

## **FACTORS INFLUENCING UTILIZATION OF PRIMARY HEALTH CARE SERVICES IN PATIENTS WITH CHRONIC RESPIRATORY DISEASES**

D. Kurpas<sup>1,2</sup>, M. M. Bujnowska-Fedak<sup>1</sup>, I. Wroblewska<sup>2,3</sup>, A. Athanasiadou<sup>1</sup>, and B. Mroczek<sup>4</sup>

<sup>1</sup> Department of Family Medicine, Wrocław Medical University, 1 Syrokomli St., 51-141 Wrocław, Poland; dkurpas@hotmail.com

<sup>2</sup> Public Higher Medical Professional School, 68 Katowicka St., 45-060 Opole, Poland

<sup>3</sup> Health Sciences Faculty, Wrocław Medical University, 5 Kazimierza Bartla St., 50-996 Wrocław, Poland

<sup>4</sup> Department of Humanities in Medicine, Faculty of Health Sciences, 48 Zolnierska St., 70-204 Szczecin, Poland

Multimorbidity prevails in the majority of primary care patients. However, there are no reports on the conditions of the level of services in patients with chronic respiratory diseases. The purpose of our study was to determine the factors affecting the level of services provided in primary health care among patients with chronic respiratory diseases. The study group consisted of 299 adults (median age: 65, min-max: 18-92) with mixed chronic respiratory diseases, recruited from patients of 135 general practitioners. In the analysis, in addition to the assessment of the provided medical services, the following were used: the Patient Satisfaction Questionnaire, the Camberwell Assessment of Needs Short Appraisal Schedule (modification), the Acceptance of Illness Scale and the WHO Quality of Life Instrument Short Form. Variables that determined the level of services were: age, place of residence, marital status, number of chronic diseases, level of acceptance of the disease, quality of life and health behaviors. The level of the provided services also correlated with variables such as gender, severity of somatic symptoms, level of satisfied needs and satisfaction with health care. We concluded that in patients with mixed chronic respiratory diseases a higher level of health care utilization should be expected in younger patients, those living in the countryside, those having a partner, with multi morbidity, a low level of disease acceptance, those satisfied with their current quality of life, with positive mental attitudes and maintaining health practices. The results should be considered in the allocation of financial resources within primary health care.