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Original scientific paper

PATIENT SATISFACTION IN THE PRIMARY HEALTH CARE

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Abstract: Countries like Bosnia and Herzegovina have significant challenges in their health systems. Evaluation of the quality of family medicine services is the basis for the development of quality in primary health care. Patient satisfaction assessments, using the EUROPEP questionnaire, reflect patients' expectations and experiences. **Objective:** Using the EUROPEP questionnaire to assess satisfaction with primary health care services and identify key areas for improvement. **Methods:** The research was conducted using the EUROPEP questionnaire in Zenica during 2024. Patients were selected using a random sample method during a visit to the primary health care. In total, thirteen primary health care clinics of the Zenica Health Centre participated in the study. **Results:** In a representative sample from 2024, 44.45% of respondents were male, while 52.77% were female. In the research, the results show that the respondents are satisfied, the highest score is 4.64, and the lowest score is 4.04. The lowest-rated aspects were the ability to contact doctors by phone and patient wait times for appointments. Healthcare personnel exhibited the highest level of willingness to provide assistance. The analysis identified a high ceiling effect, suggesting that patient satisfaction is high but leaves little room for further improvement. **Conclusion:** Healthcare providers should focus on improving lower-rated aspects, particularly doctor accessibility via phone and appointment waiting times, to enhance the overall patient experience. Due to the high ceiling effect, it is recommended that the study be repeated with a larger sample. It is necessary to validate the questionnaire with an extended rating scale.

Key words: primary health care, patient satisfaction, EUROPEP questionnaire.

INTRODUCTION

Countries around the world are going through significant challenges in the transition of their health-care systems, such as: declining health standards, lack of financial resources, weak organizational and management structures, and a mismatch between healthcare needs and demands. Accordingly, it is necessary to introduce activities of continuous monitoring and collection of feedback on patient satisfaction in order to build a better quality control system and improve the quality of the healthcare system.(Pilav A., 2017).

Negative ratings by health service users can indicate areas for improvement. Users of primary health care (PHC) services have clear insights into the quality of care provided. Health care professionals often respond to patients based on perceived needs and experiences(Jung HP, 1997; Richards, 1999). The results of regular application of satisfaction analysis can be used in health systems for quality improvement (Grol, 2000).

Collecting feedback has the potential to become a common method of work because patients feel that their opinion is valued. At the same time, it indicates to healthcare providers that it is necessary to change the parameters of work if they want to provide improved quality services(Cilović Lagarija Š., 2020). The EUROPEP Patient Satisfaction Questionnaire measurement instrument can serve as a key tool for assessing the quality of healthcare services(Stylianou et al., 2024).

OBJECTIVE

The aim of the study is to use the EUROPEP questionnaire and descriptive methods to investigate: 1) patient satisfaction with PHC services in Zenica, 2) determine which aspects of PHC work they are satisfied with, 3) which service parameters need to be improved.

MATERIALS AND METHODS

This study is a cross-sectional survey using the verified measurement instrument EUROPEP. The instrument questionnaire consists of 23 items divided into five aspects: 1. medical approach, 2. availability and organization of services, 3. health, 4. communication with the patient, 5. general satisfaction. EUROPEP has a scale from 1 to 5 **with 1 representing the lowest or worst option and 5 representing the highest or best option**. It corresponds to the Likert scale according to which the respondents rated the parameters. *1 Very Poor*, Poor 2, Fair 3, Good 4, Excellent 5.

EXAMINATION

The research was conducted in the Zenica Primary Health Care Centre in 2024. The sample consisted of 180 patients who agreed to complete the survey. All respondents provided informed consent prior to participation.

The survey was anonymous and the data were kept confidential. Inclusion criteria: patients were over 18 years of age and had agreed to participate in the study. Exclusion criteria: patients who refused to complete the survey.

STATISTICS

The data were processed using the Statistical Package for the Social Sciences (SPSS ver. 27) and MS EXCEL. Basic descriptive statistical methods were used. The confidence level of the tests was 95% in certain statistical analyses. Descriptive statistical analysis (arithmetic mean, standard deviation) was used. Cronbach's alpha (α) is a statistical test that measures the reliability of a scale or questionnaire and was used to assess the reliability of the EUROPEP questionnaire instruments.

Table 1. Display of reliability statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items
0.957	0.958

RESULTS AND DISCUSSION

EUROPEP can serve as a key tool for assessing the quality of health services and even acts as a predictor of health outcomes (Stylianou et al., 2024)

The paper(Spasojevic et al., 2015). Quality measurements provide insight into the state of PHC for several reasons: objective assessment of the quality of services provided, detection of weaknesses in the system, and connection with patient satisfaction.

The EUROPEP questionnaire is a standardized measurement instrument used to assess patient satisfaction in primary care. The items in the questionnaire are grouped into the following categories: medical approach (expertise, explanations, respect for patients), availability and organization of services (waiting time, scheduling appointments), health care (continuity of care, support in solving problems), communica-

tion with the patient, and general satisfaction.

MEDICAL APPROACH

Medical approach were rated by respondents as follows: (1) Does the doctor spend enough time talking to you? (4.27, SD = 0.888), (2) Does the doctor show interest in your complaints? (4.29, SD = 0.798), (3) Does he/she make it easier and help you cope with your complaints? (4.36, SD = 0.747), (4) Does the doctor include you in making decisions about your health? (4.28, SD = 0.788), (9) Do you have the impression that the doctor does his/her job well? (4.40, SD = 0.812), (10) Does he/she perform an examination (pulse, blood pressure, etc.)? (4.26, SD = 0.906).

Patients rated doctors' expertise and dedication highly, with the average score in this segment between 4.26 and 4.40. The lowest score was given to physical examinations (4.26), while the most positive score was given to thoroughness of work (4.40). Standard deviations indicate relative agreement among respondents.

GENERAL SATISFACTION

General satisfaction were rated by the respondents as follows: (6) Does the doctor keep your information confidential? (4.61, SD = 0.670), (18) How willing is the nurse at the clinic to help you? (4.64, SD = 0.581), (23) Rate the speed of the doctor and nurse in emergency cases. (4.57, SD = 0.713).

Patients are very satisfied with key aspects of health care. Data confidentiality (4.61) and the nurse's willingness to help (4.64) receive the highest ratings with the least variability, showing high consistency in positive experiences.

The results indicate significant patient satisfaction. Similar trends were noted in Bulgaria (Dimova et al., 2017) where patients highly rated the confidentiality of medical data and the speed of response to emergency situations.

HEALTHCARE

Healthcare was rated by respondents as follows: (7) Does he try to alleviate your problems as quickly as possible? (4.42, SD = 0.739), (8) Does it help you feel better and return to your daily activities as soon as possible? (4.40, SD = 0.779), (14) Does it help you to overcome emotional problems related to your health condition? (4.25, SD = 0.940), (11) Are you satisfied with the offer of preventive health services? (4.21, SD = 0.900).

Patients are satisfied with the support provided by their doctors, especially the speed of problem resolution (4.42) and assistance in returning to daily activities (4.40). Emotional support (4.25) and preventive services (4.21) have slightly lower scores and greater variability in responses.

COMMUNICATION WITH THE PATIENT

Communication with the patients were rated by the respondents as follows: (5) Does the doctor listen carefully when you explain your problems? (4.47, SD = 0.734), (12) Are you satisfied with the explanation of the reasons for the requested tests and the planned treatment? (4.30, SD = 0.785), (13) Does your doctor inform you about everything you wanted to know about your symptoms and illnesses? (4.35, SD = 0.829), (15) Does he help you understand how important it is to follow advice and instructions? (4.28, SD = 0.882), (16) Assess whether the doctor remembers what was said during previous visits. (4.18, SD = 0.951), (17) Does he explain what you can expect during a visit to a specialist or hospital treatment? (4.18, SD = 0.925).

Doctors' communication skills are generally rated highly, especially attentive listening (4.47). Recalling previous visits (4.18) and informing about specialist examinations (4.18) have the lowest scores and the highest variability of responses, indicating a potential area for improvement.

SERVICE ORGANIZATION

Organization of services were rated by respondents as follows: (19) Can you schedule an appointment with your doctor at a time that suits you? (4.40, SD = 0.852), (20) Is it easy to reach the clinic staff by phone? (4.39, SD = 0.778), (21) What is the possibility of talking to the doctor by phone? (4.04, SD = 1.148), (22) Rate the waiting time for an appointment in the waiting room of the clinic. (4.35, SD = 0.788).

The ratings indicate satisfaction with the availability of services, especially with scheduling appointments (4.40) and contacting staff (4.39). The lowest rating was given to the ability to speak directly to a doctor by phone (4.04), with the highest variability in responses (SD = 1.148), indicating different patient experiences. The highest level of dissatisfaction among respondents was recorded in a study (Gavran Larisa, 2013). The results pertain to patient wait times for doctor's appointments. It was stated that the waiting time was up to 60 days.

Studies in Bulgaria (Dimova et al., 2017) found that waiting times in waiting rooms and telephone availability received the lowest ratings (2.8 on a scale of 5). Such results are comparable to our research results. Similar problems were identified in Norway and Bulgaria, where telephone availability was often rated below average (Bjertnaes et al., 2011; Dimova et al., 2017). Problems with waiting times for examination in waiting rooms were identified as key challenges.

Tablica 2. Analysis of answers to the EUROPEP questionnaire

Variables	MEAN Arithmetic mean	SD Standard deviation
Medical approach		
1. Does the doctor spend enough time talking to you?	4.27	0.888
2. Does the doctor show interest in your complaints?	4.29	0.798
3. Does it make it easier and does it help you deal with your complaints?	4.36	0.747
4. Does the doctor include you in making decisions about your health?	4.28	0.788
9. Do you have the impression that the doctor does his job thoroughly?	4.40	0.812
10. Does he perform an examination (pulse, blood pressure, etc.)?	4.26	0.906
General satisfaction		
5. Does the doctor listen carefully when you present your problems?	4.47	0.734
12. Are you satisfied with the explanation of the reasons for the requested tests and planned treatment?	4.30	0.785
13. Does your doctor inform you about everything you wanted to know about your symptoms and illnesses?	4.35	0.829
15. Does it help you understand how important it is to follow advice and instructions?	4.28	0.882
16. Assess whether the doctor remembers what was said during previous visits?	4.18	0.951
17. Does it explain what you can expect during a specialist appointment or hospital treatment?	4.18	0.925
Healthcare		
6. Does the doctor keep your information confidential?	4.61	0.670
18. How willing is the nurse at the clinic to help you?	4.64	0.581
23. Rate the speed of doctors and nurses in emergencies?	4.57	0.713
Communication with the patient		

7. Does he try to alleviate your problems as soon as possible?	4.42	0.739
8. Does it help you feel better and return to your daily activities as soon as possible?	4.40	0.779
11. Are you satisfied with the offer of preventive health services (systemic examinations, health checks even when you are not sick, vaccinations)?	4.21	0.900
14. Does it help you overcome emotional problems related to your health condition?	4.25	0.940
Service organization		
19. Can you make an appointment with your doctor at a time that suits you?	4.40	0.852
20. Is it easy to reach the clinic staff by phone?	4.39	0.778
21. What is the possibility of a telephone conversation with the doctor?	4.04	1.148
22. Rate the waiting time for an examination in the ambulance waiting room.	4.35	0.788

In Norway (Bjertnaes et al., 2011) identified a significant high ceiling effect using the EUROPEP questionnaire. Research (Stylianou et al., 2024) from Cyprus identified this methodological problem of high ceiling effects, too. The results of this research indicate a skewed distribution towards the “excellent” option. The high ceiling effect was potentially an indicator of lower questionnaire response. There is wide variation in the criteria used to assess the effects of high ceilings (Stylianou et al., 2024). A high ceiling effect indicates high scores on the measurement scale. The result approaches the upper limit of the measuring instrument, which makes it impossible to reliably measure the parameters. In order to avoid this effect, it is necessary to increase the number of respondents and change the scale, the weight of the test from 1-5 in the original EUROPEP questionnaire to the distribution of the scale 1-7. For these changes, it is desirable to make a new pilot study and verify the scale changes. Using these methods ensures that the instruments adequately measure the full range of variables.

CONCLUSION

The lowest rating was given to the possibility of a direct telephone conversation with a doctor (4.04), with variability in responses ($SD = 1.148$), which indicates a wide range of ratings and patient experiences. The possibility of telephone consultations was rated with a low satisfaction rating.

The nurse's readiness was rated the highest, 4.64 variability in responses ($SD = 0.581$), which indicates a low range of ratings, that is, patients' experiences are equal on the given item.

Also, the presence of a high ceiling effect was confirmed, which indicates that the answers given by the patients are concentrated at the upper limit of the scale. To improve the validity of future research, we recommend conducting a pilot study using an expanded EUROPEP scale (from 1 to 7), allowing for a more precise assessment of patient satisfaction and better differentiation of subtle variations.

Integrating the EUROPEP questionnaire into routine health system evaluations could provide valuable insights for ongoing quality improvement. Efforts should be directed towards optimizing workflow and reducing patient wait times. Improving the work environment in primary healthcare is essential for retaining healthcare professionals. This includes better working conditions, free continuing education and professional development. The opening of new family medicine clinics in all communities needs to be encouraged to increase the quality of health care at the primary level. Attention needs to be paid to rural areas, where access to health services is limited. Increasing the number of health workers, improving transport and introducing telemedicine can reduce inequalities in health care and reduce congestion. Decision-makers should consider potential solutions to reduce waiting times.

Thank You

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Conflict of Interest

The author declares that there is no conflict of interest.

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