

## Research on Services Requests and Utilisation Status and Satisfaction in a Family Health Center in Istanbul\*

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### Abstract

**Aim:** In the family practice, the family doctor accompanied with the family health center employee renders integrated services to people registered in their department from physical, psychological and social points. The purpose of this research is to investigate the cognition, utilization, and satisfaction state of family practice services by the public of a family health center found at any district of Istanbul.

**Method:** The research in question was done at the prefecture of Istanbul, at a family health center between the dates September 2013 and January 2014. We have applied the Cognition, Utilization and Satisfaction State of services survey (HBYMDA) developed by the researcher, we have collected data through the face-to-face method and applied the Patients Evaluate General/ Family Practice (EUROPEP) survey. The total points for HBYMDA was 24. Whereas the total point for EUROPEP was 115.

**Results:** 302 (76%) of the persons who participated in the survey were women, and 98 (24%) men. The average age of the group was 37.17±14.10 years. The average age of women was 42±13.04 and 42.57±15.85 for men. The average of the total points for HBYMDA was calculated as 11.54±5.80. The average total point of EUROPEP was 93.87±21.32. The services that persons know the most, use the most and are satisfied the most are listed respectively, as following inspection, diagnosis and therapy, injection and medical dressing services, emergency services, free laboratory services. Whereas the services that participants know the less, use the less and are satisfied the less are listed respectively as following therapy of tuberculosis through direct observation, taking measures concerning contagious disease towards people and environment, military examination, and periodic examination.

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**Conclusion:** It is determined that the group of low social-economical-cultural uses more family practice services and that situation is related to the knowing, utilization and satisfaction state of the services.

**Keywords:** Family medicine, health services, satisfaction

### **İstanbul'da Bir Aile Sağlığı Merkezine Başvuranların Hizmetleri Bilme ve Yararlanma Durumları ile Memnuniyetlerinin Araştırılması**

#### **Öz**

**Amaç:** Aile Hekimliği Sisteminde Aile Hekimi aile sağlığı elemanı ile birlikte kendine kayıtlı bireylerin sorunlarını fiziksel, psikolojik ve sosyal yönleriyle ele alan bütüncül bir hizmet sunar. Bu araştırmanın amacı, Aile hekimliği Hizmetlerinin İstanbul'un bir ilçesinde bir aile sağlığı merkezinde halk tarafından bilinme, yararlanılma ve memnuniyet durumunu araştırmaktır.

**Yöntem:** Araştırma İstanbul ilindeki, bir Aile Sağlığı Merkezinde Eylül 2013-Ocak 2014 tarihleri arasında yürütüldü. Yüz yüze görüşme metoduyla 400 kişiye demografik veriler, Patients Evaluate General/Family Practice (EUROPEP) anketi ve araştırmacının geliştirdiği Hizmetleri Bilme, Yararlanma ve Memnuniyet Durumu Anketi (HBYMDA) uygulandı. HBYMDA de toplam puan 24 idi. EUROPEP anketindeki toplam puan 115 idi.

**Bulgular:** Araştırmaya katılan kişilerin 302'si (%76) kadın ve 98'i (%24) erkekti. Grubun yaş ortalaması 37,17±14,10 yıl idi. Kadınların yaş ortalaması 35,42±13,04 yıl; erkeklerin yaş ortalaması 42,57±15,85 yıl idi. HBYMDA'nin toplam puan ortalaması 11,54±5,80 bulundu. EUROPEP anketi toplam puan ortalaması 93,87±21,32 bulundu. Bireylerin en çok bildikleri, yararlandıkları ve memnun oldukları hizmetler sırasıyla, muayene teşhis ve tedavi, enjeksiyon ve pansuman hizmetleri, acil hizmetler, ücretsiz laboratuvar hizmetleri idi. Katılımcılar tarafından en az bilinen, yararlanılan ve memnun olunan hizmetler ise sırasıyla verem hastalarının direk gözetimli tedavisi, bireye ve çevreye yönelik bulaşıcı hastalıklarla ilgili önlemlerin alınması, askerlik muayenesi ve periyodik muayene yapılması idi.

**Sonuç:** Aile Hekimlerinin hizmetlerinden düşük sosyo-ekonomik-kültürel grubun daha fazla yararlandığı ve hizmetlerden memnuniyetin hizmetleri bilme ve yararlanma durumu ile ilişkili olduğu saptandı.

**Anahtar Sözcükler:** Aile hekimliği, sağlık hizmetleri, memnuniyet

#### **Introduction**

World Health Organization does not define health as the absence of illness and disability but as well-being regarding physical, spirit, and social points. It is necessary to have the good physical and social environment and receive qualified services in order to protect the health of people<sup>1</sup>. All countries hold on dear life to ensure an effective and active access towards the needs of citizens and to preserve the health of the public<sup>2</sup>. In the development and organization of health services in Turkey, the works foreseeing providing people protective and therapeutic services are proceeding from the declaration of the republic till nowadays<sup>3</sup>. In those days by starting from regions where population was more crowded they have opened examination and therapy houses, doctors working in protective health services were supported, and with the socialization law

numbered 224 issued in 1961 the first step as health services health centers services was become popular<sup>4</sup>. Whereas the Conversion Program launched in 1982 in Health aimed at reinforcing basic health services by changing the financing and presentation model in these services. This model is named as Family Practice Model.

In modern family practice, it is basic that the family doctor knows each member of the family, continuously observes them through an integrated service understanding. In the family practice system, the family doctor should communicate with individuals registered in his/her file based on trust, deal with the problems from physical, psychological, and social aspects. Beside it is based on the individual, there are also features from a family and society point of view. Besides pregnant and baby tracking, the basic health service requirements of old people whose number is increasing day by day are met even more easily and efficiently through their family doctor, who knows and can reach them<sup>3</sup>. The family doctor is the doctor who will take care of the health problems of people who won't appeal to him/her but who are registered in his/her file, the doctor who protect, treat and track him/her in his/her natural environment. As each doctor is responsible for the health and the protection of the health of people registered under his/her file, it will be possible to ensure the wellness of the whole society<sup>2</sup>. In Turkey, Family Doctor is responsible for ender continuous and comprehensive services without discriminating against the patient based on his/her sex, age and illness, they are family physician who works as full-time employ and renders mobile heath care service or are specialist and staff physicians who have received training foreseen by the Ministry<sup>3</sup>.

The family doctor constitutes the first medical contact point of the people with the health system. Not only regarding geographical point they also offer easy accessible services regarding from economical and cultural points. They become integrated with protective applications, therapeutic and rehabilitated applications. When the family doctor cannot solve a health problem, the second step is the referral, and the results will be tracked by the family doctor again. Services are not restricted to a certain limit of the illness; they also include the services that should be rendered during healthy periods and family doctor should track the individual during his/her whole life. It is very important for family doctor to protect the confidentiality of the individual information<sup>5</sup>. Family practice is an application taken from the western world. Even if there are some differences in the applications and naming nowadays, in most of the world countries the first step of Family Practice constitutes the basic of health services<sup>6</sup>. America, Germany, Italy, Canada, England are one of these countries and have each one their own appropriate model. In our country the Family Practice System has started to be applied for the first time in a pilot region in Duzce on September 15<sup>th</sup> 2005 and has been spread all over the country as from the year 2011. According to the "Law about Family Practice Pilot Application" as well as all following laws and regulations, the family doctor is responsible to render a continuous and comprehensive diagnostic, therapeutic and rehabilitated health services as firs step of protective health services for the individual without

discriminating him/her for her/his age, sex and illness. One of the fundamental criteria used to assess the service quality in health institutions is the patient satisfaction which is defined as the supplying the demands and expectations of the patient<sup>7</sup>. In our country, there are few studies done relating to the utilization of health services and the patient satisfaction. It is required to have some studies to be done in the awareness, preference, utilization state and satisfaction of family practice which has been newly implemented. In this research, it is aimed at researching the awareness, utilization and satisfaction state of services rendered by a health center found in the prefecture of Istanbul over people aging of 18 and over. This research where not only satisfaction is evaluated, the fact that awareness of services and the utilization state will also be researched in the family practice system in Istanbul makes this study the first in this aspect.

### **Material and Methods**

The research in question is a descriptive type study performed in the prefecture of Istanbul in a Family Health Center between the dates September 2013 and January 2014.

By supposing that the satisfaction of the patient would be 50% with a trust level of 95%  $\pm$ 5% margin of error, it is calculated that the participants should be composed of at least 384 persons<sup>8</sup>. These individuals have been selected from doctor-patient lists through systematic sampling. 45 persons from 9 Family Doctors have been selected from as one every 100 persons on the list. It is aimed at having 405 persons in total. 5 refused to participate to the survey and 400 persons have practiced the survey. These persons have been convoked to the Family Health Center and practiced survey through face to face interview method. The persons selected but unreachable have been excluded from the sampling and the next person found in the list has been included and convoked for the interview. The surveys practiced to the patients (Awareness, Utilization and Satisfaction state of the services survey) are composed of 2 parts. The first part was based on the lists of functions of family doctors indicated in Family Practice Application Regulations published in January 2013 (Family Practice Application Regulations (dated on 25/01/2013 and numbered 28539) and was composed of demographic specifications as well as questions asking the awareness, utilization and satisfaction state of the services rendered to patients<sup>9</sup>. In the awareness, utilization and satisfaction survey, the point scoring system gives 1 for he/she knows, uses and is satisfied and 0 if she/he doesn't know, doesn't use and isn't satisfied. Accordingly, those who are satisfied from 24 services will get 24 points in total. Whereas the second part is EUROPEP (Patients Evaluate General/Family Practice) survey that was developed in 1999 by EQUIP (European Working Party on Quality in Family Practice) which is a sub-unit of (WONCA) European Organization examining the satisfaction of people using the services; EUROPEP is still using in Europe by 17 countries. The reliability and validity of EUROPEP survey as well as its translation into Turkish was done in Turkey by Aktürk and his friends<sup>10</sup>. In this survey, it is requested from the participant to fill each item / question of the questionnaire from bad (1) to perfect (5). The point 115 shows the perfection for 23 questions in total. The surveys have been

practiced to 400 persons through face to face interview method. Furthermore, another survey was prepared for the doctors. We have practiced a survey (**Doctor Survey**) of 14 questions to 9 family doctors working in the selected Health Center as well as 1 doctor from Community Health Center in order to examine their satisfaction from Family Practice System. By entering the data on the computer by using SPSS 21.0 packaged software and evaluating frequency % rate, chi-squared test and t test and a reliability level of 95%, we have accepted  $p < 0.05$ .

**Ethics Committee Approval:** Ethics committee approval of the study was obtained with the letter dated 20.08.2013 and numbered 1099 of the Istanbul University.

## Results

302 of persons (76%) having participated to the survey were women whereas 98 of them (24%) were men. The average of age of participants was  $37,17 \pm 14,10$  (min:18 years old, max:81). The average of age for women was  $35,42 \pm 13,04$  (min:18 years old max:72 years old), the average of age for men was  $42,57 \pm 15,85$  (min:18 years old max:81). The average of children number of the group was  $2,31 \pm 1,94$  (min:0 child, max:13 children). The number of family members of the group was  $4,39 \pm 2,11$  (min:1, max:15 persons).

The demographic characteristics of individual are given in the following schedule.

**Table 1.** Demographic characteristics of participants

Demographic Characteristics	Woman		Man		Total	
	n	%	n	%	n	%
<b>Sex</b>	302	75.5	98	24.5	400	100
<b>Marital status</b>						
Married	268	88.7	78	79.6	346	86.5
Single	19	6.3	17	17.3	36	9.0
Widow	15	5.0	3	3.1	18	4.5
Divorced	-	-	-	-	-	-
<b>Education</b>						
Under Primary school	203	67.2	59	60.2	262	65.5
Primary school	45	14.9	13	13.3	58	14.5
High school	48	15.9	21	21.4	69	17.3
University and above	6	2.0	5	5.1	11	2.8
<b>Profession</b>						
Worker	14	4.6	52	53.1	66	16.5
Officer	2	0.7	8	8.2	10	2.5
Student	13	4.3	3	3.1	16	4.0

Housewife	265	87.7	-	-	265	66.3
Retired	8	2.6	32	32.7	40	10.0
Unemployed	-	-	3	3.1	3	0.8
<b>Income status</b>						
Minimum wage and less	211	69.9	63	64.3	274	68.5
<Minimum wage-3000	91	30.1	31	31.6	121	30.3
3000 and above	-	-	4	4.1	5	1.3

The awareness, utilization and satisfaction state of participants about Family Health Centers are given in the following Table 2.

**Table 2.** Awareness, utilization and satisfaction status of participants about Family Health Center

Services	Familiar		Beneficiary		Satisfaction	
	%	n	%	n	%	n
Examination, diagnosis and therapy	398	99.5	380	95.0	362	90.5
Screen test for new borns	236	59.0	181	45.3	181	45.3
Baby and children tracking	287	71.8	223	55.8	221	55.3
Giving to babies Vitamin D and iron free of charge	241	60.3	188	47.0	189	47.3
Vaccination of babies and children	308	77.0	308	77.0	226	56.5
Vaccination of adults	304	76.0	232	58.0	232	58.0
Pregnant tracking	311	77.8	188	47.0	186	46.5
Vaccination of pregnant	301	75.3	186	46.5	186	46.5
Giving to pregnant D vitamin and iron free of charge	245	61.5	183	45.8	183	45.8
Tracking of women after childbirth	252	63.0	160	40.0	159	39.8
Consultancy before marriage and giving marriage report	107	26.8	60	15.0	61	15.3
Family planning and consultancy services	251	62.8	213	53.3	214	53.5
Free laboratories services	357	89.3	337	84.3	337	84.3
Information and consultancy for cancer screening	281	70.3	268	67.0	268	67.0
Emergency services	388	97.0	295	73.8	295	73.8
Injection, medical dressing and wound care	391	97.8	346	86.5	346	86.5
Referral and tracking of patients	363	90.8	342	85.5	340	85.0
Soldiering examination	44	11.0	17	4.3	13	3.3
Yearly periodic examination	157	39.3	176	44.0	148	37.0
Keeping patients records	390	97.5	384	96.0	384	96.0
Therapy of consumptives through direct drug administration under observation	20	5.0	8	2.0	7	1.8
Home visits to disabled and sick abed patients	247	61.8	32	8.0	31	7.8

Performing necessary organizations for those requiring care services at home	232	58.0	32	8.0	30	7.5
Taking necessary precautions for contagious illnesses involving people and environment	22	5.5	16	4.0	15	3.8

The distribution of satisfaction of services rendered by Family Health Centers according to sex is given in the following Table 3.

**Table 3.** Distribution of satisfaction of services rendered by Family Health according to the sex of the participants

Services	Woman		Man		Importance	
	n	%	n	%	X <sup>2</sup>	p
Examination, diagnosis and therapy	279	92.4	83	84.7	5.09	0.024
Screen test for new borns	154	51.0	27	27.6	16.4	0.000
Baby and children tracking	184	60.9	37	37.8	16.07	0.000
Giving to babies Vitamin D and iron free of charge	160	53.0	29	29.6	16.23	0.000
Vaccination of babies and children	188	62.3	38	38.8	16.60	0.000
Vaccination of adults	194	64.2	38	38.8	19.70	0.000
Pregnant tracking	162	53.6	24	24.5	25.30	0.000
Vaccination of pregnant	162	53.6	24	24.5	25.30	0.000
Giving to pregnant D vitamin and iron free of charge	161	53.3	22	22.4	28.40	0.000
Tracking of women after childbirth	141	46.7	18	18.4	24.80	0.000
Consultancy before marriage and giving marriage report	52	17.2	9	9.2	3.70	0.055
Family planning and consultancy services	206	68.2	8	8.2	104.24	0.000
Free laboratories services	272	90.1	65	66.3	31.42	0.000
Information and consultancy for cancer screening	237	78.5	31	31.6	73.43	0.000
Emergency services	245	81.1	50	51.0	34.70	0.000
Injection, medical dressing and wound care	276	91.4	70	71.4	25.25	0.000
Referral and tracking of patients	270	89.4	70	71.4	18.76	0.000
Soldiering examination	6	2.0	7	7.1	6.25	0.012
Yearly periodic examination	118	39.1	30	30.6	2.28	0.132
Keeping patients records	294	97.4	90	91.8	5.86	0.015
Therapy of consumptives through direct drug administration under observation	6	2.0	1	1.0	0.402	0.526
Home visits to disabled and sick abed patients	26	8.6	5	5.1	1.28	0.259
Performing necessary organizations for those requiring care services at home	25	8.3	5	5.1	1.08	0.300
Taking necessary precautions for contagious illnesses involving people and environment	13	4.3	2	2.0	1.05	0.305

The distribution of satisfaction of services rendered by Family Health Centers according to education level is given in the following Table 4.

**Table 4.** Distribution of satisfaction of services rendered by Family Health according to the education level of the participants

Services	Under primary school		Primary school		High school and above		Importance	
	n	%	n	%	n	%	X <sup>2</sup>	p
Examination, diagnosis and therapy	245	93.5	47	81.0	70	87.5	9.70	0.008
Screen test for new borns	121	46.2	30	51.7	30	37.5	3.01	0.222
Baby and children tracking	149	56.9	32	55.2	40	50.0	1.17	0.557
Giving to babies Vitamin D and iron free of charge	126	48.1	32	55.2	31	38.8	3.85	0.146
Vaccination of babies and children	155	59.2	32	55.2	39	48.8	2.76	0.253
Vaccination of adults	156	59.5	35	60.3	41	51.3	1.88	0.390
Pregnant tracking	124	47.3	31	53.4	31	38.8	3.13	0.209
Vaccination of pregnant	124	47.3	31	53.4	31	38.8	3.13	0.209
Giving to pregnant D vitamin and iron free of charge	123	46.9	30	51.7	30	37.5	3.18	0.204
Tracking of women after childbirth	105	40.1	28	48.3	26	32.5	3.52	0.171
Consultancy before marriage and giving marriage report	24	39.5	18	31.0	19	23.8	23.18	0.000
Family planning and consultancy services	142	54.2	33	56.9	39	48.8	1.05	0.593
Free laboratories services	238	90.8	43	74.1	56	70.0	25.29	0.000
Information and consultancy for cancer screening	198	75.6	36	62.1	34	42.5	31.06	0.000
Emergency services	207	79.0	40	69.0	48	60.0	12.24	0.002
Injection, medical dressing and wound care	242	92.4	45	77.6	59	73.8	22.80	0.000
Referral and tracking of patients	235	89.7	47	81.0	58	72.5	15.04	0.001
Soldiering examination	5	1.9	4	6.9	4	5.0	4.73	0.094
Yearly periodic examination	94	35.9	26	44.8	28	35.0	1.80	0.406
Keeping patients records	256	97.7	51	87.9	77	96.3	11.84	0.003
Therapy of consumptives through direct drug administration under observation	3	1.1	1	1.7	3	1.4	2.42	0.298
Home visits to disabled and sick abed patients	22	8.4	4	6.9	5	6.3	0.50	0.793
Performing necessary organizations for those requiring care services at home	21	8.0	4	6.9	5	6.3	0.31	0.856
Taking necessary precautions for contagious illnesses involving people and environment	12	4.6	1	1.7	2	2.5	1.50	0.471

The distribution of satisfaction of services rendered by Family Health Centers according to marital status is given in the following Table 5.

**Table 5.** Distribution of satisfaction of services rendered by Family Health according to the marital status of the participants

Services	Married		Single		Widow/ divorced		Importance	
	n	%	n	%	n	%	X <sup>2</sup>	p
Examination, diagnosis and therapy	322	93.1	23	63.9	17	94.4	32.62	0.000
Screen test for new borns	173	50.0	1	2.8	7	38.9	29.66	0.000
Baby and children tracking	207	59.8	3	8.3	11	61.1	35.23	0.000
Giving to babies Vitamin D and iron free of charge	181	54.3	2	5.6	6	33.3	30.07	0.000
Vaccination of babies and children	213	61.6	2	5.6	11	61.1	41.78	0.000
Vaccination of adults	222	64.2	2	5.6	8	44.4	47.40	0.000
Pregnant tracking	178	51.4	1	2.8	7	38.9	31.49	0.000
Vaccination of pregnant	178	51.4	1	2.8	7	38.9	31.49	0.000
Giving to pregnant D vitamin and iron free of charge	176	50.9	1	2.8	6	33.3	31.56	0.000
Tracking of women after childbirth	152	43.9	1	2.8	6	33.3	23.39	0.000
Consultancy before marriage and giving marriage report	56	16.2	2	5.6	3	16.7	2.89	0.237
Family planning and consultancy services	212	61.3	-	-	2	11.1	62.83	0.000
Free laboratories services	314	90.8	6	16.7	17	94.4	136.35	0.000
Information and consultancy for cancer screening	250	72.3	2	5.6	16	88.9	69.70	0.000
Emergency services	273	78.9	7	19.4	15	83.3	60.44	0.000
Injection, medical dressing and wound care	316	91.3	13	36.1	17	94.4	86.16	0.000
Referral and tracking of patients	307	88.7	16	44.4	17	94.4	51.48	0.000
Soldiering examination	8	2.3	5	13.9	-	-	14.53	0.001
Yearly periodic examination	139	40.2	3	8.3	6	33.3	14.30	0.001
Keeping patients records	341	98.6	27	75.0	16	88.9	49.60	0.000
Therapy of consumptives through direct drug administration under observation	6	1.7	1	2.8	-	-	0.54	0.763
Home visits to disabled and sick abed patients	29	8.4	1	2.8	1	5.6	1.56	0.459
Performing necessary organizations for those requiring care services at home	28	8.1	1	2.8	1	5.6	1.43	0.489
Taking necessary precautions for contagious illnesses involving people and environment	14	4.0	1	2.8	-	-	0.88	0.644

The distribution of satisfaction of services rendered by Family Health Centers according to profession status is given in the following Table 6.

**Table 6.** Distribution of satisfaction of services rendered by Family Health according to the profession status of the participants

Services	Worker-Officer-Student		Housewife		Retired-unemployed		Importance	
	n	%	n	%	n	%	X <sup>2</sup>	p
Examination, diagnosis and therapy	76	82.6	246	92.8	40	93.0	8.66	0.013
Screen test for new borns	19	20.7	147	55.5	15	34.9	35.51	0.000
Baby and children tracking	26	28.3	175	66.0	20	46.5	40.91	0.000
Giving to babies Vitamin D and iron free of charge	21	22.8	152	57.4	16	37.2	34.70	0.000
Vaccination of babies and children	27	29.3	179	67.5	20	46.5	42.50	0.000
Vaccination of adults	26	28.3	182	68.7	24	55.8	45.90	0.000
Pregnant tracking	21	22.8	155	58.5	10	23.3	45.38	0.000
Vaccination of pregnant	21	22.8	155	58.5	10	23.3	45.38	0.000
Giving to pregnant D vitamin and iron free of charge	21	22.8	154	58.1	8	18.6	48.57	0.000
Tracking of women after childbirth	17	18.5	135	50.9	7	16.3	41.13	0.000
Consultancy before marriage and giving marriage report	9	9.8	49	18.5	3	7.0	6.56	0.038
Family planning and consultancy services	17	18.5	192	72.5	5	11.6	113.93	0.000
Free laboratories services	51	55.4	249	94.0	37	86.0	76.51	0.000
Information and consultancy for cancer screening	18	19.6	219	82.6	31	72.1	123.54	0.000
Emergency services	41	44.6	222	83.8	32	74.4	54.24	0.000
Injection, medical dressing and wound care	58	63.0	250	94.5	38	88.4	57.43	0.000
Referral and tracking of patients	56	60.9	244	92.1	40	93.0	54.60	0.000
Soldiering examination	4	4.3	5	1.9	4	9.3	6.93	0.031
Yearly periodic examination	18	19.6	107	40.4	23	53.5	18.30	0.000
Keeping patients records	82	89.1	260	98.1	42	97.7	14.70	0.001
Therapy of consumptives through direct drug administration under observation	2	2.2	4	1.5	1	2.3	0.268	0.875
Home visits to disabled and sick abed patients	2	2.2	23	8.7	6	14.0	6.63	0.036
Performing necessary organizations for those requiring care services at home	2	2.2	22	8.3	6	14.0	6.59	0.037
Taking necessary precautions for contagious illnesses involving people and environment	3	3.3	12	4.5	0	0.0	2.19	0.336

The distribution of satisfaction of services rendered by Family Health Centers according to age status is given in the following Table 7.

**Table 7.** Distribution of satisfaction of services rendered by Family Health according to the age group of the participants

Services	Age (18-37)		Age (38-57)		Age (58 +)		Importance	
	n	%	n	%	n	%	X <sup>2</sup>	p
Examination, diagnosis and therapy	211	88.7	111	94.1	40	90.9	2.70	0.260
Screen test for new borns	127	53.4	37	31.4	17	38.6	16.30	0.000
Baby and children tracking	153	64.3	43	36.4	25	56.8	24.79	0.000
Giving to babies Vitamin D and iron free of charge	133	55.9	37	31.4	19	43.2	19.37	0.000
Vaccination of babies and children	155	65.1	45	38.1	26	59.1	23.5	0.000
Vaccination of adults	155	65.1	50	42.4	27	61.4	17.00	0.000
Pregnant tracking	137	57.6	34	28.8	15	34.1	29.27	0.000
Vaccination of pregnant	137	57.6	34	28.8	15	34.1	29.27	0.000
Giving to pregnant D vitamin and iron free of charge	136	57.1	34	28.8	13	29.5	30.74	0.000
Tracking of women after childbirth	116	48.7	30	25.4	13	29.5	20.06	0.000
Consultancy before marriage and giving marriage report	56	23.5	3	2.5	2	4.5	31.27	0.000
Family planning and consultancy services	171	71.8	40	33.9	3	6.8	88.9	0.000
Free laboratories services	194	81.5	105	89.0	38	86.4	3.48	0.175
Information and consultancy for cancer screening	149	62.6	87	73.7	32	72.7	5.15	0.076
Emergency services	173	72.7	87	73.7	35	79.5	0.90	0.637
Injection, medical dressing and wound care	201	84.5	102	97.4	38	86.4	2.61	0.270
Referral and tracking of patients	200	84.0	102	86.4	38	86.4	0.43	0.806
Soldiering examination	9	3.8	2	1.7	2	4.5	1.36	0.508
Yearly periodic examination	92	38.7	41	34.7	15	34.1	0.70	0.706
Keeping patients records	228	95.8	115	97.5	41	93.2	1.60	0.452
Therapy of consumptives through direct drug administration under observation	4	1.7	3	2.5	-	-	1.22	0.543
Home visits to disabled and sick abed patients	14	5.9	13	11.0	4	9.1	3.03	0.219
Performing necessary organizations for those requiring care services at home	13	5.5	13	8.9	4	9.1	3.70	0.158
Taking necessary precautions for contagious illnesses involving people and environment	12	5.0	3	2.5	-	-	3.3	0.193

The distribution of satisfaction of services rendered by Family Health Centers according to income status is given in the following Table 8.

**Table 8.** Distribution of satisfaction of services rendered by Family Health according to the income status of the participants

Services	Minimum wage and less		<Minimum wage-3000		>3000		Importance	
	n	%	n	%	n	%	X <sup>2</sup>	p
Examination, diagnosis and therapy	250	91.2	108	88.5	4	100.0	1.15	0.563
Screen test for new borns	128	46.7	53	43.4	-	-	3.70	0.157
Baby and children tracking	157	57.3	64	52.5	-	-	5.79	0.055
Giving to babies Vitamin D and iron free of charge	133	48.5	56	45.9	-	-	3.86	0.146
Vaccination of babies and children	160	58.4	66	54.1	-	-	5.89	0.053
Vaccination of adults	162	59.1	69	56.6	1	25.0	2.03	0.362
Pregnant tracking	135	49.3	51	41.8	-	-	5.40	0.067
Vaccination of pregnant	135	49.3	51	41.8	-	-	5.40	0.067
Giving to pregnant D vitamin and iron free of charge	134	48.9	49	40.2	-	-	6.00	0.050
Tracking of women after childbirth	114	41.6	45	36.9	-	-	3.46	0.178
Consultancy before marriage and giving marriage report	49	17.9	12	9.8	-	-	4.96	0.084
Family planning and consultancy services	145	52.9	68	55.7	1	25.0	1.59	0.452
Free laboratories services	233	85.0	104	85.2	-	-	21.62	0.000
Information and consultancy for cancer screening	193	70.4	75	61.5	-	-	11.27	0.004
Emergency services	204	74.5	91	74.6	-	-	11.35	0.003
Injection, medical dressing and wound care	241	88.0	103	84.4	2	50.0	5.51	0.064
Referral and tracking of patients	235	85.8	104	85.2	1	25.0	11.42	0.003
Soldiering examination	10	3.6	3	2.5	-	-	0.52	0.772
Yearly periodic examination	101	36.9	45	36.9	2	50.0	0.29	0.864
Keeping patients records	261	95.3	119	97.5	4	100.0	1.31	0.518
Therapy of consumptives through direct drug administration under observation	5	1.8	2	1.6	-	-	0.09	0.957
Home visits to disabled and sick abed patients	22	8.0	9	7.4	-	-	0.40	0.823
Performing necessary organizations for those requiring care services at home	21	7.7	9	7.4	-	-	0.33	0.845
Taking necessary precautions for contagious illnesses involving people and environment	14	5.1	1	0.8	-	-	4.47	0.107

We have calculated the total SATISFACTION point by taking the total for each person baed on the answers given for the satisfaction part composed of 24 questions of Service Awareness,

Utilization and Satisfaction Survey. The average point of SATISFACTION of the group (n=400) was  $11.54 \pm 5.80$ . Considering the average point of total SATISFACTION evaluated according to their age. it was determined that the average was  $12.69 \pm 5.47$  for women and  $7.99 \pm 5.23$  for men. When total SATISFACTION average point for women and men was compared with student-t test. we have found  $t=7.47$ .  $p=0.000$ . We have remarked a considerable statistical difference in total SATISFACTION average point determined according to the sex distribution. Women were more satisfied of family practice services than men.

When total SATISFACTION point evaluated for age is compared with Pearson Correlation Analysis. we have found  $r: -0.125$ ;  $p: 0.012$ . As age increased satisfaction decreased to show a weak correlation.

When distribution of total SATISFACTION average point evaluated per marital status was compared with student –t test we have found  $t: 9.980$ .  $p: 0.000$ . The married. widows and divorced persons were more satisfied from the family practice services than the single persons.

The distribution of total satisfaction points of participants evaluated per income status. profession status and education status was compared with ONE WAY ANOVA we have found respectively  $F: 4.391$ ;  $p: 0.013$ ;  $F: 55.458$ ;  $p: 0.000$ ;  $F: 3.267$ ;  $p: 0.039$ . Persons having low income level. housewives as well as other unemployed and those having low education level were more satisfied of the services rendered.

According to EUROPEP survey. the point distribution given for each answers of the participants is given in the following Table 9.

**Table 9.** Point distribution of answers given by participants for each question according to EUROPEP survey

EUROPEP question		Irrelevant with the question		Bad		Medium		Good		Importance	
		n	%	n	%	n	%	n	%	X <sup>2</sup>	p
1.question	Woman	5	4.1	11	3.6	35	11.6	253	83.8	2.95	0.39
	Man	5	4.1	5	9.2	9	5.1	81	82.7		
2.Question	Woman	3	1.0	11	3.6	35	11.6	253	83.8	2.90	0.40
	Man	7	3.0	5	9.2	9	5.1	81	82.7		
3.Question	Woman	3	1.0	10	3.3	34	11.3	255	84.4	3.42	0.33
	Man	3	3.0	5	5.1	8	8.2	82	83.7		
4.Question	Woman	3	1.0	10	3.3	36	11.9	253	83.8	5.62	0.13
	Man	4	4.0	5	5.1	8	8.2	81	82.7		
5.Question	Woman	3	1.0	10	3.3	35	11.6	254	84.1	2.09	0.55
	Man	2	2.0	5	5.1	8	8.2	83	84.7		
6.Question	Woman	3	1.0	10	3.3	34	11.3	255	84.4	3.42	0.33

	<b>Man</b>	3	3.0	5	5.1	8	8.2	82	83.7		
<b>7.Question</b>	<b>Woman</b>	3	0.9	12	4.0	38	12.6	249	82.5	11.68	0.009
	<b>Man</b>	6	6.1	5	5.1	6	6.1	81	82.7		
<b>8.Question</b>	<b>Woman</b>	3	0.9	13	4.3	37	12.3	249	82.5	9.55	0.00
	<b>Man</b>	6	5.2	6	6.1	11	11.2	75	76.5		
<b>9.Question</b>	<b>Woman</b>	3	1.1	14	4.6	33	10.9	252	83.4	5.42	0.14
	<b>Man</b>	4	4.1	6	6.1	7	7.1	81	82.7		
<b>10.Question</b>	<b>Woman</b>	3	1.0	12	4.0	35	11.6	252	83.4	2.81	0.42
	<b>Man</b>	2	2.1	6	6.1	7	7.1	83	84.7		
<b>11.Question</b>	<b>Woman</b>	3	2.0	10	3.3	40	13.2	249	82.5	3.73	0.29
	<b>Man</b>	3	3.0	5	5.1	9	9.2	81	82.7		
<b>12.Question</b>	<b>Woman</b>	3	1.1	11	3.6	40	13.2	248	82.1	4.77	0.18
	<b>Man</b>	3	3.0	6	6.1	8	8.2	81	82.7		
<b>13.Question</b>	<b>Woman</b>	3	1.0	11	3.6	38	12.6	250	82.8	2.86	0.41
	<b>Man</b>	3	3.1	5	5.1	10	10.2	80	81.6		
<b>14.Question</b>	<b>Woman</b>	3	1.0	11	3.6	39	12.9	249	82.5	4.58	0.20
	<b>Man</b>	4	4.1	5	5.1	12	12.2	77	78.6		
<b>15.Question</b>	<b>Woman</b>	3	1.1	11	3.6	46	15.2	242	80.1	9.62	0.02
	<b>Man</b>	6	6.2	5	5.1	12	12.2	75	76.5		
<b>16.Question</b>	<b>Woman</b>	3	1.0	11	3.6	39	12.9	249	82.5	6.94	0.07
	<b>Man</b>	5	4.1	5	5.1	11	11.2	77	78.6		
<b>17.Question</b>	<b>Woman</b>	3	1.0	12	4.0	39	12.9	248	82.1	4.48	0.21
	<b>Man</b>	4	4.1	5	5.1	11	11.2	78	79.6		
<b>18.Question</b>	<b>Woman</b>	10	3.3	5	1.7	43	14.2	244	80.8	19.28	0.00
	<b>Man</b>	15	15.3	3	3.1	11	11.2	69	70.4		
<b>19.Question</b>	<b>Woman</b>	26	8.6	9	3.0	33	10.9	234	77.5	6.14	0.10
	<b>Man</b>	17	17.3	4	2.1	11	11.2	68	69.4		
<b>20.Question</b>	<b>Woman</b>	27	8.9	10	3.3	33	10.9	232	76.8	6.95	0.07
	<b>Man</b>	18	18.4	2	2.0	11	11.2	67	68.4		
<b>21.Question</b>	<b>Woman</b>	26	8.6	13	4.3	34	11.3	229	75.8	7.41	0.06
	<b>Man</b>	18	18.4	3	3.1	11	11.2	66	67.3		
<b>22.Question</b>	<b>Woman</b>	3	1.0	15	5.0	52	17.2	232	76.8	11.93	0.00
	<b>Man</b>	7	7.1	3	3.1	16	16.3	72	73.5		
<b>23.Question</b>	<b>Woman</b>	5	1.7	14	4.6	51	16.9	232	76.8	15.56	0.00
	<b>Man</b>	10	10.2	3	3.0	13	13.3	72	73.5		

We have calculated total EUROPEP point by taking the answers given for each person to 23 questions of EUROPEP Survey. The EUROPEP average point of the group (n=400) EUROPEP

was  $93.87 \pm 21.32$ . Considering the total EUROPEP average point evaluated per sex. we have found an average of  $94.94 \pm 19.55$  for women and  $90.55 \pm 25.85$  for men. When total EUROPEP point average for women and men is compared with student-t test. we have found  $t=1.78$ ,  $p=0.08$ . There was no statistical difference in the distribution of EUROPEP average point evaluated per sex. We have found no correlation between the age and total EUROPEP average point with Pearson Correlation Analysis:  $r=0.03$ ,  $p=0.61$ . By comparing the awareness, utilization and satisfaction status of individuals about Family Practice services with Pearson Correlation Analysis. we have found a considerable and strong correlation between the awareness and satisfaction of services and between the utilization and satisfaction of services (respectively  $r:0.811$ ,  $p:0.000$ ,  $r:0.996$ ,  $p:0.000$ ).

## Discussion

As from we have passed to Family Practice System since we have continual discussions about the strong and weak aspects of the present Family Practice services and the Health Center services rendered during the years where the Law numbered 224 was applied. As well as many researches conducted including the analysis of satisfaction about the Health Center services. we do not find any study in the literature conducting in order to evaluate the awareness, utilization and satisfaction status of the services rendered within the Family Practice System applied during the last three years in Turkey. Therefore, this is the first study conducted in this context. The most important finding of this study is that the public is not sufficiently aware of the preventive medicine services offered by Family Medicine. On the other hand, it was observed that people knew and used the curative services and were more satisfied with these services.

In this study, it was also found that people who applied to family physicians in general made different evaluations according to their knowledge, use and satisfaction with the services. The therapeutic services such as examination diagnosis therapy, injection medical dressing wound care, emergency services are the services where satisfaction is the optimum (99.7%-98.7%) whereas free laboratory services are at the second range. On the other hand, it would be desired to have the same approach for immunization service (82.8%) with a percentage around 95% for these services. Less well-known services are the treatment of consumptive patients through the direct administration of medication under observation, the prevention of infectious diseases affecting people and the environment, and the examination of soldiers. The rate of people knowing the necessity to conduct yearly examination was 40%. This rate shows that family doctor should inform their patients in this respect. In the study of Refik Saydam Hifzıssıhha Center presidency reporting on 'Patient Satisfaction on Primary Health Services' Mollahaliloğlu et al. have evaluated patient satisfaction by using EUROPEP survey and have made some comparisons with health center system. In this study each answer received for each question of EUROPEP survey has been evaluated. In this thesis study the same survey was used for comparison purpose. In this study considering the answers received for EUROPEP satisfaction level, it was found that

maximum satisfaction given by women was reached for the questions 3 and 6. The 3<sup>rd</sup> question is about the facility of patient to tell their trouble thanks to the approach of the doctor and the 6<sup>th</sup> question is about their opinions concerning the confidentiality of record and information by the doctor. Whereas for the men the utmost satisfaction level was reached for the questions 5 and 10. The 5<sup>th</sup> question is about the evaluation of citizen concerning the auscultation of the doctor and the 10<sup>th</sup> is about the patient opinion concerning the examination of the doctor 5. The questions which have less satisfaction level was the 21<sup>st</sup> question for women (patient reaching their doctor by phone) and men too. In the study of Mollahaliloğlu et al. the questions giving the utmost satisfaction were as following: Confidentiality of record and information 85.8%, solving rapidly the complaints 77.1%. Whereas the questions having given the less satisfaction were as following: reach by phone the doctor 61.9% and time spending in the waiting area 74.3%. Considering the two studies it is seen that the satisfaction of the confidentiality of records and information is high and reaching doctor by phone is low. In another study conducted by Hıfzısıhha Mektebi Müdürlüğü (Mollahaliloğlu S. et al) in 2010. It's been found that higher the education, lower the satisfaction<sup>11</sup>. In 2011 study there was no statistically relevant interaction between education levels and satisfaction in the countryside. In cities higher the education level, lower the satisfaction<sup>11</sup>. In a study conducted by Milano et al. confirmed that even in its Italian version. The EUROPEP is a valid and easy-to-use instrument for gathering information on patients' experience with and evaluation of general practice care<sup>12</sup>. Vedsted et al conducted study on The Danish version of the 23-item EUROPEP questionnaire measuring patient evaluation of general practice has not been evaluated with regard to psychometric properties. This study aimed to assess data quality and internal consistency and to validate the proposed factorial structure<sup>13</sup>. Conducted a study to evaluate satisfaction using EUROPEP, found that relationship and communication between professionals and users received the best evaluation and organization of Services received the worst appraisal. Regarding education level, good self-perceived health and more elderly were more satisfied. The instrument proved to be easy to apply can be routinely used for monitoring of the FHS and is a tool for the institutionalization of evaluation<sup>14</sup>. In another study conducted by Al-Sakkak et al in Saudi-Arabia which is similiar to Turkish Family Medicine System the overall satisfaction level was 64.2%. Patients of older age were more satisfied with PHC services than their younger counterparts and patients with lower education level were more satisfied. There was no relation found between patients' satisfaction and their gender, marital status, occupational status and their average monthly income<sup>15</sup>. In the study conducted by Çetinkaya et al. the purpose was to determine the opinions of adults towards the family doctor and their utilization of family practice services. This study was conducted on 485 persons above the age of 18 at the center of the prefecture of Kayseri. Those thinking that participants have enough knowledge about the family practice services was 50.1% and those indicating that when him/herself or any member of the family has a health trouble prefers consulting family doctor was 49.7%. 61.8% of those having participated to the survey found that in general family practice

services are successful and 83.1% have mentioned that the services rendered are appropriate to our country. The reasons of satisfaction of the family doctor are listed as following 18.8% emphasizes relevancy, 8.0% the goods relationship, 5.2% the awareness in the know; whereas the reasons of non-satisfaction are as following 2.9% because of indifference, 0.8% lack of communication and 0.8% of them do not trust to the knowledge of their family doctor. Kayseri has passed to family practice in 2008. This study was conducted in November of the year 2011. Despite 3 years have been passed from that time, it was determined that 30.7% of the persons have not sufficient information about family practice services and 19.2% were indecisive<sup>7</sup>. Considering the satisfaction of public services determined in the living satisfaction conducted by Turkish Statistical Institute (TUIK). it is seen that the satisfaction level of health centers has been evaluated every year between 2003 and 2013. According to the study conducted by TUIK it is seen that in 2003, 39.5% of participants were satisfied whereas in 2013, 74.7% were pleased. Again in 2003, 39.3% of the participants to the same survey were reasonably satisfied whereas this rate was increased to 40.6% in 2013. In 2003, 21.2% of participants were not satisfied of the health care services whereas this rate decreased to 14.7% in 2013<sup>16</sup>. Regarding the awareness of family medicine services, it was found that the most known service was examination, diagnosis and treatment, followed by injections and dressings, keeping patient records, emergency services, free laboratory services, pregnancy follow-up, infant and child vaccinations and adult vaccinations.

In terms of usage, the most commonly used services are patient record keeping, examination diagnosis and treatment, referral and follow-up of patients without treatment, injection and dressing services, free laboratory services, infant and child vaccination, emergency services, cancer screening and counseling services and finally adult vaccination. When the satisfaction levels of the participants are examined, it is seen that the most satisfied services are; keeping patient records, examination diagnosis and treatment, injection and dressing services, referral and follow-up of untreated patients, free laboratory services, emergency services, cancer screening and counseling services, vaccination of adults, vaccination of infants and children, family planning and counseling services.

It was also found that the least known, least used and least satisfied service was direct drug administration treatment under observation. Limitations of the study; The study area was selected by non-probability sampling and therefore this study is only representative of the study area. The results cannot be generalized to a wider area. The other constraint, based on the fact that the family health center is the study area of the thesis author for ease of study, is the possibility that a point related to satisfaction may arise in some of the answers given.

## **Conclusion**

As a result of this study, the total mean score of the Awareness, Utilization and Satisfaction Status of the services was  $11.54 \pm 5.80$  out of 24. The mean total score of EUROPEP (Patients Evaluate General/Family Practice) questionnaire was  $93.87 \pm 21.32$ . It was determined that the individuals

having participated to the survey do not know all services rendered by the family doctor and hence use them at lower rate. It was seen that the most known services were most used and hence most satisfied. The most known and most satisfied service was examination diagnosis and therapy. On the other hand, the family doctor has also many functions defined about preventive medicine. For example one of them is periodic health screening 60% of the participants do not know this service. This study represents only one health center in Istanbul and hence gives important clew cues to family doctors in order to orient hem during their services rendered to their patients. For example introducing his/her patients the less known services and ensuring that they also benefit from these services should be matters that family doctors should give importance. In conclusion. it was determined that the group having less social-economic-cultural level uses more family practice services and are satisfied of the services they know and use. It was also determined that the satisfaction status of the services is related to the utilization and social-economic-cultural status.

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