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**Marketing medical services offered in the family  
doctor's practice**

**PhD thesis abstract**

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## **Introduction**

Family medicine, or general practice as it was known until recently, has its roots deep in the history of medical practice, dating back to antiquity, when medicine was largely empirical and doctors based their knowledge on direct observation and practical experience. In recent years, the role of family medicine has become crucial as health systems in developed countries begin to focus on preventive care and the management of chronic conditions.

Family medicine has increasingly integrated many aspects of promoting healthy lifestyle, identifying and eliminating risk factors, medical education, being a central pillar of the health care system. It is in a continuous process of evolution, adapting to new medical and technological challenges, while maintaining a strong focus on holistic care and long-term relationships with patients.

I have chosen this theme because I believe that family medicine should be the cornerstone of a high-performing health system, being responsible for the primary and continuing care of patients. According to several international studies and recommendations, in a well-organized health system, family medicine should be able to manage more than 80% of cases requiring medical care, thus significantly reducing the pressure on hospitals and the entire health care network.

In today's fast-growing world, the importance of marketing in various fields, including healthcare, has become increasingly evident. The marketing of healthcare services, especially in the family doctor's practice, is an essential component in ensuring the best possible relationship between doctor and patient and in providing efficient and high-quality care.

This paper aims to explore the marketing strategies applicable in a family medicine practice and how they can improve the quality of medical services and lead to increased patient satisfaction and optimize the operation of the practice. As patients are increasingly well-informed and have higher and higher expectations from the medical services provided by the doctor, the implementation of effective marketing strategies becomes vital, which can not only improve the medical services offered in the family practice, but also help to strengthen the relationship with the patients already on the practice's lists, increase patient loyalty and attract new patients.

The paper will address important aspects of marketing in the healthcare system, such as market segmentation, identification of patients' needs and expectations, development and promotion of healthcare services and the use of modern technologies and online environment for effective communication. It will also present the specific opportunities and benefits of marketing healthcare services offered in the family practice, providing a broad perspective on this complex and dynamic topic.

The aim of this paper is to provide a solid theoretical framework and practical recommendations for family physicians to develop and implement effective marketing strategies tailored to the needs and particularities of each practice. Thus, marketing is not only a promotional tool, but also a way to bring more value in treating patients, contributing to the realization of a more efficient and patient-oriented health system.

In order to fulfill the proposed objectives, the study that we conducted was observational, descriptive, respectively opinion survey. As a family doctor in a family practice in Bucharest, the research focused on a group of 338 patients enrolled on the lists of the practice, and the sampling method was non-probability, convenience.

The purpose of this research is to investigate the patient experience in the family doctor's office from a marketing perspective. Specifically, this research aimed to take a multidisciplinary approach to the patient experience in a family doctor's practice by using marketing principles and the specific characteristics of the family doctor's activity.

## **Chapter 1. Characteristics of the health system and the concept of health from the Family Medicine perspective**

Family medicine, or general practice, is the oldest medical specialty. By definition, family medicine is the medical specialty concerned with health care, providing primary and continuing health care to the individual, the family or the community as a whole, integrating biological, clinical and behavioral sciences, and is not limited by age, gender or disease. The European Society of Family Medicine (WONCA Europe) defines family medicine as 'an academic and scientific discipline that has its own content, educational, research, evidence-based medicine and clinical activity, as well as a clinical specialty oriented towards primary care.

While most other medical specialties focus on a specific organ of the human body or a specific pathology, family medicine deals with the patient in his or her entirety, taking into account his or her living and working environment, his or her social pathology.

Family doctors provide a wide range of acute, chronic and preventive healthcare services. In addition to diagnosing and treating diseases, they also provide preventive care, including routine check-ups, health risk assessments, screening for certain diseases, immunizations, including screening, and personalized advice on maintaining a healthy lifestyle. Furthermore, family doctors manage chronic diseases, often coordinating care provided by other medical subspecialties.

A well-organized and well-supported health care team within the family doctor's practice can make a significant contribution to the achievement of the objectives. Teams that are more consistent in their approach to health care appear to be associated with better health outcomes, with patient satisfaction increasing significantly.

It is important to remember that it takes time to establish a relationship with your GP. The cornerstone of family medicine is the ongoing patient-doctor relationship. The health services offered by a family doctor's office are numerous, but it is the family doctor who is the only one who can develop a personalized treatment plan for each patient based on the patient's medical history, family history and lifestyle, or who can help the specialist to identify possible risk factors that may affect the patient's health.

As a result, the services available in the family doctor's surgery are extremely varied and include:

- Medical check-ups
- Immunizations
- Population health surveillance
- Identifying and tackling risk factors
- Family planning and birth control
- Promoting healthy behavior
- Conducting certain screenings
- Consultations at home
- Early detection of diseases and prevention and control of complications
- Family and individual mental health counseling (for anxiety, depression, stress, etc.)

## **Chapter 2. Application of marketing principles in the family doctor's practice**

The foundation on which family medicine is built is a continuous and personal relationship between patient and doctor, emphasizing preventive care. Family doctors support the health of the whole family through all life cycles - birth, acute illness, chronic illness and end-of-life care.

Since the main purpose of marketing is to link the product - in our case the service - with the market, marketing in the family doctor's practice also plays a major role in influencing the patient, helping to develop awareness of the importance of regular appointments for consultations. The family doctor's practice is constantly working to provide a better level of quality of service to patients.

We are in the digital age, and as the digital presence of patients is growing, it is essential for a medical practice to use specific digital marketing tools, thus being able to maintain its position in the digital age, meeting patients' demands, including as a digital information resource.

The use of digital tools is also welcome for presenting the GP's medical expertise and sharing news through innovative content as a way to capture patients' attention while they are in the waiting room.

The digital era offers patients the possibility to choose from a multitude of healthcare services so that healthcare organizations can differentiate themselves by establishing memorable and unique value propositions, along with effective marketing strategies adapted to today's times.

### **Chapter 3. Communication in the family doctor's practice**

Marketing communication can be defined as the methods and tactics adopted by organizations to convey messages in a unique and creative way to their existing and potential customers about their product and service offerings. Messaging communication is either direct or indirect with the intention of persuading customers to purchase those products and services.

The different marketing communication channels and platforms include Google promotions (Google PPC, Google AdWords), print advertisements, TV commercials, social media marketing, PR campaigns, blogging, content marketing and participation in trade fairs and exhibitions, among others.

Doctor-patient communication is an integral part of medical practice. Such effective communication produces a highly beneficial therapeutic effect for the patient.

In psychotherapy, the empathic relationship is primary. One could argue that this is also true in medicine. Without a sense of connection and mutual understanding, doctor-patient communication becomes an exchange of medical information divorced from the context and complexity of the patient's life.

Empathic patterns of behavior have been defined as the ability to take another person's point of view and project a sense of empathic understanding with the other person's experience. Empathy involves responding to the emotional state of patients, helping them to deal with their emotional responses and demonstrate a genuine sense of caring. Current research emphasizes the need to recognize the importance of participating in patients' observations and improving empathic skills.



# *Special part*

## **1. Aim and objectives**

### **1.1. Aim**

The purpose of this research is to investigate the patient experience in the family doctor's office from a Marketing perspective. More specifically, this research aimed to realize a multidisciplinary approach to the patient experience in a Family Medicine practice by using the principles of Marketing and the specific characteristics of the family doctor's activity.

### **1.2. Objectives**

The specific objectives of this research are:

1. Determining a socio-demographic and medical profile of the patients of a Family Practice and the ways of informing them about their family doctor;
2. To identify the profile of at-risk patients, i.e. those with chronic diseases, of a Family Practice;
3. To identify patients' perceptions of the services provided by the family doctor in order to build an experience that meets their needs and wishes;
4. Determining the impact of family doctors' communication skills in the doctor-patient relationship by identifying some trigger factors;
5. Investigating the barriers to GP choice that contribute significantly to the GP selection process;
6. Identifying the impact of demographic variables, gender and age, on the perceptions of patients in a family practice.

## **2. Methodology**

### **2.1. Type of study**

In order to fulfill the proposed objectives, the study was observational, descriptive and opinion survey.

## **2.2 Study population**

The research focused on a group of patients of a private Family Practice in Bucharest. Thus, the sample consisted of 338 patients, and the sampling method was non-probability, convenience. Among the advantages offered by non-probability sampling are that it is easier to perform, faster and with lower financial resources compared to probability sampling. Moreover, this type of selection also allows generalization of the results obtained, i.e. the investigation of specific groups.

However, individuals included in the study were selected on the basis of the following criteria:

- Patients are referred to the GP in whose practice the study was conducted;
- Patients must be over 18 years of age;
- Patients must be free of mental illness;
- Patients must know Romanian;
- Patients have given their consent to participate in the study.

The agreement to participate in the study was received following the presentation of the research by the GP, as well as the conditions of confidentiality and anonymity.

## **2.3.Data collection and processing**

### **a.Data collection**

The instrument used for data collection was a self-administered paper-based opinion questionnaire with both closed and open-ended questions as follows:

- Part I- includes closed-ended questions that helped in the collection of socio-demographic and medical data of the patients;
- Part II includes closed and open-ended questions about the participants' experience in the GP's surgery, as well as the identification of some of the factors that actively contribute to this activity.

### **b.Validation of questionnaires**

The completed questionnaires were anonymized and individually validated, verifying compliance with the subjects' inclusion criteria as well as with the validation criteria of the instrument, i.e. at least 30% completion rate.

Initially, 340 questionnaires were processed, but two were invalidated because more than 30% were not completed.

#### **2.4. Statistical data analysis**

Statistical analysis was performed using IBM SPSS Statistics 20 and Microsoft Office Excel/Word 2013. Quantitative variables were tested for distribution using the Shapiro-Wilk test and were expressed as means with standard deviations or medians with interpercentile ranges (depending on the distribution), and categorical (nominal) variables were expressed as absolute or percentages.

Quantitative independent variables were tested using Mann-Whitney U and Kruskal-Wallis H test in relation to their distribution, and qualitative variables were tested using Fisher's Exact Test/Pearson Chi-Square Test. Bonferroni-corrected Z-tests were performed to refine the results obtained in testing the qualitative variables. Dunn-Bonferroni tests were performed to detail the results obtained in the evaluation of quantitative variables.

#### **2.5. Ethical considerations**

Although the research did not require the approval of an Ethics Committee because the private practice of Family Medicine belongs to the author of the thesis, a standard of research ethics was still maintained by ensuring the confidentiality of responses, not including in the questionnaire any personal information that could allow the identification of participants or of a sensitive medical nature. The data collected will not be used for any purpose other than scientific.

### **3. Discuss**

Family Medicine is an important component of the health system in terms of prevention and control of diseases in a population. Moreover, the family doctor has a key role in treating patients, being the exponent of a health system, the first specialist with whom patients come into contact. Also, the family doctor, through the wide range of health services he or she offers, can be considered a medical scholar, because in order to carry out his or her work effectively, it is necessary to be familiar with almost all medical specialties.

The first objective of the research focused on determining a socio-demographic and medical profile of the patients of the Family Practice. The vast majority of the patients were female (65.4%), aged between 27 and 33 years (24%), with no chronic diseases (67.8%).

In terms of patients' family medical history (37.9%), these were cardiologic (46.9%), oncologic (27.3%), neurologic (25.8%) and the presence of diabetes mellitus (23.4%). For a comprehensive overview of patients with family medical history and the needs identified by them in their relationship with their family doctor, the following characteristics were mentioned as necessary in the family doctor's work at the level of usefulness: promptness (28.9%) and empathy (14.8%). Also, patients with a family medical history mentioned that the medical experience in the family doctor's office could be improved (36.7%) by keeping appointments (10.2%) and decreasing waiting time (14.1%) or even by the possibility of online communication (7.8%).

Objective 2 focused on highlighting the characteristics of patients with chronic diseases. Of the patients included in the study, 40.2% were male and the vast majority were over 62 years of age (45.9%), and of the pathologies encountered, they were cardiac (53.20%), diabetes mellitus (18.3%) and neurologic pathologies (10.10%). In turn, cardiac pathologies are common among elderly people over 62 years of age (46.6%), but also among adults aged between 20 and 40 years (3.4%). Diabetes mellitus is common among males (12%) and people over 62 years of age (55%). Also, patients with chronic diseases visit their family doctor once a month (45%) and are much more satisfied with the services provided compared to patients without chronic diseases ( $p < 0.001$ ), respectively had a significantly higher level of satisfaction with the information received about the examination and tests performed ( $p = 0.016$ ), not to mention the need for the presence of the doctor's professionalism (38.5%,  $p = 0.005$ ) and communication skills (26.6%,  $p = 0.028$ ) or even the need for the family doctor's medical skills (9.2%,  $p = 0.006$ ) and having full confidence in the information provided by the family doctor (52.3%,  $p = 0.032$ ).

Objective 3 included questions about the patient's experience in the GP's surgery. Thus, patients stated that they were highly (41.1%) and very highly (49.1%) satisfied with the quality of medical care, and the experience was pleasant (43.8%) and very pleasant (54.4%). The determinants of a good experience were related to the behavior of the family doctor by involving and informing the patient (97.60%), the attention given by the doctor (61.20%), the consultation modality (61.5%) and the interest shown by the doctor in solving the patient's problems (55.3%),

but the patient's experience could be improved by decreasing the waiting time ( $p=0.005$ ) and keeping appointments ( $p=0.016$ ).

Objective 4 focused on the GP's communication with patients as part of the doctor-patient relationship. 85.5% of the patients stated that they felt closer to their family doctor compared to the specialist, which means that the doctor communicates effectively and the patients are satisfied with the information they receive about the examination, medical tests and their quality. More specifically, patients were highly and very highly satisfied with the explanations on medical tests provided by the family doctor (93.80%), with the doctor's concern to clarify the answers given to patients (92.90%) and with the amount of information received (93.90%), respectively.

The difficulties encountered in choosing a family doctor are reflected in objective 5. 3.8% of the patients stated that they had difficulties in choosing a family doctor due to objective reasons, namely distance from home (53.8%) and incompatibility between family doctor and patients (46.2%). The skills mentioned by all patients that family doctors should have are professional (49.70%) and communication (35.20%). Promptness also becomes important for patients who had difficulties in choosing a family doctor (46.2%), and among the mentioned suggestions to improve medical services were decreasing waiting time (35.3%) and keeping appointments (24.7%). Online communication was mentioned but not preferred by many patients (12.9%). 97.90% of patients would recommend the services of their family doctor to their relatives. This was also the case among patients who had difficulties in choosing a family doctor in an overwhelming percentage (84.6%).

Differences by gender and age were statistically significant in terms of the attitude of the medical staff and the level of experience improvement - male patients ( $p=0.030$ ;  $p=0.04$ ). Regarding age, elderly patients visit the GP's office more often compared to adults, and professionalism, promptness, increased medical competence and communication skills become significant for adult patients. Moreover, patients aged 27 -33 years had significantly lower satisfaction level compared to patients aged 48-54 years ( $p=0.041$ ) or those aged 69-75 years ( $p=0.006$ ) or those aged 75 years and older ( $p=0.03$ ).

## Conclusions

Marketing strategies in the family doctor's office can be numerous, but the most important is to increase the quality of services, which leads to increased satisfaction of patients' needs and desires, which, in turn, will recommend the medical services to other potential patients.

There are many strategies to increase the quality of family medicine services, but the most important one concerns the doctor-patient interaction through logistic and communication optimization. The logistical elements mentioned by patients refer to adherence to the schedule, decreased waiting time and even the possibility to communicate online with the family doctor, while the communication elements referred to promptness and empathy.

The marketing strategies of family doctors should also be applied according to the target segment they serve, i.e. categories of patients should be realized. The criteria for selecting patients by groups can be based on gender, age, the presence of chronic diseases and even the frequency and reasons for visiting the GP.

In conclusion, patients' experience in a family doctor's surgery can be considered qualitative if the service is positioned on the service map around the level desired by patients or at the top of the tolerance zone. The specific elements of quality that would raise the level of patients' perceptions relate to professionalism and empathy, as well as keeping appointments and decreasing waiting times in order to meet patients' needs and wishes. I believe the patient experience becomes comfortable if the family physician also has flexible communication skills and personalizes each doctor-patient interaction. Also, some elements that may have an important role but have not been mentioned by patients and are often used in healthcare marketing become visible in ergonomic strategies, such as colors, arrangement and decor.

## References

1. Accreditation Council for Graduate Medical Education. Toolbox for the evaluation of competence.
2. Anderson, K. 2016 State of Healthcare Content Marketing Report (pdf), Healthcare Insight
3. Balin, S., Giard, V., A process oriented approach to the service concepts (Lamsade, Université Paris-Dauphine, Place de Lattre de Tassigny, pdf).
4. Carbone, L. P., and Haeckel, S. H. "Engineering Customer Experiences." Marketing Management, Winter 1994.
5. Choksi, D.A., Schectman, G.S., Agarwal, M. Patient-centered innovation: the VA approach. Health Care. 2013; 1(3): 72-75.
6. Dias D, Paulo Silva Cunha J. Wearable Health Devices-Vital Sign Monitoring, Systems and Technologies. Sensors (Basel). 2018; 18(8):2414. Published 2018 Jul 25. doi: 10.3390/s1808242414
7. Drenkard, K. 4 Key factors in patient engagement. The Becker's Hospital Review. October 10, 2017. Retrieved from: <https://www.beckershospitalreview.com/patient-engagement/4-key-factors-in-patient-engagement.html>
8. Ha, J. F., & Longnecker, N. (2010). Doctor-patient communication: a review. The Ochsner journal, 10(1), 38-43. PMID: 21603354. PMID: 21603354.
9. Hibbard, J. H., Greene, J. What the evidence shows about patient activation: better health outcomes and care experiences; fewer data dn costs. Health Affairs. VOL. 32, NO. 2: New Era of Patient Engagement. February 1, 2013. <https://doi.org/10.1377/hlthaff.2012.1061>
10. Hiebeler, R., Kelly, T. B., and Ketteman, C. Best Practices: Building Your Business with Customer-Focused Solutions. New York: Simon & Schuster, 1998.
11. Institute of Medicine. 1994. Defining Primary Care: An Interim Report. Washington, DC: The National Academies Press. <https://doi.org/10.17226/9153>. <https://doi.org/10.17226/9153>.
12. James, J. Patient Engagement. People actively involved in their health and health care tend to have better outcomes--and, some evidence suggests, lower costs. Health Affairs. February 14, 2013. [10.1377/hpb20130214.898775](https://doi.org/10.1377/hpb20130214.898775)

13. Kalet A, Pugnaire MP, Cole-Kelly K, Janicik R, Ferrara E, Schwartz MD, et al. Teaching communication in clinical clerkships: models from the macy initiative in health communications. *Acad Med.* Acad Med. 2004.
14. Keller, K. L. "The Brand Report Card." *Harvard Business Review*, Feb. 2000.
15. Kemp, S. Digital in 2018: World's Internet Users pass the 4 Billion Mark. Special Report. January 30, 2018. Retrieved from: <https://wearesocial.com/uk/blog/2018/01/global-digital-report-2018>
16. Kieffer, J. Why Healthcare Marketers Should Embrace Inbound Marketing. August 30, 2016. *Healthcare, Inbound Marketing.* Kieffer Consulting.
17. Kotler, P., *Marketing Management*, Teora Publishing House, Bucharest, 2008
18. McQuail, D., Windahl, S. *COMMUNICATION MODELS for the study of mass communications (second edition)*. Published 2013 by Routledge, New York, USA.
19. Mukherjee, S. A.I. versus M.D.: What happens when diagnosis is automated? *New Yorker*. April 3, 2017. <https://www.newyorker.com/magazine/2017/04/03/ai-versus-md>
20. Murthi, S., Varshney, A., How Augmented Reality Will Make Surgery Safer. *Harvard Business Review*. March 20, 2018, Retrieved from: <https://hbr.org/2018/03/how-augmented-reality-will-make-surgery-safer>
21. Patient Engagement vs Patient Activation. *Ayogo*. July 27, 2015. Retrieved from: <https://ayogo.com/blog/patient-engagement-vs-patient-activation/>
22. Popa, F., Purcărea, V.L., Purcărea, Th., Rațiu, M.P., *Marketingul îngrijirilor de sănătate*, Editura Universitară „Carol Davila”, Bucharest, 2007
23. Popa, F., Purcărea, V.L., Purcărea, Th., Rațiu, M.P., *Marketingul îngrijirilor de sănătate*, Editura Universitară „Carol Davila”, Bucharest, 2007
24. Porter, M.E., Lee, T.H. (2013) The strategy that will fix health care, *Harvard Business Review*, October Issue.
25. Purcărea, V.L. (2010) *Marketingul îngrijirilor de sănătate*, Manual Universitar, 2nd Edition, "Carol Davila" University Publishing House, Bucharest.
26. Purcărea, V.L. (2010) *Marketingul îngrijirilor de sănătate*, Manual Universitar, 2nd Edition, "Carol Davila" University Publishing House, Bucharest.
27. Purcărea, V.L. (2010) *Marketingul îngrijirilor de sănătate*, Manual Universitar, 2nd Edition, "Carol Davila" University Publishing House, Bucharest.



28. Purcărea, V.L., coordinator (2013) Aparatură și dispozitive medicale, Editura Universitară "Carol Davila", Bucharest.
29. Purcărea, V.L., Vîrgolici, H. (2014) *Hospital Information Systems*, "Carol Davila" University Publishing House, Bucharest, Romania
30. Dumitru M.(2016). Essentials in family medicine, Amaltea Medical Publishing House
31. Restian A. (2000). Fundamentals of Family Medicine, Medical Publishing House Bucharest.
32. Radu, A.V. (2018) Tehnologii web și instrumente de marketing online în serviciile de sănătate, Editura Universitară "Carol Davila" București, pag. 54-55.
33. Rikke Torenholt, Gitte Englund, Ingrid Willaing, (2015) 'Bringing person-centeredness and active involvement into reality: The feasibility of a participatory concept for patient education', Health Education, Vol. 115 Issue: 6, pp.518-533, <https://doi.org/10.1108/HE-05-2014-0064>
34. SAMEROFF, A., & MACKENZIE, M. (2003). Research strategies for capturing transactional models of development: The limits of the possible. *Development and Psychopathology*, 15(3), 613-640. doi: 10.1017/S095454579403000312
35. Singer HK, Ruchinkas RA, Riley KC, Broshek DK, Barth JT. The psychological impact of end-stage lung disease. *Chest*. 2001;120(4):1246-1252
36. The Ultimate Guide to Digital Marketing. Chapter 5. Following Email Marketing Best Practices. Digital Marketer.
37. Thielst, C. How can we bridge the engagement gap?. October 27, 2017. Retrieved from: <http://exclusive.multibriefs.com/content/how-can-we-bridge-the-engagement-gap/healthcare-administration>
38. Vaughn, V.M. et all. (2019). Characteristics of healthcare organizations struggling to improve quality: results from a systematic review of qualitative studies, *BMJ Quality & Safe*, Volume 28-1, January.
39. Wen LS, Tucker S. What do people want from their health care? A qualitative study. *J Participat Med*. 2015 Jun 18; 7:e10.
40. Wolf, Jason A. PhD; Niederhauser, Victoria DrPH, RN; Marshburn, Dianne PhD, RN, NE-BC; and LaVela, Sherri L. PhD, MPH, MBA (2014) "Defining Patient Experience," *Patient Experience Journal*: Vol. 1 : Iss. 1, Article 3.

## **List of published articles**

- Soare, T., Ianovici, C., Gheorghe, I.R., Purcărea, V.L., Soare, C.M. (2022). A Word-of-mouth perspective on consumers of family medicine services: a case study. *Journal of Medicine and Life*, 15(5), 655-660.

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- Soare, T., Ianovici, C., Gheorghe, I.R., Purcărea, V.L., Soare, C.M. (2022). A Marketing perspective on the efficient strategies in Romanian family medicine. *Romanian Journal of Military Medicine*, CXXV(1), 172-177.

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