
			Nekoliko puta godišnje/ Several times a year	27	11
	Svi članovi porodice registrovani kod istog doktora/ All family members registered with the same doctor		da/yes	116	46
			ne/no	134	54

Deskriptivna analiza zadovoljstva pacijenata primarnom zdravstvenom zaštitom je prikazana u Tabeli 2. Rezultati koji pokazuju visoke srednje vrednosti i relativno niske standardne devijacije pokazuju da su pacijenti uglavnom zadovoljni zdravstvenim uslugama koje obezbeđuje Dom zdravlja Banja Luka. Pacijenti su najzadovoljniji: brzim odgovorom porodičnih lekara kod hitnih stanja; doktorovim sveobuhvatnim naporima da se olakšaju pacijentovi problemi; činjenicom da doktori pažljivo slušaju kada njihovi pacijenti opisuju svoje probleme; kako porodični lekari ulažu napor kako bi pomogli pacijentima da se osećaju bolje i vrate svojim svakodnevnim aktivnostima što je pre moguće; dobijanjem detaljnih informacija koje se tiču njihove bolesti; i kako su lekari sistematični tokom rutinskih i sistematskih pregleda.

Pacijenti su najmanje zadovoljni sa: time što imaju poteškoće da se telefonski čuju sa svojim porodičnim lekarom; primanjem saveta telefonom; dugim vremenom čekanja u čekaonicama; poteškoćama u zakazivanju pregleda kod njihovih porodičnih lekara; i takođe time što ne mogu da se sete prethodnog pregleda, tj. preciznije rečeno, šta je on/ona uradio ili rekao tokom pregleda.

The descriptive analysis of patients' satisfaction with primary healthcare is shown in Table 2. The results which show high mean values and relatively low standard deviations indicate that the patients are mostly satisfied with the healthcare services provided at the Primary Healthcare Centre Banja Luka. The patients are satisfied the most with: family doctors' quick responses during medical emergencies; doctors' extensive efforts to relieve patients' complaints; the fact that doctors attentively listen when their patients are describing their problems; how family doctors put effort into helping patients feel better and return to their daily tasks as soon as possible; receiving detailed information regarding their condition; and how thorough the doctors are during routine and full body checkups.

The patients are least satisfied with: having difficulties establishing a phone call with their family physicians; receiving advice over the phone; the long waiting times in hospital waiting rooms; the difficulties scheduling appointments with their family physicians; and also with not being able to recall the previous appointment, or more specifically, what he or she had done or said during it.

Tabela 2. Srednje vrednosti i standardne devijacije za svako pitanje iz EUROPEP upitnika
Table 2. *Mean values and standard deviations for each item in the EUROPEP questionnaire*

Domen/ Domain	EUROPEP pitanja iz upitnika/EUROPEP questionnaire items	$\bar{X}$	SD	Min	Max
Doktor-pacijent odnos Doctor-patient relationship	1. Da li imate utisak da Vam Vaš doktor daje dovoljno vremena za vreme pregleda? 1. Does your doctor make you feel like you had enough time during consultation?	4.12	0.86	1	5
	2. Da li Vaš doktor pokazuje interesovanje za Vašu situaciju? 2. Does your doctor show interest in your situation?	4.26	0.84	1	5
	3. Da li se osećate bolje kada podelite svoje problem sa Vašim doktorom? 3. Do you feel better when you share your problem with your doctor?	4.18	0.86	1	5
	4. Da li Vas Vaš doktor uključuje u odluke o Vašoj medicinskoj nezi? 4. Does your doctor involve you in decisions about your medical care?	4.08	0.89	1	5
	5. Da li Vaš doktor pažljivo sluša Vaše probleme? 5. Does your doctor attentively listen to your problems?	4.34	0.84	1	5
	6. Da li on ili ona ima dovoljno informacija u vezi Vaše bolesti? 6. Does he or she give you enough information regarding your condition?	4.30	0.79	1	5
Medicinska nega Medical care	7. Da li Vaš doktor pokušava da ublaži Vaše simptome? 7. Does your doctor try to relieve your symptoms?	4.36	0.94	1	5
	8. Da li Vam Vaš doktor pomaže u oporavku i vraćanju svakodnevnim aktivnostima što je pre moguće? 8. Does your doctor help you recover and return to your daily activities as soon as possible?	4.34	0.78	1	5
	9. Da li Vas Vaš doktor fizički pregleda (srce, pluća, uši)? 9. Does your doctor physically examine you (heart, lungs, ears)?	4.30	0.87	1	5
	10. Da li je Vaš doktor temeljan tokom pregleda? 10. Is your doctor thorough during checkups?	4.24	0.84	1	5
	11. Da li Vaš doktor nudi usluge za prevenciju različitih bolesti (skrininzi, imunizacija)? 11. Does your doctor offer services for preventing various diseases (screenings, immunisation)?	3.97	1.01	1	5

Informacije i podrška Information and support	12. Da li Vaš doktor objašnjava svrhu dodatnih testova i lečenja? 12. Does your doctor explain the purpose of additional tests and treatments?	4.15	0.93	1	5
	13. Da li Vam Vaš doktor daje objašnjenja u vezi Vaših simptoma i bolesti? 13. Does your doctor provide you with explanations regarding your symptoms and illness?	4.19	0.85	1	5
	14. Da li Vam Vaš doktor pomaže da se nosite sa Vašim emotivnim problemima povezanm sa Vašim zdravstvenim statusom? 14. Does your doctor help you deal with your emotional problems related to your health status?	3.90	1.05	1	5
	15. Da li Vam Vaš doktor objašnjava značaj praćenja njegovih/njenih instrukcija? 15. Does your doctor explain the importance of following his/her instructions?	4.00	0.91	1	5
Organizacija usluga Organisation of services	16. Da li se Vaš doktor seća šta je rekao/rekla tokom ranijih pregleda? 16. Does your doctor remember what he or she said during earlier consultations?	3.87	0.80	1	5
	17. Da li Vas Vaš doktor priprema za ono što treba da očekujete tokom specijalističkih pregleda? 17. Does your doctor prepare you for what to expect during specialist care?	3.90	0.98	1	5
	18. Da li je ostalo medicinsko osoblje uslužno (sestre i medicinski tehničari)? 18. Is the rest of the medical staff helpful (nurses and medical technicians)?	4.13	0.78	1	5
	19. Možete li da zakažete pregled kod Vašeg doktora? 19. Can you schedule an appointment with your doctor?	3.86	1.07	1	5
	20. Možete li da dođete do Vašeg doktora telefonom? 20. Can you reach your doctor by telephone?	3.32	1.27	1	5
	21. Možete li da zatražite savet od Vašeg doktora telefonom? 21. Can you seek advice from your doctor over the telephone?	3.33	1.23	1	5
	22. Da li provodite dosta vremena čekajući u čekaonici? 22. Do you spend a lot of time waiting in the waiting rooms?	3.36	1.18	1	5
	23. Da li Vaš doktor obezbeđuje brzu uslugu za hitne zdravstvene probleme? 23. Does your doctor provide quick services for urgent health problems?	4.80	0.50	1	5

Tabela 3 prikazuje deskriptivnu analizu pacijentovog zadovoljstva sa četiri domena EUROPEP upitnika. Pacijenti su su bili najzadovoljniji sa prva dva: medicinska nega obezbeđena od strane njihovog doktora i njihov odnos sa njima. Ova izjava je poduprta i visokim srednjim vrednostima i niskim devijacijama u evaluacionom rezultatu svih ispitanika. Pacijenti su manje zadovoljni sa: organizacijom usluga na nivou PZZ u Domu zdravlja Banja Luka; sa informacijama koje im se pružaju; i sa podrškom koja im se obezbeđuje. Sve je ovo potvrđeno malo nižim srednjim vrednostima i niskim devijacijama evaluacionog rezultata.

Table 3 shows the descriptive analysis of patients' satisfaction with the four domains of the EUROPEP questionnaire. The patients were most satisfied with the first two: medical care provided by their doctors and their relationship with them. This statement is supported by high mean values and low deviations in the evaluation score of all respondents. The patients are less satisfied with: the organization of services at the PHC level in the Primary Healthcare Centre Banja Luka; with the information presented to them; and with the support provided. All of this is supported by slightly lower mean values and low deviations of the evaluation scores.

Tabela 3. Srednje vrednosti i standardna devijacija rezultata u svim domenima
Table 3. *Mean values and standard deviations scores in all domains*

Domeni/ Domains	$\bar{X}$	SD
Doktor-pacijent odnos/ Doctor-patient relationship	4.22	0.85
Medicinska nega/ Medical care	4.32	0.90
Informacije i podrška/ Information and support	4.04	0.94
Organizacija i usluge/ Organisation of services	3.81	0.98

Tabela 4 pokazuje da je lokacija ambulanti porodične medicine uzrokovala statistički značajnu razliku u rezultatima pacijentovog zadovoljstva. F statistika (7.98) je statistički značajna. Sig vrednost je 0.00 i to je čini višom nego nivo značajnosti od 0.01.

Posledična post-hoc analiza izvedena je koristeći Scheffé test. Pokazuje statistički značajnu razliku u pacijentovom zadovoljstvu koju su prijavili korisnici zaštite koji posećuju ambulante u seoskim područjima – i koji su bili zadovoljniji zdravstvenom zaštitom obezbeđenom od strane Doma zdravlja Banja Luka, i pacijenata koji su posećivali gradske i prigradske ambulante. Slično, postoji statistički značajna razlika u zadovoljstvu pacijenata između pacijenata koji posećuju gradske i prigradske ambulante, jer su ovi drugi bili zadovoljniji svojom zdravstvenom negom.

Dodatna analiza eta kvadrata i omega kvadrata je urađena kako bi se odredile razlike veličine efekta između procena koje su dali pacijenti koji žive u različtim područjima. Eta kvadrat je količnik zbira kvadrata između grupa i ukupnog zbira kvadrata. Omega kvadrat se meri na isti način, ali su njegovi rezultati obično nešto niži. Rezultat eta kvadrata je 0.06, a rezultat omega kvadrata je 0.05, što pokazuje malu veličinu efekta. Ovi rezultati se interpretiraju koristeći Cohen-ovu skalu i mi ćemo razmotriti rezultat omega kvadrata, pošto je manje pristrasan. On pokazuje da su razlike veličine efekta kod pacijentovog zadovoljstva, koje su prijavili korisnici usluga koji posećuju ambulante u različitim područjima, male ili drugim rečima da lokacija ambulanti ima mali uticaj na zadovoljstvo pacijenata.

Izvodeći regresionu analizu, izračunali smo beta koeficijent. Njegova vrednost je 0.234 i pozitivna je. Pošto više pacijenata živi u gradskim područjima i ova grupa je stoga uzeta kao referentna vrednost, rezultati regresione analize pokazuju sledeće: u poređenju sa pacijentima koji posećuju gradske ambulante, korisnici iz prigradskih ambulanti su zadovoljniji, dok su najviše zadovoljni pacijenti koji posećuju ambulante u seoskim područjima.

Analizirali smo podatke koje smo sakupili koristeći 23 pitanja iz EUROPEP upitnika, najpre ih sabirajući, a zatim smo upotrebili sabrane podatke da napravimo skalu pacijentovih stavova o zadovoljstvu zdravstvenom negom. Zabeležili smo podatke i napravili novu varijablu, koje smo nazvali Autoritarianizam. To je nezavina varijabla u One-Way ANOVA testu, koju smo koristili da ispitamo društveno-demografske i druge karakteristike ili drugim rečima, kako one utiču na zadovoljstvo pacijenata.

Table 4 shows that the location of family medicine clinics caused statistically significant differences in patient satisfaction scores. The F statistic (7.98) is statistically significant. The sig value is 0.00, and that makes it higher than the significance level of 0.01.

A subsequent post-hoc analysis was performed using the Scheffé test. It shows a statistically significant difference in patient satisfaction reported by care users visiting clinics in rural areas - who were more satisfied with healthcare provided in the Primary Health Care Centre Banja Luka, and patients visiting urban or suburban clinics. Likewise, there is a statistically significant difference in patient satisfaction between patients visiting urban and suburban clinics, as the latter were more satisfied with their healthcare.

An additional analysis of eta-squared and omega-squared was performed to determine the effect size differences between the evaluations given by patients living in different types of areas. Eta-squared is the quotient of the between-groups sum of squares and the total sum of squares. Omega-squared is measured in the same way, except its results are usually somewhat lower. The result of eta-squared is 0.06 and the result of omega-squared is 0.05, which indicates a small effect size. These results are interpreted using Cohen's scale, and we will consider the result of the omega-squared since it is less biased. It indicates that the effect size differences in patient satisfaction reported by care users visiting clinics in different areas are small, or, in other words, that the location of clinics has a small impact on patients' satisfaction.

By performing a regression analysis we calculated the beta coefficient. Its value is 0.234 and it is positive. Since more of the patients live in the urban area and this group is thus taken as the reference value, the results of the regression analysis state the following: in comparison to the patients who visit urban clinics, the service users of suburban clinics are more satisfied, while the most satisfied are those patients who visit clinics in rural areas.

We analyzed the data we gathered using all 23 items of the EUROPEP questionnaire by summing them first, and then we used the summed data to make a scale of patients' attitudes toward satisfaction with healthcare. We recoded the data and created a new variable which we called Authoritarianism. It is a dependent variable in the One-Way ANOVA test which we used to examine socio-demographic and other patient characteristics, or in other words, how they affect patient satisfaction.

Tabela 4. Razlika u rangiranju zadovoljstva korisnika usluga u odnosu na oblast i lokaciju ambulante porodične medicine
Table 4. *The difference in the satisfaction rating of service users in relation to the area and location of the family medicine clinic*

Kategorija/ Category	Varijabla/ Variable	df	F	sig
Lokacija ambulante/ Clinic location	Gradska/ Urban Prigradska/ Suburban Seoska/ Rural	2/247	7.98*	.00
EUROPEP instrument domen/ EUROPEP instrument domain	Doktor-pacijent odnos/Doctor-patient relationship Medicinska briga/Medical care Informacije i podrška/Information and support Organizacija i usluge/Organisation of services	3/246	10.94*	.00

Tabela 5 pokazuje statistički značajnu razliku u zadovoljstvu pacijenata povezano sa njihovom starošću. F statistika (6.41) je statistički značajna, a sig ima vrednost 0.00, što znači da je niža od od nivoa značajnosti od 0.01. Statistički značajne razlike mogu se videti i kada je u pitanju pol pacijenata, nivo obrazovanja, prisustvo hroničnih bolesti, frekvenca poseta njihovom porodičnom lekaru i da li su svi članovi porodice registrovani kod istog lekara ili ne. Muški pacijenti izražavaju veće zadovoljstvo nego ženski pacijenti.

U našem istraživanju, nivo obrazovanja ima značajan uticaj na procenu pacijentovog zadovoljstva zdravstvenim uslugama. Što je veći nivo obrazovanja, veće je i nezadovoljstvo pacijenata negom koja im se pruža u Domu zdravlja Banja Luka. Korisnici usluga, koji su završili srednju školu su najzadovoljnija grupa.

Table 5 shows a statistically significant difference in patient satisfaction concerning the age of patients. F statistic (6.41) is statistically significant, and sig has a value of 0.00 which means it is lower than the significance level of 0.01. Statistically significant differences can be seen concerning the sex of patients, their level of education, the presence of chronic conditions, the frequency of visits to their family physicians, and whether all family members are registered with the same physician or not. Male patients expressed higher satisfaction than female patients.

In our research, the level of education has a significant impact on the evaluation of patients' satisfaction with healthcare services. The higher their level of education is, the more dissatisfied the patients are with the care provided at the Primary Healthcare Centre Banja Luka. The service users who have completed secondary education are the most satisfied group.

Tabela 5. Razlike u evaluaciji pacijentovog zadovoljstva vezano za njihov društveno-demografski status i druge karakteristike
Table 5. *Differences in the evaluation of patients' satisfaction concerning their socio-demographic and other characteristics*

Varijable/ Variables	df	F	sig
Starost/ Age	8/241	6.41*	.00
Pol/ Sex	1/248	42.07*	.00
Bračni status/ Marital status	1/248	1.47	.22
Broj dece/ Number of children	3/246	.82	.48
Radni status/ Employment status	1/248	2.67	.10
Nivo obrazovanja/ Level of education	3/246	11.51*	.00
Hronične bolesti/ Chronic diseases	1/248	31.49*	.00
Frekvenca poseta porodičnom doktoru/ Frequency of family doctor visits	7/242	7.38*	.00
Isti doktor za sve članove porodice/ Same doctor for all family members	1/248	30.14*	.00

Pacijenti sa hroničnim bolestima prijavili su veće zadovoljstvo zdravstvenom zaštitom koja im je obezbeđena u Domu zdravlja Banja Luka nego pacijenti koji nemaju hronične bolesti. Korisnici usluga koji posećuju ambulante porodične medicine češće su zadovoljniji negom i organizacijom usluga nego pacijenti koji dolaze ređe. Hronično oboleli pacijenti posećuju porodične lekare češće i zbog toga mogu lako da uoče prednosti i nedostatke usluga porodične medicine. Što se tiče starosti pacijenata, regresiona analiza je potvrdila da što su stariji pacijenti – veće je i njihovo zadovoljstvo zdravstvenim uslugama koje obezbeđuje Dom zdravlja Banja Luka. To pokazuje i pozitivan Beta koeficijent od 0.341, što znači da povećanje u pacijentovim godinama takođe povećava rezultat zadovoljstva na petostepenoj Likert skali (od 1 = loše do 5 = odlično) (Tabela 6).

Patients with chronic conditions reported higher patient satisfaction with the healthcare provided at the Primary Healthcare Centre Banja Luka than patients who have no chronic conditions. The service users who visit family medicine clinics more frequently are more satisfied with the care and organization of services than the patients who do it rarely. Chronically ill patients visit family medicine clinics more often, and because of that, they can easily notice the advantages and shortcomings of family medicine services. Taking the age of patients into consideration, the regression analysis confirmed that the older the patients are – the higher their satisfaction is with the healthcare services provided at the Primary Health Care Centre Banja Luka. That shows a positive Beta coefficient of 0.341, which means that an increase in patients' age also increases the satisfaction score on the five-point Likert scale (from 1 = poor to 5 = excellent) (Table 6).

Tabela 6. Regresiona analiza razlika u evaluaciji pacijentovog zadovoljstva vezano za njihove društveno- demografske i druge karakteristike
Table 6. *Regression analysis of differences in the evaluation of patients' satisfaction concerning their socio-demographic and other characteristics*

Varijable/ Variables	df	beta koeficijent	sig
Starost/ Age	8/241	0.341	.00
Pol/ Sex	1/248	0.381	.00
Nivo obrazovanja/ Level of education	3/246	-0.302	.00
Hronične bolesti/ Chronic diseases	1/248	-0.336	.00
Frekvenca poseta izabranom doktoru/ Frequency of family doctor visits	7/242	0.348	.00
Isti doktor za sve članove porodice/ Same doctor for all family members	1/248	-0.329	.00

Tabela 7 pokazuje da su korisnici usluga relativno zadovoljniji organizaciom primarne zdravstvene zaštite po principu porodične medicine u odnosu na organizaciju po principu opšte medicine. Od 250 korisnika usluga koji su učestvovali u istraživanju njih 206 su se izjasnili da sa se liječili i na principu opšte i porodične medicine. Rezultat istraživanja nam pokazuje da od 206 korisnika usluga koji su se liječili po staroj i novoj organizaciji primarne zdravstvene zaštite njih 137 (67%) su zadovoljniji organizacijom po principu porodične medicine, dok je 69 (33%) korisnika usluga zadovoljniji starom organizacijom primarne zdravstvene zaštite po principu opšte medicine.

Table 7 shows that service users are relatively more satisfied with how the health care services are organized under the family medicine model of care in comparison to the general care model. Out of 250 patients engaged in the study, 206 of them reported receiving healthcare services according to both models of care. The results of this study confirm that 137 patients (67%) of the 206 patients who experienced both models of care are more satisfied with the family medicine model of care, while 69 (33%) of the care users are more satisfied with the old model of healthcare – the general care model.

Tabela 7. Pacijentovo zadovoljstvo organizacijom usluga u primarnoj zdravstvenoj zaštiti
Table 7. *Patients' satisfaction with the organization of primary healthcare services*

Zadovoljstvo organizacijom zdravstvene zaštite/ Satisfaction with the organization of healthcare		
Odgovori/ Answers	**Broj korisnika usluga/ Number of care users**	**%**
Model porodične medicine/ Family medicine model	137	67
Model opšte medicine/ General medicine model	69	33
UKUPNO/ IN TOTAL	206	100

Diskusija

EUROPEP instrument je internacionalno standardizovan upitnik i validiran je u čitavoj Evropskoj Uniji i koristi se za merenje zadovoljstva pacijenata primarnom zdravstvenom zaštitom u Evropi. Naša studija koristi EUROPEP instrument na uzorku od 250 pacijenata u Domu zdravlja u Banja Luci. Prema sakupljenim rezultatima, koji pokazuju visoke srednje vrednosti i relativno niske devijacije po svim pitanjima iz EUROPEP upitnika, pacijenti su zadovoljni primarnom zdravstvenom zaštitom u Domu zdravlja Banja Luka.

Rezultati dobijeni iz studije sprovedene u Domu zdravlja Banja Luka 2009, su vrlo slični rezultatima iz našeg istraživanja. EUROPEP domeni instrumenata o proceni pacijenata u toj studiji su slični našima. Pacijenti su bili najzadovoljniji prvim (doktor-pacijent odnos) i drugim (medicinska nega) domenom, a manje zadovoljni trećim domenom (informacije i podrška). Najmanje su zadovoljni četvrtim domenom (organizacija usluga).[9]

Druga studija, sprovedena u Republici Srpskoj 2011. takođe je došla do istih rezultata kao što su i naši. Četiri domena EUROPEP upitnika su ocenjeni prilično različito nego u našoj studiji: pacijenti su bili najzadovoljniji prvim domenom (doktor-pacijent odnos) i trećim domenom (informacije i podrška), a manje su bili zadovoljni četvrtim (organizacija usluga), a onda i drugim domenom (medicinska briga).[10]

Rezultati dobijeni iz studije sprovedene u Hrvatskoj razlikuju se od naših. Hrvatski korisnici usluga su bili najzadovoljniji sa: doktor-pacijent poverenjem i pomoći koju im obezbeđuju medicinske sestre/tehničari u ambulantama. Najmanje su bili zadovoljni sa: vremenom čekanja na pregled u čekaonicama; izvođenjem preventivnih usluga; i kako su ambulante bile opremljene.[11] Druga studija je sprovedena u Hrvatskoj 2014, sa rezultatima sličnim našim. Korisnici usluga su bili najzadovoljniji zaštitom obezbeđenom u hitnim slučajevima, a najmanje zadovoljni vremenom na čekanje na pregled u ambulantnim čekaonicama.[12]

Discussion

The EUROPEP instrument is a questionnaire internationally standardized and validated in the whole European Union, and it is used to measure patients' satisfaction with primary healthcare in Europe. Our study used the EUROPEP instrument on a sample of 250 patients at the Primary Healthcare Centre in Banja Luka. According to the gathered results which show high mean values and relatively low deviations in all items of the EUROPEP questionnaire, the patients are satisfied with primary healthcare in the Primary Healthcare Centre Banja Luka.

The results yielded by a study conducted at the Primary Health Care Center Banja Luka in 2009 are very similar to the results of our research. That study's patients' evaluation of the EUROPEP instrument's domains is similar to ours. The patients were most satisfied with the first (doctor-patient relationship) and second (medical care) domains, and less satisfied with the third domain (information and support). They are least satisfied with the fourth domain (organization of services).[9]

Another study conducted in the Republic of Srpska in 2011 also yielded similar results to our own. The four domains of the EUROPEP questionnaire were scored fairly differently than in our study: the patients were most satisfied with the first domain (doctor-patient relationship) and the third domain (information and support), and they were less satisfied with the fourth (organization of services) and then with the second domain (medical care).[10]

The results yielded by a study conducted in Croatia differ from our results. The Croatian service users had been most satisfied with: doctor-patient confidentiality and the assistance provided by medical nurses/technicians in clinics. They were least satisfied with: the waiting time for checkups in waiting rooms; the performance of preventative care services; and how well the clinics were equipped.[11] Another study was conducted in Croatia in 2014 with results also similar to our own. The service users were most satisfied with the care provided in emergencies, and least satisfied with the waiting time for checkups spent in clinical waiting rooms.[12]

Rezultati studije iz 2019. pokazuju da su korisnici usluga bili najzadovoljniji osiguranjem koje pokriva hitne slučajeve i sveobuhvatnim pregledima i izrazili su najmanj nivo zadovoljstva vremenom čekanja u ambulantnim čekaonicama i zakazivanjem pregleda kod njihovih porodičnih lekara.[13]

Studija sprovedena u Bugarskoj, koja je imala za cilj validaciju bugarske verzije EUROPEP upitnika pokazuje rezultate malo različite od naših. Korisnici usluga uključeni u ovu studiju izjasnili su se da su bili najzadovoljniji poverenjem između doktora i pacijenta, pažnjom lekara kada slušaju probleme njihovih pacijenta, lekarovim izraženim interesom za pacijentove problem i time što su pacijenti bili uključeni u donošenje odluka o njihovom zdravlju. Ovi korisnici usluga su izrazili nezadovoljstvo slično našim pacijentima, tj. bili su najmanje zadovoljni vremenom čekanja u ambulantnim čekaonicama i zakazivanjem pregleda kod njihovog porodičnog lekara.[14]

Rezultati dobijeni u danskoj studiji, sprovedenoj kako bi se procenio kvalitet podataka i analiza potvrdnih faktora danske verzije EUROPEP instrumenta, pokazala se prilično sličnom našim rezultatima. Korisnici usluga uključenih u tu studiju izrazili su nezadovoljstvo, što je slično našim pacijentima, a bili su najviše nezadovoljni sa: imanjem problema da dođu do porodičnog lekara telefonom i takođe primanjem saveta od strane porodičnog lekara telefonom. A bili su i nezadovoljni vemenom čekanja u ambulantnim čekaonicama i zakazivanjem pregleda kod njihovih porodičnih lekara.[15]

Rezultati studije sprovedene u Turskoj, sa ciljem da se validira turska verzija EUROPEP instrumenta, bili su slični rezultatima koje smo mi prikupili. Korisnici usluga iz turske studije najviše su bili zadovoljni sa: brzim odgovorom porodičnih lekara kod hitnih stanja; porodični lekari su bili vrlo susretljivi kada su pacijenti bili emotivni u vezi sa svojim zdravstvenim problemima; lekarevim objašnjenjima zašto je važno pratiti njene/njegove instrukcije.[16]

Različite studije sprovedene kako bi se validirale brazilska[17], portugalska[18], italijanska[19], nemačka[20], švajcarska[21] i kiparska[22] verzija EUROPEP upitnika dale su slične rezultate našima.

Rezultati našeg istraživanja pokazali su veće zadovoljstvo pacijenata učinkom porodičnih timova u seoskim sredinama nego onima koji se nalaze u gradskim i prigradskim ambulantama. S jedne strane, to može da ukaže da pacijenti koji žive u gradu ili predgrađu mogu imati veće zahteve nego oni koji žive na selu i posećuju seoske ambulante. Sa druge strane, to može da znači i da su korisnici usluga u seoskim ambulantama opušteniji i imaju sporiji način života, što neminovno vodi nižim očekivanjima od timova porodične medicine.

U našem istraživanju, starost pacijenata je značajno uticala na procenu njihovog zadovoljstva primarnom zdravstvenom zaštitom. Što su pacijenti bili stariji, to su bili zadovoljniji primarnom zdravstvenom zaštitom koja im je pružena u

The results of a 2019 study show that service users were most satisfied with the insurance that covers emergencies and with thorough check-ups, and they expressed the lowest level of satisfaction with the waiting time in clinical waiting rooms and scheduling appointments with their family physicians.[13]

A study held in Bulgaria to validate the Bulgarian version of the EUROPEP questionnaire shows results slightly different from our own. The service users involved in this study expressed that they were most satisfied with doctor-patient confidentiality, physicians' attentiveness when listening to their patient`s problems, physicians' expressed interest in the patient`s problems, and patients being involved in making decisions concerning their health. These service users expressed discontent similarly to our patients, meaning that they were least satisfied with the waiting time spent in clinical waiting rooms and scheduling appointments with their family physicians.[14]

The results yielded by a Danish study conducted to evaluate data quality and confirming factor analysis of the Danish version of the EUROPEP instrument proved to be quite similar to our results. The service users involved in that study expressed discontent which is similar to our patients' and, thus, they were most dissatisfied with: having issues reaching their family physician by phone and also receiving advice from their family physicians over the phone. Then, they were dissatisfied with the waiting time in the clinical waiting rooms and scheduling appointments with their family physician.[15]

The results of a study held in Turkey to validate Turkish version of the EUROPEP instrument were similar to the results we gathered. The service users of the Turkish study proved to be most satisfied with: family physicians' quick responses during medical emergencies; family physicians being helpful when patients are emotional about their health issues; physicians' explanations of why it is important to follow his/her instructions.[16]

Different studies conducted to validate the Brasilian[17], Portuguese[18], Italian[19], German[20], Swiss[21], and Cypriot[22] versions of the EUROPEP questionnaire have yielded results similar to our own.

The results of our research have shown greater patient satisfaction with the performance of rural family medicine teams than with those based in urban and suburban clinics. On one hand, that can indicate that the patients living in the city or suburbia might be more demanding than those living and visiting the clinics in the countryside. On the other hand, it can mean that service users of the rural clinics are more easygoing and have a slow-paced lifestyle, which ultimately leads to lower expectations from the family medicine teams.

In our research, the age of patients significantly affected the evaluation of their satisfaction with primary healthcare. The older the patients were, the more satisfied they proved to be with the primary healthcare provided at the Primary Health

Domu zdravlja Banja Luka. Najveće zadovoljstvo pacijenata je bilo u dobnoj grupi od 66 do 73 godine. Studija sprovedena u Hrvatskoj pokazala je da na zadovoljstvo pacijenata primarnom zdravstvenom zaštitom u mnogome utiče starost pacijenta. Dok su stariji pacijenti uključeni u tu studiju bili takođe i mnogo zadovoljniji nego drugi, rezultati su pokazali da su pacijenti starosti od 48 do 61 godine bili najzadovoljniji.[12]

Pol pacijenata je značajno uticao na njihovo zadovoljstvo primarnom zdravstvenom zaštitom u našem istraživanju. Muški korisnici dali su više ocene zadovoljstva. Istraživanje sprovedeno u Hrvatskoj pokazalo je da je pacijentovo zadovoljstvo radom timova porodične medicine bilo neopterećeno pacijentovim polom, što se razlikuje od naših rezultata.[12]

Hronično oboleli pacijenti izrazili su veće zadovoljstvo uslugama primarne zdravstvene zaštite u Domu zdravlja Banja Luka nego pacijenti koji ne pate od hroničnih bolesti. Isti rezultati su dobijeni u istraživanju sprovedenom u Hrvatskoj.[12]

Zaključak

Uopšteno, korisnici usluga (pacijenti) su zadovoljni radom timova porodične medicine u Domu zdravlja Banja Luka. Karakteristike pacijenata imaju značajan uticaj na njihove evaluacione ocene: muški korisnici usluga su bili zadovoljniji zaštitom koju su dobili; pacijentovo zadovoljstvo primarnom zdravstvenom zaštitom se povećavalo kao su bivali stariji; što je viši nivo pacijentovog obrazovanja to je niže njihovo zadovoljstvo zaštitom koju dobijaju te su najobrazovaniji korisnici takođe i najnezadovoljniji primarnom zdravstvenom zaštitom; hronično oboleli pacijenti i oni koji često posećuju ambulante porodične medicine su zadovoljniji primarnom zdravstvenom zaštitom; korisnici usluga čiji svi članovi porodice dele istog porodičnog lekara su mnogo zadovoljniji primarnom zdravstvenom zaštitom. Kada se uzme u obzir lokacija ambulanti, pacijenti koji posećuju seoske ambulante su najzadovoljniji.

Pozitivne evaluacije pacijenata o radu timova porodične medicine se sve više smatraju značajnim faktorom kvaliteta rada, dok negativne evaluacije ukazuju da treba primeniti mere za poboljšanje rada tima porodične medicine.

Care Centre Banja Luka. The highest patient satisfaction was in the age range of 66 to 73 years old. A study conducted in Croatia shows that patient satisfaction with primary health care is greatly influenced by the age of patients. While the older patients involved in that study were also more satisfied than others, the results showed that the patients aged 48 to 61 years old were the most satisfied.[12]

The sex of patients significantly impacted their satisfaction with primary healthcare in our research. Male users showed higher satisfaction scores. The research conducted in Croatia showed that patient`s satisfaction with the work of family medicine teams was unaffected by the patient`s sex, which differs from our results.[12]

Chronically ill patients expressed greater satisfaction with the primary healthcare services provided at the Primary Healthcare Centre Banja Luka than the patients who do not suffer from any chronic illness. The same results were yielded by the research held in Croatia.[12]

Conclusion

In general, service users (patients) are satisfied with the performance of family medicine teams at the Primary Healthcare Centre Banja Luka. Patients' characteristics have a significant impact on their evaluation scores: male service users were more satisfied with the care they receive; patients' content with primary healthcare increases as they get older; the higher patients' level of education is, the lower their satisfaction with the care they receive becomes – the most educated service users are also the most dissatisfied with primary healthcare; chronically ill patients and the ones who frequently visit family medicine clinics are more satisfied with primary healthcare; service users whose family members all share the same family physician are a lot more satisfied with primary healthcare. When the location of clinics is taken into consideration, the patients who visit rural clinics are the most content.

Patients' positive evaluations of family medicine teams' performance are being increasingly regarded as an important factor in performance quality, while negative evaluations suggest that measures for the improvement of family medicine teams' performance quality ought to be adopted.

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