

SATISFACTION WITH DENTIST PRACTICE SERVICES IN SLOVENIA

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Abstract:

The customer satisfaction in health care and with health care services should be taken for granted because the satisfaction of patients and beneficiaries of health care services are a kind of performance indicators for both, the health care system and health care profession.

For that reason, we conducted research, by which we wanted to measure customer satisfaction in dental practice services in Slovenia, as a part of health care system. We directed our research into this field because we believe that satisfaction with services is also shown by the frequency of using the services of the same sort in foreign countries. We were interested in factors which have an influence on the decisions of local users of dental practice services to change the provider of dental services and those dental practice services abroad.

In the research, we used a quantitative method. The data were analysed with the statistical software tool SPSS. In the empirical part of the study, the gathered data helped us to investigate the satisfaction level of Slovene users of dental practice services in Slovenia and the satisfaction level of Slovene patients in Croatia as well as the reason for changing the provider of dental practice services.

Keywords: patient, dental health care, satisfaction, service

1. INTRODUCTION

Knowing the patients and investigating their satisfaction with using dental practice services are vital aspects of the dental service quality. The important question which appears in this context is for sure, why the patients seek for the appropriate service abroad and not in their country of origin. Satisfied patients are the fundamental factor of successful pursuance of health care policy and profession in a country. Their satisfaction or dissatisfaction is the real indicator of the state of dental health care profession in a country. The profession and technology are constantly evolving, that is why every opinion and satisfaction of patients or other users of dental practice services is critical for the profession. Only in such a way we can assure the maximum service quality and prevent or convince the patients not to go abroad for dental practice services. The central research question in our research is: »Which are the factors influencing that the local users of dental practice services decide to use the dental practice service in foreign countries«? The purpose of our research is therefore to identify the factors influencing that the local users of dental practice services decide to use the dental practice service in foreign countries.

2. LITERATURE REVIEW

2.1. Dental practice service

Dental practice service is usually very complex phenomena since every patient is a unique case. That is why a dental practice service may be differently perceived, and patient satisfaction may also differ (Snoj, 2000, p. 41).

Health care services are carried out to improve the patient's health. But one can never accurately define the success of a service, although he or she is confident that the service is a success. The patient is always directly involved in the service and is an integral part of the health care service (Česen, 2003: 29). Kotler (1996, p. 464) summarises the service as an act or action, which can be offered by one side to the other. It is by nature intangible, and it does not mean possessing anything. The service production can be either related to a physical product or not. In marketing practice, firstly, the formula of 4 Ps established itself as a form of marketing web, later the latter expanded to 7 Ps, primarily related to services. Regarding dental practice services, the marketing web includes aspects of product, price, and sales channels. In our case instead of the product, there is the service or conducted procedure, which is to be carried out skilfully, with built-in standards as well as first-rate materials which are traceable and have required documentation. The service or procedure should be advised or planned before it is conducted. In dental practice services, the price expresses the service value. It is evaluated by points for the provided service. The price for standard dental practice services in the Republic of Slovenia is set and regulated by the Health Insurance Institute of Slovenia (ZZZS) through the yearly plan of health care services with local deals for the current year and the individual medical treatment (ZZZS, 2016). Dental services are evaluated by point value, but the point value alone is changing regarding the growth of retail prices and inflation. The point value of the service includes the work service, time of the performed service, material, and other costs. The point value for services of contractors is regulated by the payer of the service, but the self-funding point value is not restricted by the government. Dental activity is financed especially by the mandatory and additional health insurance. The information about services and rights of patients for teeth substitutes as well as the manner of charging the services is dictated by the Health Insurance Institute of Slovenia (ZZZS). That is why all the marketing and sales channels are being published by the Health Insurance Institute of Slovenia (ZZZS) on their web pages (ZZZS, 2017). Also, the Slovene legislation in dental practice activities is prohibiting the providers of health service to promote health care service (Pravilnik o oglaševanju zdravil in medicinskih pripomočkov, 2001). Also, media announcements sent to the general public are deemed as advertisements, by which types of health care services are promoted. The personnel carrying out the services is supposed to be professional, for every procedure a talk with the patient is necessary, so the necessary explanation of the proposed method is passed to a patient (Novak, 2006, pp. 77–78). The kindness of the personnel is crucial during the procedure, as well as the tidiness of the work clothes. It is essential that during the process of performing the service, the provider masters the profession, technology, and technological procedures. In the case of dental practice services, the professionalism of delivering services, quality of offered service, and the quality of built-in materials are also important. It is vital to pass the information about the intended procedure before and during the process. It is also necessary to use the right approach in dealing with possible complaints regarding the built-in materials

after the completion of the treatment (Novak, 2006, pp. 77–78). Regarding the physical evidence, it is a known fact that the service clients are also buying with their eyes, that is why the general appearance of the clinic like equipment, accessibility and tidiness is important. For proving the quality, proper documentation regarding the expertise on prominent places as physical evidence is needed. Every new information related to his treatment is critical for each patient that is why it is important for the accessible information to be in a visible place. The price, new materials, new technologies, etc. are regarded as valuable information.

2.2. The quality of dental practice services

Quality is a word with which we measure a product or service. In our case, we have services and products in dental practices. In current harsh conditions, quality is a vital factor leading to the satisfaction of patients. Health care practice is regarded as a service activity since it offers especially services on the market. It is believed that service activity achieves success only if it provides quality services.

Česen (2003, p. 198) defines the quality of medical care as a stage of excellence of medical care regarding every level of scientific and technological evolution in health care. The excellence of care includes only the usage of those technologies that are fruitful and efficient and mean a minimum risk for the patient. Robida (2004) establishes that stakeholders in health care perceive quality differently. For personnel, a quality health care service means, for example, a satisfied patient, satisfaction of employees and proper and efficient medical care. Patients are valuing the service quality based on spent time, which is used for the received service. In their work, Kaplan, and Norton (2000, 33-37) note that the patient satisfaction experienced during processes of medical care and contact with employees belong among the primary indicators of service quality. A crucial quality factor is the quality of the provided service. As Bohinc and Iršič (1998, p. 81) are summarising, the management quality in health care, quality of health care is defined as an integral and integrative three-dimensional system, as an integral whole of the quality of the profession- quality of the provider, quality of the clients and quality of the management. The most used definition of quality is »Quality is a unit of features and characteristics of the product or service, which influences its ability to satisfy expressed or rated needs. « (Kotler, 1998, p. 56). Potočnik (2002, p. 212) also quotes that quality is a unit of characteristics of a product or services, which can satisfy a certain actual or imaginary need. Service quality is the difference between the expected and the received service, as the customer perceives it. It relates to the conception of something positive, good, excellent (Potočnik, 2002, p. 438).

According to the survey of Dobnikar (2005), the quality in dental activities depends too much based on the price. The patient, user of dental practice services, often cannot evaluate the product quality. As a measure of a quality of dental practice services, the influencing factors are the price, references, equipment of the clinic, supply, accessibility, advertisement, and professionalism. The internationally renowned institution, Joint Commission on Accreditation of Healthcare Organizations, has formed an accreditation of measurements for evaluating the quality of health care services. Among critical indicators it lists: accessibility of the health care services, suitability of medical care, permanence of attention, success of the provided care, choice to take part in decision-making of the patient about the course of the treatment, a safe environment for offering health care services and punctuality of the performed service (Zdravstveni vestnik, 2002). The desire of the appropriate price and a decent product is present at each user of dental practice services. Therefore, the quality of medical care is difficult to measure before the application of the service. Only a personal experience enables a correct assessment. The satisfaction is expressed especially through the patients' perception of their experience with medical care. An important role in achieving the satisfaction has the health care system. The system namely determines the criteria for accessibility, organisation, and availability of dental care.

2.3. Customer satisfaction

Česen (2003, pp. 198–199) defines patient satisfaction as a quality that is based on the fit between the patient expectations regarding the medical care and the reality, as himself perceives and experiences it. Kersnik (1999, p. 390) also quotes that satisfaction is expressed through the patient perception of their experience in medical care, with each procedure, with each provider, with the health care institution or its work and with the health care system as a whole. Kersnik (1998, p. 233) also establishes that demographic characteristics of a patient (e. g. age, gender, education, etc.) as well as their medical condition contribute to the level of service satisfaction. Customer satisfaction is a standard of favourable

well-being, which is perceived if the achieved satisfaction of needs is compared to the expected satisfaction. Based on past experiences, expectations arise while using a product (Potočnik, 2002, p. 32). Musek Lešnik (2007, p. 21) defines satisfaction as an emotional answer to the customer experience, which is developed because of the comparison of preliminary expectations and experiences, without a comparison of expectations. As Potočnik (2004, pp. 128–129) notes, the customer satisfaction can be created with influencing their perceptions and expectations of service performance. Simply said, satisfaction is a result of customer evaluation of the service based on the comparison of their perception with expectation.

In dental practice activities, the price has the biggest influence on the satisfaction of dental practice services. As Tina Vukasović (2013, p. 67) considers, based on opinions of some authors, the price is the most important factor while deciding on the purchase. Particularly in a case of insufficient information, the price is the measure of quality. A lot of researchers confirm the claim that the client perceives the price as an indicator of quality. Precisely because of such attitude the manufacturers often overestimate their products to show their quality. Researchers show that consumers use the price as the quality indicator when they have few other information. So, they believe that there are essential differences considering the price. Such customers are often prone to the choice of more expensive products (Mumel, 2001, pp. 76–77). Satisfaction is always evaluated with the final image of the achieved expectation and the ration between the perceived benefit and the satisfaction level. Patient satisfaction is important but is not the only measure of the quality of work. With the patient satisfaction of health care services only the quality of communication, interpersonal relations and work organisation can be evaluated.

3. SLOVENIAN DENTISTRY AND USE OF SERVICES IN FOREIGN COUNTRIES

Former president of Slovenian Medical Association Živčec Kalan (Bela knjiga, 2003: pp 5-6, p. 13, p. 17) notes that in Slovenia, only the Ministry of Health oversees performing medical care and planning the health system. With such authority, the state has the duty and the right of determining the scale, the quality, and the accessibility of health care for all the residents with laws and determines the priority when conducting the health care activities. If we look at the primary direction of the National Health Care Program, the program is ideally set and written, but problems occur while performing it in practice.

Dental practice activity in public institutions. Implementing this kind of activities in public institutions represents the biggest part of concessions in Slovenia. There are currently 65 public institutions registered in Slovenia on a primary level of health care practice. Consequently, according to this information, there are also as many general dental practice institutions, in which there are 543 dentists of all specialities according to SURS.

Private dental practice activity with concession. Pirnat (2007, p. 72) notes that private dentists are the mirror image of public providers of dental practice care activities. Their motive is based on following the law of value, rational use of materials and ensuring flexible personnel sources. The concession ratio assumes that the state maintains the monopoly or at least tries to control the situation, which sharply limits the autonomy of service providers when conducting economic or non-commercial activities. The state is offering concessions especially in the field of carrying out public service. In a case of the dental concession, the state is regulating the public health network and workers within the network by granting the concessions.

Private dental practice activity without concession. Private dental practice activity is carried out by a natural or legal person, who is not included in the network of public health activity, but have the license for performing health activities. Despite the explicit provision of the law of who can perform private health activities, it can also be carried out under certain conditions by health institutions and concessionaires, but only if they have suitable spatial and personnel requirements at hand.

The satisfaction of Slovene patients can be achieved in many ways, but we are mainly interested in the satisfaction with dental practice services. About satisfaction in dentistry in Slovenia, very few researches have been conducted. Researchers agree that in most cases mainly the price of the performed service plays an important role. The price of the service dictates further satisfaction with other parameters, which must be worrying because under the influence of decreased prices the level of quality and professionalism might also be dropping. Besides, regarding satisfaction and using of dental practice services in foreign countries, few researches have been carried out. Most of the researches have been

conducted regarding dental tourism. The cause of service satisfaction which they identified seemed to be not the quality, but the lower price of the service. Obviously, when comparing different researches, the source of satisfaction is always only the price (Forjanič, 2015).

The patient mobility among the state members of the European Community (EC) is the reality, which reflects the geographic situation, past experiences, and socio-political evolution. With the entrance of Slovenia into the EC, a better environment for cross-border cooperation is being created. Current studies, professional or commercial, show that the cross-border mobility of patients is inadequate and does not present any economic effect. The patients see only opportunities for the preservation of their financial situation and availability of dental practice service.

The Ministry of Health together with the Health Insurance Institute of Slovenia and the Licensor (country and municipalities) could think about upgrading the system or even changing the primary health system in the dental field. The current regime is namely too stiff and especially unstimulating. The implementation of the program is very limited because it prescribes or limits the performers regarding the scope of the programme implementation, with which the concessionaire can reach only a limited number of points/patients in the current year. Consequently, long queues are occurring and patients are looking for alternatives for their treatment. The program is set to an active team. Such approach derives from the previous times in which Slovenia began to organize private dental service. It would be reasonable to adjust the system of public and private dental practice to the European context, where no such limitations exist - there does not exist the form of a monopoly in the implementation of the concession contracts. It would be reasonable to introduce work contracts and to put the entire dental practice on the free market. With such move, the competition would loosen up, and the state could limit the lowest and highest price of the service simply with a contract. Of course, in this case, it is necessary to change the insurance system in the shape of supplemental voluntary insurance as well, in which the market also needs to get loosen up and allow private health insurance companies (Forjanič, 2015).

Based on the preliminary discussion, the main interest of our research are the factors in the local environment, which influence the decisions of the local users of dental practice services to move abroad and start using dental practice services in a foreign country. To investigate this question, we set four research hypotheses:

Hypothesis 1: The satisfaction of the users of dental services in Croatia equals the satisfaction of the users of dental services in Slovenia.

Hypothesis 2: The patients, who use dental practice services of international providers of dental services show greater satisfaction with dental practice services than the users of local services.

Hypothesis 3: The patients, who use public dental services revert abroad more often than the users of private services with concession.

Hypothesis 4: The patients, who use private dental practice services, show greater satisfaction with services than the patients of public dental services.

4. RESEARCH METHODS

When drafting and preparing the questions for conducting the research, we decided to carry out the research especially with the possibility of gaining interviewees, who have already used dental practice services outside of the country of origin. With the entrance of the Republic of Slovenia into the EC the service market expanded, but at the same time, the competition also increased. For this reason, our interest for possible usage of dental practice services in Croatia arises. Croatia may be interesting because of its geographical location and its comparability with Slovenian life style and scientific standards. In the survey, we collected 175 surveys. We conducted the survey in a territorial way so that we tried to comprise as many users of dental practice services in Croatia as possible. The surveyed population consisted of 63% of female and 37% of male respondents. The age structure of the participants in the research was quite equally distributed in age groups, 17.82% of the participants were under 30 years old, 21.84% were between 30 and 40 years old, 28.74% were between 40 and 50 years old, 24.14% were between 50 and 60 years old and 7.47% were over 60 years old. The questionnaire was developed by us based on personal prediction about the usage of dental practice services of Slovene patients in Croatia. The questions were measured on the Likert scale from one to five, divided

into three areas. In the first areas, we asked about professionalism, kindness, and tidiness of the personnel, in the second, we enquired about the quality of the performed services and built-in materials. In the third area, we asked about new information and visible innovations. In Table 1, we present 15 content questions.

Table 1:Questionnaire

Label	Question
S1	My dentist is a professional when conducting the services.
S2	My dentist always explains the planned intervention.
S3	The entire staff is friendly towards a patient.
S4	Provision of quality service.
S5	Consultation when needed interventions.
S6	The volume and regularity of the intervention.
S7	The quality of the materials.
S8	The traceability of the embedded material and released documentation.
S9	Solving possible complaints.
S10	Visibility of published news (bulletin board, service pricing and widgets).

To test our hypotheses, we use three statistical methods– independent samples t-test, binominal logistic regression and one-way ANOVA. The t-test is used to determine whether two sets of data are significantly different from each other. In our study, we are going to test the differences in satisfaction with dental care services either in Slovenia or Croatia between two groups of patients. In the first group, there are the ones who have only be treated by Slovenian dentists, and in the second one, there are patients who have substituted their dentist in Slovenia with a one from Croatia.

A binomial logistic regression is used to predict the probability of observations falling into one of two categories of a dichotomous dependent variable based on one or more independent variables that can be either continuous or categorical. In our study, there are 10 dependent continuous variables (measuring different aspects of satisfaction with health services) as well as 5 categorical variables (gender, age, education level, income, type of dentist) for which we hypothesise that they positively influence individual's decision to substitute Slovenian dentist for Croatian one. Assumptions tests that we have carried out confirm the appropriateness of the binomial logistic regression as a method of testing the hypotheses. The dependent variable is measured on a dichotomous scale, there are more continuous as well as categorical variables included in the model, and all the observations are independent. The assumption about the linear relationship between any continuous independent variables and the logit transformation of the dependent variable has been tested by using Box-Tidwell (1962) test. The results of the test showed that neither of the interaction terms was significant which means that the fourth assumption is not violated.

In the questionnaire, we measured the satisfaction on the Likert scale and gained numeric information about satisfaction. When checking the differences in satisfaction among those, who visit a private dentist with concession, without concession or a dentist from public service, we established, with the help of the one-way analysis variance ANOVA, whether statistically significant differences between two or more independent groups exist. The ANOVA is a statistical procedure, which we use when we have one numeric variable and one categorical variable that divides respondents into two or more groups. The analysis is based on the comparison of arithmetic means and tells us, whether the arithmetic means of sample groups differ from each other on a statistically significant level. We can generalise the findings when the means differ at statistically significant level.

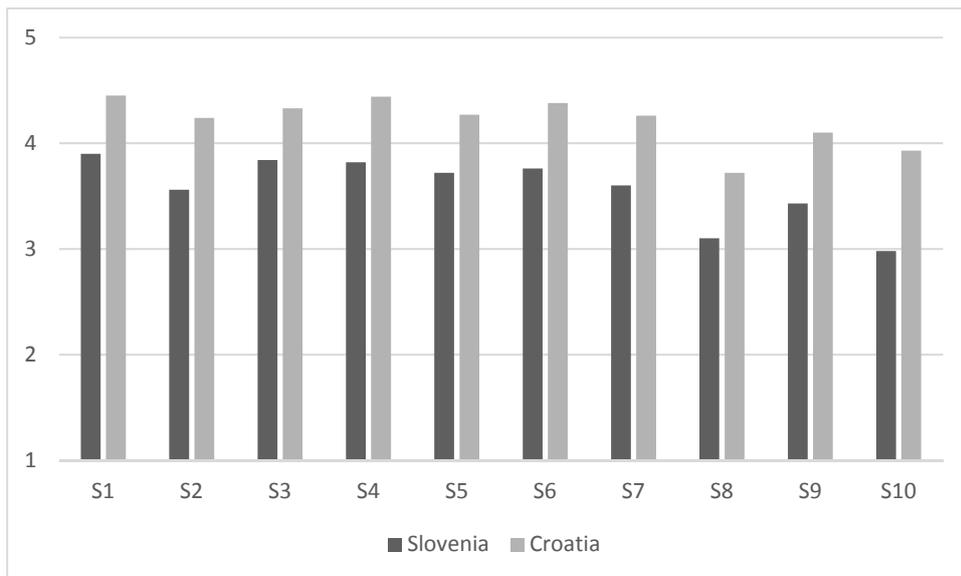
5. RESULTS

5.1. Differences in satisfaction with dental practice services in Slovenia

As already explained, independent-samples t-test was conducted to compare measures of individual's satisfaction with the services experienced in Slovenian and Croatian health system among two groups of patients – the ones who only use such services in Slovenia and others who substituted their Slovenian dentist for Croatian one and therefore use the services also in Croatia.

In the first case, we tested the difference between the groups which relates only to experience with Slovenian health system. As the results of t-test show, there are statistically significant differences in all the scores. Figure 1 indicates that the satisfaction in all 15 aspects is fundamentally higher among the patients who are visiting a dentist in Croatia comparing to the ones who visit only a dentist in Slovenia. Based on the analysis results we reject the hypothesis 1.

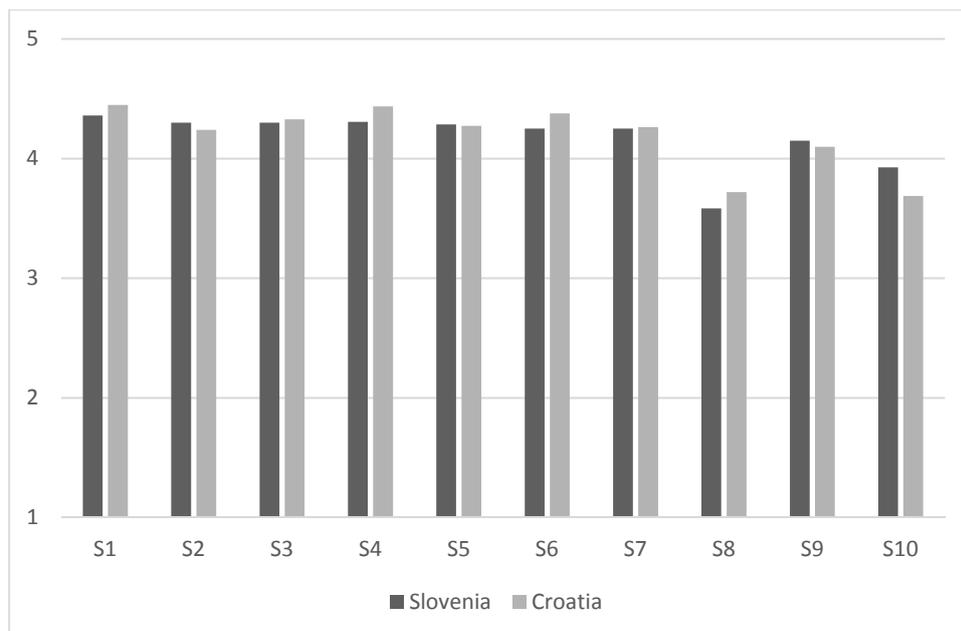
Figure 1: Differences in satisfaction with dental practice services in Slovenia and Croatia



5.2. Comparison of satisfaction with dental practice services in Slovenia and Croatia

The analysis, which we conducted according to Box-Tidwell (1962) by implementing t-test, investigates satisfaction with services of Slovene dentistry expressed by the group using only the services of a local dental practice with the satisfaction with the services of Croatian dentistry expressed by those who also use services in Croatia. Figure 2 illustrates the results of the analysis showing that there are no significant differences between the groups. Based on the analysis results we reject the hypothesis 2, because there are no statistically significant differences.

Figure 2: Comparison of satisfaction with dental practice services in Slovenia and Croatia



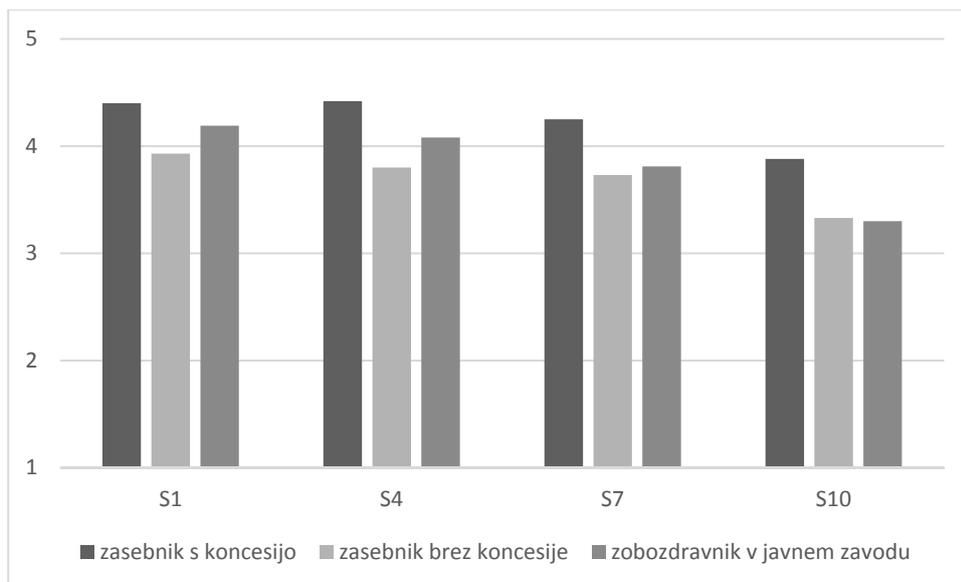
5.3. Factors influencing the substitution of dental practice services

Logistic regression is performed to ascertain the effects of gender, age, education level, income, type of dentist, and the 10 indicators of satisfaction with dental care services. The logistic regression model is statistically significant, $\chi^2(4) = 45.909$, $p < 0.001$. The model explains 35.4% of the variance (Nagelkerke R^2) in the decision-making related to the substitution of the local dentist with the one in Croatia. The model is correctly classified in 80.5% of cases. In the event of a patient with a dentist from the public dentistry, the substitution is 2.36 times more likely as in the case of a patient from a private dentistry with concession, but on the other hand, 2.73 times less likely as in the event of a private dentistry without concession. Besides, lack of knowledge and professionalism of the local dentist and poor visibility of relevant information about new discoveries in the discipline are associated with an increased likelihood of changing the dentist with a one from Croatia. Based on the analysis results we accept the hypothesis 3.

5.4. Comparisons of service satisfaction with public dentistry, private dentistry with and without concession

As One-way ANOVA showed, statistically significant differences in satisfaction with services of public dentistry and private dentistry, with or without concession, occur at indicators related to the differences in satisfaction with public services and private dentistry with or without concessions in Slovenia and Croatia (S1, S4, S7 and S10). In other areas, no differences in quality could be identified. In all recognised areas of quality, the satisfaction is the highest with the services of private dentists with concession and the lowest in most quality areas (except at informing) of services provided by private dentists without concessions. Such finding might indicate the importance of the price of the service that patients pay from their own pockets. Based on the analysis results we accept the hypothesis 4.

Figure 3: Differences in satisfaction with the services of public dentistry, private dentists with and without concession



5.5. Mobility of patients of dental practice services to Croatia

Also in the case of decision-making for using dental services abroad exist statistically significant differences (hi²-test, p<0,001) among those who use public dentistry and those who use private dentists with or without concession. In Table 2, it can be clearly seen that the biggest mobility to foreign countries occurs at patients using private dentists without concession (there are more of those, who have already been abroad, than those, who only visit local dentists). Also, significant mobility to foreign countries occurs at patients using public dentistry (about 40%), the lowest by far is the mobility of patients using private dentists with concession (about 20%).

Table 2: Frequency of using the dental practice services in Croatia

	Your own dentist is?			Total
	Private dentist with concession	Private dentist without concession	Dentist from public organisation	
Have you ever make use of dental practice services in Croatia?				
Yes	21	8	22	51
No	85	6	28	119
Total	106	14	50	170

6. CONCLUSION

From the analysis, we can conclude that there are no big differences in satisfaction between Slovene and Croatian users of dental practice services. In Slovenia, there is a group of dissatisfied patients, who crosses to Croatia to receive the service there. Our research shows that there is 2.36 times higher probability that the patients who crossover had a personal dentist from the public dentistry and 2.73 times lower probability that the patients who had a private dentist from a private dentistry with a concession cross over to a foreign country. As the primary reason for seeking services abroad count the price and being informed about innovations and other relevant information from the field of dentistry. Among the most comparable parameters of satisfaction between Slovene and Croatian dentists seem to be professionalism, the quality of the performed service, the quality of built-in materials and visibility of published novelties. Those parameters are evaluated almost identically by the patients using dental services in Slovenia and Croatia. If we summarise the analysis, we believe that the most important factor

of patient satisfaction is the price of the service. The price also dictates satisfaction with other aspects of dental service, which may be alarming for public health care since, in health care, professionalism comes first, and the quality follows. The finding regarding the price as an important satisfaction factor should be interesting to be further researched. The topic is certainly vital because it embeds a very high social note in health care systems.

Dental practice belongs among those services that require the high need for knowledge, which needs to be continuously improved. That is why every dental organisation should continually invest in knowledge and take care of the professional development of staff with education and training at home as well as abroad. Only in this way individuals can control the most demanding technologies and offer better the quality and professionalism of their services. In Slovenia, the Ministry of Health takes care of the all the activities in the dental care system. For the Ministry, the variety of right solutions is necessary, as well as the dismissal of those which have been proved to be unsuccessful in Slovenian health care system. The results of our analysis can help the experts of dental service to identify the patient behaviour in the Slovenian market which may interest me helpful in defining changes of the health system.

Because in Slovenia no similar research about the satisfaction with dental practice services exists, it was difficult for us to compare the findings with other researches or comment them. All researches found in the literature regarding dental profession cover the topic of dental tourism. However, the researchers also establish that the cause for dental tourism is especially the high price of dental practice services in the country of origin. In the future, also further research would be welcome focusing on the satisfaction of the users of dental practice services, which are acknowledged and financed by Health Insurance Institute of Slovenia, as well as on comparison with the satisfaction of self-funding patients of dental practice services.

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