DOI: 10.2478/pielxxiw-2024-0018
© 2024 Author(s). This is an open access article distributed under the Creative Commons Attribution 4.0 licence (http://creativecommons.org/licenses/by/4.0/)

Consumerism in health care – review of Polish and world literature

Konsumeryzm w ochronie zdrowia-przegląd literatury polskiej i światowej

Anna Barbara Krakowiak-Burdzy[A-B,D,F,K], Anna Fąfara[D,F-G,L]

Institute of Health Sciences, University of Rzeszów, Poland/Instytut Nauk o Zdrowiu, Uniwersytet Rzeszowski, Polska

CORRESPONDING AUTHOR:
Anna Barbara Krakowiak-Burdzy
Instytut Nauk o Zdrowiu, Uniwersytet Rzeszowski, Rzeszów, Polska
e-mail: an.krakowiak716@gmail.com

A – Development of the concept and methodology of the study/Opracowanie koncepcji i metodologii badań; B – Query - a review and analysis of the literature/Kwerenda – przegląd i analiza literatury przedmiotu; C – Submission of the application to the appropriate Bioethics Committee/Złożenie wniosku do właściwej Komisji Biotycznej; D – Collection of research material/Gromadzenie materiału badawczego; E – Analysis of the research material/Analiza materiału badawczego; F – Preparation of draft version of manuscript/Przygotowanie roboczej wersji artykułu; G – Critical analysis of manuscript draft version/Analiza krytyczna roboczej wersji artykułu; H – Statistical analysis of the research material/Analiza statystyczna materiału badawczego; I – Interpretation of the performed statistical analysis/Interpretacja dokonanej analizy statystycznej; K – Technical preparation of manuscript in accordance with the journal regulations/Opracowanie techniczne artykułu zgodne z regulaminem czasopisma; L – Supervision of the research and preparation of the manuscript/Nadzór nad przebiegiem badań i przygotowaniem artykułu

STRESZCZENIE

KONSUMERYZM W OCHRONIE ZDROWIA – PRZEGLĄD LITERATURY POLSKIEJ I ŚWIATOWEJ

Wprowadzenie. Konsumeryzm oznacza osobę przejawiającą postawy związane z wysoce nieusprawiedliwioną konsumpcją oraz nadmiernym, gromadzeniem dóbr materialnych, które są najważniejsze, niezbędne do życia, są wyznacznikiem jakości. Konsumeryzm ma zauważalne pozytywne efekty w obszarze usług zdrowotnych ze względu na respektowanie praw pacjenta, wykonywanie na coraz wyższym poziomie usług medycznych, możliwości decydowania w niektórych kwestiach swojego życia i zdrowia przez pacjenta, wyboru lekarza czy placówki medycznej.

Cel pracy. Celem pracy była analiza literatury naukowej dotycząca konsumeryzmu w ochronie zdrowia.

Metoda. Przeszukano bazy Scopus, PubMed i Google Scholar zgodnie z wytycznymi Preferred Reporting Items for Systematic Reviews and Meta Analyzes (PRISMA 2020). Ostatecznie do szczegółowej analizy włączono 14 artykułów spełniających kryteria włączenia.

Wyniki. Kompleksowa opieka pielęgniarska w szpitalu na wysokim poziomie, podnoszenie kwalifikacji pracowników ochrony zdrowia i odpowiednie zachowania personelu medycznego wpływają na pozytywną ocenę danej jednostki, a tym samym przyciągają innych klientów (pacjentów) do korzystania ze świadczeń medycznych.

Słowa kluczowe: zdrowie, opieka, konsumeryzm

ABSTRACT

CONSUMERISM IN HEALTH CARE – REVIEW OF POLISH AND WORLD LITERATURE

Introduction. Consumerism refers to people who adopt attitudes characterised by unnecessary consumption and excessive accumulation of material goods, which are the most important, essential in life, and are a determinant of quality. Consumerism has brought noticeable positive effects in the area of health services due to the observance of patients' rights, the provision of ever higher quality medical services, allowing the patient to decide on certain issues concerning their life and health, and the choice of doctor or medical facility.

Aim. The aim of the work was to analyze the scientific literature on consumerism in health care.

Method. Scopus, PubMed databases and Google Scholar were searched in accordance with the guidelines of Preferred Reporting Items for Systematic Reviews and Meta Analyzes (PRISMA 2020).Ultimately, 14 articles that met the inclusion criteria were included for detailed analysis.

Results. Comprehensive, high-quality nursing care in a hospital, upgrading the skills of health care professionals and appropriate behaviour of medical staff contribute to the positive assessment of a particular facility, and thus attract other customers (patients) to use medical services.

Key words: care, consumerism, health

sciendo

INTRODUCTION

Consumerism in medical services is moving in two directions. On the one hand, it aims at continuous patient access to comprehensive medical services. In this regard, the needs of the individual should be recognised and the bureaucracy associated with the treatment and care process should be reduced to a minimum. Consumerism, by definition, expects free access to medical services in the public sector and competitive prices in the private sector. On the other hand, it acknowledges patient autonomy and defines the nature of the patient-doctor relationship, while rejecting the autocratic and paternalistic approach of doctors [1]. In practice, consumerism refers to people who adopt attitudes characterised by unnecessary consumption and excessive accumulation of material goods, which are the most important, essential in life, and are a determinant of quality [2].

AIM

The aim is to present consumerism in health care.

METHODS

We systematically reviewed articles on issues related to consumerism and health care. The systematic review was performed using Preferred Reporting Items for Systematic Reviews and Meta Analyzes (PRISMA 2020). We were only looking for entire articles. The authors selected articles that met the inclusion criteria after analyzing the following data: date of analysis, sampling method, consumerism in medicine, factors influencing the functioning of the model of consumerism in medicine, attitude consumer-patient, the country from which the study comes and results. We searched articles in Scopus, PubMed and Google Scholar. The following terms were searched for: health care and consumerism. Before searching for materials for the work, inclusion and exclusion criteria were adopted (Tab.1).

Tab. 1. Criteria inclusion and exclusion publications

Inclusion criteria	Exclusion criteria
• Type of article: systematic review, original paper, qualitative study • Publication in Polish and English language • Only full text of article • Publication of works in the years 1976-2023	• Other publication than: systematic review, original paper, qualitative study • Publication in other language than Polish and English • Lack of full texts of publications • Publications before 1976

A total of 95 articles were generated after searching the available database. Then the analysis was carried out and articles that were duplicated or did not concern the topic were removed. Altogether 25 articles were subjected to detailed analysis. Finally, 14 articles meeting the inclusion and exclusion criteria were included (Fig.1)

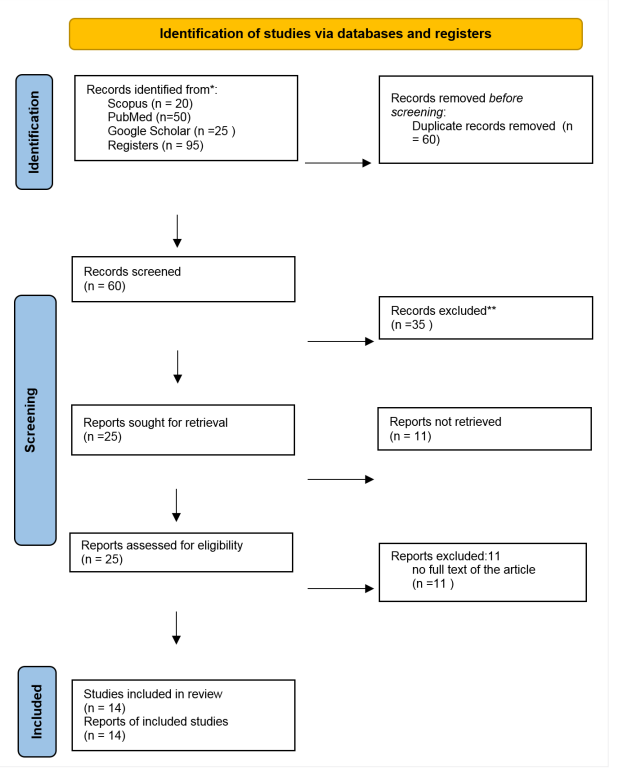


Fig 1. Flow diagram PRISMA 2020 for reporting systematic reviews [3]

Data analysis helped obtain available literature reviews as well as surveys with respondents (Tab. 2).

DISCUSSION

The literature review presented the phenomenon of consumerism in medicine, factors influencing its effective functioning and the advantages and disadvantages of consumer attitudes of patients in hospitals. Currently, there are too few publications examining consumerism in health care.

The concept of consumerism in medicine

The civilization progress has led to the introduction of additional rules for the operation of the free market economy, such as creating a balance between demand and sales and bringing a reduction in prices. According to Furmanek, this phenomenon leads to the emergence of consumerism. It has subjective and negative overtones. It usually entails excessive consumption of various goods [2]. Consumerism is associated with excessive consumption of services and material goods [4]. These needs largely seem necessary, but are not the real needs of most people. Meeting these needs in an ill-considered manner leads to negative consequences for individuals, society and the environment [5]. Very rapid economic growth, urbanisation, industrialisation of various countries, increase in the wealth of societies initiated in the second half of the twentieth century gave rise to unsustainable and excessive consumption [6]. Consumption determines the quality of life of people using services or new products [7]. It also affects people's lives, and the consumer pursues happiness. In Bauman's view, consumerism is economics of deception,

Tab. 2. Articles that have been qualified for review

Title article/book/ chapter/website	Method	Study group	Results
Consumerism, consumerism, challenges for education [2].	Method: systematic review	-	Consumerism is defined as excessive consumption of goods. A consumer is a person who exhibits certain attitudes involving excessive accumulation of material goods or a high level of consumption.
Poles about public and private healthcare [18].	Method: diagnostic survey Research tools: questionnaire	460 respondents	Respondents decide to use private health care due to the inefficiency of the state health care system.
Public Reporting, Consumerism, and Patient Empowerment [20].	Method: systematic review	-	Patients are increasingly aware customers of health services.
The Lancet. Will consumerism lead to better 2005 [23].	Method: systematic review	-	A well-functioning health care system should meet the needs of patients. Doctors and patients should listen to each other. Thanks to this, it will be possible to provide medical services at a high level, which affects customer satisfaction.
Poles' opinions on hospital services 2012 [24]	Method: qualitative Research tools: interview	1000 respondents	Most respondents (55%) believe that hospitals are poorly managed. Only 4% of respondents believed that they would receive high-quality medical assistance in the hospital.
The use of modern telemedicine systems [26].	Method: systematic review	-	Telemedicine systems influence the sense of security, reduce treatment costs, and facilitate the use of medical services
Factors determining consumer behavior in health care - selected issues [30].	Method: systematic review	-	Consumer needs are different. Customers strive to achieve the greatest possible benefits from a given service and at the lowest possible costs
Opinion of middle medical staff in a hospital emergency department on patients' aggressive behavior [32].	Method: diagnostic survey	115 respondents	Respondents most often encounter verbal aggression from patients.
Knowledge and skills of medical staff in relation to manifestations of aggression on the part of the patient [33].	Method: diagnostic survey Research tools: authors survey questionnaire	53 paramedics, 41 doctors, 106 nurses	Medical workers experience aggressive behavior from patients
Experience of aggression in nursing work [34].	Method: diagnostic survey Research tools: authors survey questionnaire	208 participants (203 nurses and 5 male nurses)	Nurses experience both verbal and physical aggression. Patients – consumers of medical services most often behave aggressively.
The effect of service orientation on financial performance: the mediating role of job satisfaction and customer satisfaction [37].	Method: diagnostic survey Research tools: authors survey questionnaire	745 respondents	Customer satisfaction is influenced by the quality of services provided. Customer satisfaction helps achieve high financial results.
Scale of perceived aggression towards staff (POAS) - preliminary reports [38].	method: diagnostic survey Research tools: POAS questionnaire	150 students	The subscales used in the study allow for a better understanding of the nurse's behavior during the relationship with the patient.
Support for self-care for patients with chronic disease [39].	Method: systematic review	-	Taking care of your health contributes to less frequent use of health services. On the one hand, health care limits self-care, and on the other hand, it prevents it.
What do consumers with chronic conditions expect from their interactions with general practitioners? A qualitative study of Australian consumer and provider perspectives [40].	Method: qualitative Research tools: interview	31 surveyed participants	Consumer (patient) satisfaction depends on the long-term relationship between the doctor and the patient.

lack of any moderation and wastefulness [8-9]. The resulting disparity between people, waste goods and of human labour is due to the continuous exploitation of renewable and non-renewable natural resources as a result of uncontrollable consumption. The threat posed by excessive consumption has led to the emergence of modern, sustainable, environmentally friendly and conscious consumption [6]. Sustainable consumption is, in other words, sustainable development which involves improving the quality of life, while preserving natural, biodiverse and social resources equally [10]. Consumption should be balanced and sustainable in the following areas:

- spatial – there is no violation of the principles of spatial order despite the use of different methods of meeting needs;
- environmental – consumption is used to the maximum, but the utility of the natural environment and the quality of natural resources is preserved;
- social – forms of consumption do not create problems in society, they are available to people regardless of space or time;
- intertemporal – there is no set time to meet the objectives;
- demographic – is related to demographic conditions that are not a permanent barrier to consumer growth;
- psychological – improved quality of life results from increasing consumption;
- economic – future consumption and current consumption are not the cause of economic imbalance [11].

Defining the patient as a customer of medical services/ consumer is an entirely new approach, different from the one that prevailed in the past when health care practitioners had a directive position [12]. The transformation of the late 1990s permanently changed the face of health care. The passive patient was replaced by an active purchaser of medical services who has influence over their decisions. Consumer movements emerging in many countries believed that purchasers of health services were competent enough to choose a doctor, get information about the effects of medicines and take an active role in determining

health problems [13]. Health care customers were also encouraged to adopt lifestyles that have a positive impact on health [14]. Not in all the countries have the consumer movements gained enough strength to become a serious problem for medical staff. However, the interests of health care recipients and health care providers, who represent different points of view, are largely contradictory [15]. The patient-consumer receiving medical services perceives their quality differently in the public and private sector [16]. A health care facility does not always meet the expectations of older women. These individuals show interest in: education about side effects of medications, measures to improve vision, and prevention of memory loss [17]. People are often more willing to pay for medical services if this will ensure that they are treated properly and receive health services of high quality [18]. By paying for the service, the customer has more power to decide on treatment and care method. Choosing services in the private sector provides a higher level of comfort, shorter waiting times to see a specialist, and the opportunity to receive services not provided in the public sector [19]. In Pennsylvania and New York, patients can view the results of cardiac surgeries, including complication rates. Patients use this information to choose the best specialist. In the United States, public reports compare different health care facilities to help consumers choose medical services and select the right specialist [20]. Consumerism focuses on the needs of patients, and encourages them to express their opinions on the quality of health services provided. It is the determinant of a practical approach to the ill and needy person [21]. According to Roach, growing consumerism is contributing to rising public expectations for health services and a lack of acceptance of the range of guaranteed services offered [22]. Medical staff face various threats from patients, with physical and verbal aggression becoming the most dangerous. Frequently, patients' expectations exceed the capacity of the health care system [23]. It is essential to take action to resolve patients' problems quickly. On 18th July 2005, a report by the British Healthcare Commission was published that analysed patients' responses to the questions: Do you have any control over the care you receive? Are others provided with better care? Is the care they are provided effective? The findings indicate the need to improve the quality of services while increasing patient involvement in health care. Proper functioning of the health care system should be based not only on recognising the needs of patients, but also of those who provide medical services [24].

Factors that ensure the effective functioning of the consumerism model in the area of health services

Consumerism has brought noticeable positive effects in the area of health services due to the observance of patients' rights, the provision of ever higher quality of medical services, allowing the patient to decide on certain issues concerning their life and health, and the choice of doctor or medical facility. Patients increasingly expect higher standards in the medical services they receive due to greater awareness [24]. In the area of health services, consumerism focuses on the patient. The customer of health services should be reasonable and aware of current health needs [21]. However, this will not be possible without cooperating with the patient and showing consideration for their requirements and decisions The consumer model respects the needs of patients, their rights, and treats customers as partners and subjects. In addition, the patient's position in a health facility is strengthened while maintaining their autonomy. Patients are expected to know their obligations both to the service provider and to themselves. The health care system (as emphasised by consumerism) functions for the patient and to the benefit of the patient. While the public sector seeks to meet the needs of health care customers, it is not inherently profit-driven [25]. The goal of most providers (including those in the private sectors) is to earn a profit on their services, not just to have satisfied customers. Consumerism in health care is characterised by various constraints. They primarily include: location, economic, random and social aspects. It is not always financially feasible for medical service customers to use top-quality health services, and they rarely choose a health facility in an emergency. In addition, it is difficult for a patient to adopt a consumerist attitude due to the doctor's experience and knowledge, paternalism in the patient-doctor relationship, the doctor's social authority or the way a particular health facility operates (excessive bureaucracy, lack of knowledge of the rules in place, complicated structure) [1]. Without adequate knowledge, the patient is not always able to properly evaluate the services provided. Although the system does not always function efficiently, it strives to provide medical services to all citizens [24]. Patients often use online sources of information about health and illness, and verify the correctness of decisions made by medical staff. The ability to obtain medical services "quickly" makes it easier for the customer to access health care, saving the time needed to travel to a facility. Telemedicine is a new method of applying medical knowledge at a distance. It is recommended that the initial assessment of patient-reported symptoms be done via e-consultation or telephone to protect the patient from contact with other patients or health care professionals, which could contribute to possible infection [27-28]. Telemedicine allows the patient to receive medical consultations in the home environment, which significantly improves their psychological comfort and strengthens their sense of security [26].

Advantages and disadvantages of a consumerist attitude of the hospital inpatient

Poles take different attitudes to their health. The majority of Poles surveyed believe that we should take care of our own health, and one in five respondents indicated that the state had a duty to take care of citizens' health [29]. The attitudes of medical service customers are also very diverse. People who are unaware of the need for health services will not pursue them. If the patient remains unaware, irreversible changes in the body can occur, resulting in the deterioration of health and the need for medical services [30]. Elderly patients tend to be more suspicious, distrustful, hypochondriac due to the changes in the nervous system. This is mainly due to the age

of patients receiving health services. Seniors often live alone and need to communicate with others. Thus, it is important for those providing medical services to know how to communicate appropriately, including proper choice of words, articulation, slowing down speech, speaking loudly [31]. The disease and the complications that occur during the treatment and recovery process are a heavy burden on the patient and their family. Deteriorating health causes negative emotions, frustration, and contributes to bad mood. They lead to limitation of daily family, social and professional activities [32]. According to Gallager, a doctor should be well-educated, sensitive, wise and warm towards the patient. He claims that the patient has the right to receive information about their illness and to decide on certain issues concerning their health [1]. Patients do not always understand the rules related to their hospital stay. The need to fill out paperwork, follow rules and regulations, comply with anonymity rules, and the inability to have any say in the current situation can all trigger aggressive behaviour [33-35]. The quality of services provided has a significant impact on the opinion of the customer-patient. A favourable opinion of patients is dependent on the employees performing the services [36]. Hospitalisation, according to the consumer, should be associated with mental and physical safety, care, proper relations with medical staff, provision of appropriate conditions [37]. Negative patient attitude leads to higher incidence of medical errors. Patients' aggressive behaviour has a disruptive effect on medical staff. They contribute to professional burnout, sickness-related absenteeism, fear for life and health, deterioration of interpersonal relationships, worse performance at work, lack of job satisfaction, experiencing negative emotions towards patients and the health care system [38-40].

CONCLUSIONS

Comprehensive, high-quality nursing care in a hospital, upgrading the skills of health care professionals and appropriate behaviour of medical staff contribute to the positive assessment of a particular facility, and thus attract other customers (patients) to use medical services. In the future, it would be worth conducting an in-depth analysis of this topic and conducting research on a wider group of respondents. Studying this phenomenon allows us to learn about the needs of patients (clients) and thus enables the effective functioning of consumerism in health care.

REFERENCES

1. Gallanger E. Ideology of consumption and health care. In: Sokołowska M, Hołówka J, Ostrowska A (eds.). Sociology and health. PWE Publishing House. Warsaw 1976.
2. Furmanek W. Consumerism, consumerism, challenges for education. Education - Technology - Computer science. Publishing House of the University of Rzeszów. Rzeszów 2010; 1: 13-22.
3. Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ. 2021; 372: n71. https://doi.org/10.1136/bmj.n71
4. Szczepański J. Consumption and human development. PWN Publishing House. Warsaw 1981.
5. Weak T. Consumption. Statistical essays. Difin Publishing House. Warsaw 2006.
6. Wasilik K. Trends in the behavior of modern consumers – consumerism and sustainable consumption. Consumption and development. 2014; 1(6): 66-74.
7. Frost B. Consumo ergo sum? The role of consumerism in modern societies. In: Mróz B. Faces of consumerism. SGH Publishing House. Warsaw, 2009.
8. Bauman Z. Consumers in the consumer society. Publishing House of the University of Łódź. Łódź 2007.
9. Szul E. Imaging the modern consumer. Social Inequalities and Economic Growth. Institute of Sociology, Maria Curie-Skłodowska University in Lublin. 2015; 2: 42.
10. Gerwin M. Sustainable Development Plan for Poland - Local Development Initiatives 2008. http://www.sopockainicjatywa.org/earth/pdf/LIR-new/pdf (18.02.2023).
11. Kiełczewski D. Consumption and the prospects for sustainable development. Publishing House of the University of Białystok. Białystok, 2008.
12. Frank AW. All the Things Which Do Not Fit: Baudrillard and Medical Consumerism, Families, Systems & Health. The Journal of Collaborative Family Health Care. 2000; 2, 18. https://doi.org/10.1037/h0091847
13. Owens J. Supporting Medical Consumerism 2020. Available: http://www.prevent.org/data/files/initiatives/jimowens.pdf (accessed 01 January 2023).
14. Consumer Reports Magazine. How safe is your hospital? Our new Ratings find that some are riskier than others 2012. http://www.consumerreports.org/cro/magazine/2012/08/how-safe-is-yourhospital/index.html), (15.02.2023).
15. Karkowska D. Medical law for nurses. Wolters Kluwers Publishing House, Warsaw 2013.
16. Włodarczyk C, Badora-Musiał K. Persistence of some ideas. Unfulfilled promises of professionalism. Problems of Social Policy. 2017; 1: 43-62.
17. Mariotto A. Consumerism and health 2005. Available: http://www.thelancet.com (accessed 02 January 2023).
18. CBOS, 2012. Poles about public and private health care. Available: https://www.cbos.pl/SPISKOM.POL/2012/K_047_12.PDF (accessed 01 January 2023).
19. Prestige Health Plans. Private Medical Insurance 2019. Available: http://www.prestigehealthplans.co.uk/private-medical.php (accessed 16 January 2023)
20. Huckman RS, Kelley MA. Public Reporting, Consumerism, and Patient Empowerment. N. Engl. J. Med. 2013; 14.
21. Nettleton S. The socjology of health and illness. Polity Press, Cambridge 2001.
22. Roach JN. The effects of consumerism. BMJ. 2001; 322: 1610.
23. The Lancet. Will consumersim lead to better 2005. Available: https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(05)66999-1.pdf (accessed 10 January 2023).
24. TNS OBOP. Poles' opinions on hospital services 2012. Available: https://slideplayer.pl/slide/12727/(accesed 15 February 2023).
25. Freidson E. Application of organization theory. Models of organization and services in health care. In: Sokołowska M, Hołówko J, Ostrowska A (eds.). Sociology and health. PWE Publishing House, Warsaw 1976.
26. Bujnowska-Fedak M, Kumięga P, Sapilak B. Application of modern telemedicine systems. Fam. Med. Prim. Care Rev. 2013; 15(3): 441-446.
27. Dong E, Du H, Gardner L. An Interactive Web-Based Dashboard to Track COVID19 in Real Time. Lancet Infect Dis. 2020; 20: 533-534.
28. Wang D, Hu B, Hu C, et al. Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus-Infected Pneumonia in Wuhan, China. JAMA. 2020; 323: 1061-1069. https://doi.org/10.1001/jama.2020.1585
29. CBOS, 2012. Poles about their health and health-promoting behaviors and activities. Available: http://www.cbos.pl/SPISKOM.POL/2012/K_110_12.PDF (10 December 2022).
30. Kautsch M. Factors determining consumer behavior in health care - selected issues. Scientific Journals of the University of Szczecin. 2010; 16: 242-243.
31. Dobska M, Dobski P. Quality management in healthcare entities. Warsaw; Wolters Kluwer Polska, 2012.
32. Szwamel K, Sochocka L. Opinion of middle medical staff of a hospital emergency department on aggressive behavior of patients. Piel. Zdr. Publ. 2014; 4(2): 149-154.
33. Wojnicka D, Włoszczak-Szubzda A. Knowledge and skills of medical staff in relation to manifestations of aggression on the part of the patient. Aspects of health and disease. 2017; 2(2): 51-63.
34. Lickiewicz J, Piątek J. Experience of aggression in nursing work. The Art of Healing. Department of Health Psychology, Institute of Nursing and Midwifery, Faculty of Health Sciences, Jagiellonian University Medical College. 2014; 3-4: 11-22.
35. Mokrzyszewski A, Wenzel M, Krajewski R. Aggression against doctors. Gazeta Lek. 2008; 4: 6-7.
36. Eren SS, Eren MS, Ayas N.et al. The effect of service orientation on financial performance: the mediating role of job satisfaction and customer satisfaction. Procedia - Social and Behavioral Sciences. 2013; 99(6): 66. https://doi.org/10.1016/j.sbspro.2013.10.537
37. Świątek B. Medical error in the practice of a forensic doctor. Materials from the conference: „Safe Patient, Safe Hospital". Warsaw, 2004.

38. Lickiewicz J, Sałapa K, Musiał Z, et al. Scale of perceived aggression towards staff (POAS) - preliminary reports. Polish Nursing. 2018; 1: 78-83. http://dx.doi.org/10.20883/pielpol.2018.10
39. Kennedy A, Rogers A, Bower P. Support for self care for patients with chronic disease. BMJ. 2007; 335(7627): 968-970. https://doi.org/10.1136/bmj.39372.540903.94
40. Song HJ, Dennis S, Levesque J-F, et al. What do consumers with chronic conditions expect from their interactions with general practitioners? A qualitative study of Australian consumer and pro-vider perspectives. Health Expect. 2020; 23(3): 707-716. https://doi.org/10.1111/hex.13050.

Manuscript received: 04.11.2023
Manuscript accepted: 19.02.2024

Translation: Biura Akademia