

## PATIENT CHOICE OF PHARMACY AND SATISFACTION WITH PHARMACEUTICAL CARE – SLOVAK REGIONAL COMPARISON

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### Abstract

Patient satisfaction has become a key component in quality assessments of pharmaceutical care. Patient perception and evaluation can be modified by many factors. The objectives of the present study were to compare factors influencing patient choice of pharmacy and evaluate patient satisfaction with pharmaceutical care provided by Slovak community pharmacies, with respect to region. A cross-sectional study was carried out from October to December 2013 on the basis of an anonymous questionnaire survey, including three dimensions of pharmaceutical care (Managing therapy, Interpersonal relationship, General satisfaction, a total of 29 items) with 5-choice Likert scale. The survey covered a total of 421 respondents from the Bratislava Region and 2,423 respondents from other Slovak regions (a total of 23 cities and 33 community pharmacies). Respondents from the Bratislava Region were significantly younger and more educated in comparison to respondents from other regions ( $p < 0.001$ ). The statistically significant reason for pharmacy visit was the need to purchase over-the-counter medications and dietary supplements ( $p < 0.001$ ) for respondents from the Bratislava Region and the factors influencing their choice of pharmacy were pharmacy location and convenient working hours ( $p = 0.008$ ). Regardless of regions, the respondents have reported high satisfaction with pharmaceutical care (Managing therapy 16, Interpersonal relationship 9, General satisfaction 4 and Total satisfaction 29). The maximum dissatisfaction was found only in the Bratislava Region in all dimensions (Managing therapy 80, Interpersonal relationship 45, General satisfaction 20 and Total satisfaction 145). In other regions of Slovakia maximum dissatisfaction was not achieved in any of the evaluated dimensions (Managing therapy 77, Interpersonal relationship 44, General satisfaction 18 and Total satisfaction 139). Managing therapy was significantly worse in the Bratislava Region ( $p = 0.032$ ), other dimensions did not show any statistically significant differences. In conclusion, the availability of pharmaceutical care and satisfied patients are essential in order to increase the quality of provided pharmaceutical care.

### Rezumat

Satisfacția pacientului a devenit o componentă cheie în evaluarea calității serviciilor farmaceutice. Percepția și evaluarea pacientului pot fi modificate de mai mulți factori. Obiectivul prezentului studiu a fost compararea acestor factori: alegerea farmaciei de către pacient și evaluarea satisfacției pacientului care a beneficiat de servicii în diferite farmacii comunitare slovace. A fost efectuat un studiu transversal în perioada octombrie-decembrie 2013, pe baza unui chestionar anonim, ce a inclus date referitoare la administrarea medicamentelor, relația interpersonală, satisfacția generală totalizând un număr de 29 de aspecte. Studiul a cuprins un total de 421 de respondenți din regiunea Bratislava și 2.423 din alte regiuni slovace (din 23 de orașe și 33 farmacii comunitare). Semnificativ statistic a fost considerat motivul vizitei în farmacie, prin necesitatea de a achiziționa medicamente *over-the-counter* (OTC), respectiv suplimente alimentare ( $p < 0,001$ ). De asemenea au fost luați în calcul și factorii care influențează alegerea farmaciei dintr-o anumită regiune și orele de lucru convenabile ( $p = 0,008$ ). În concluzie, satisfacerea nevoilor pacienților este esențială pentru creșterea calității serviciilor farmaceutice.

**Keywords:** community pharmacy, patient satisfaction, pharmacy choice, quality of pharmaceutical care, region

### Introduction

Patient satisfaction is a fundamental component in the assessment of the health care quality [1, 2]. Researchers define patient satisfaction in many different ways. Ware *et al.* specify it as “*the personal assessment of health care services and providers*” [3]. According to Sitzia and Wood “*satisfaction reflects patient preferences and expectations, compared to actual provision of health care*” [4]. Pascoe explains it as “*recipient reaction to content, process and outcome of provided health care*” [5]. In summary, patient

satisfaction is (1) an emotional or cognitive response; (2) a particular focus such as expectations, product, and consumption experience; (3) it occurs at a particular time e.g. after consumption, after choice, based on consumption experience, etc.

Several studies have evaluated patient satisfaction with pharmaceutical care and their attitudes towards community pharmacy services. In English speaking countries patient satisfaction research has been continually evolving [6-9]. Non-English speaking countries developed questionnaires in their own

national language or an existing one has been adapted [10, 11]. Larson *et al.* [8] and Traverso *et al.* [11] published that patient satisfaction has a multi-dimensional character and consists of three basic elements (Managing therapy, Interpersonal relationship and General satisfaction). Other studies have showed that a variety of factors might be involved in the patient satisfaction process. These include not only individual patient expectations, but also his/her demographic characteristics, educational level or health status. The final satisfaction is also modified by specific factors of health care providers, such as availability of pharmaceutical care or medicines, time and interest devoted to patient, provision of consultation and other services [12 - 14]. Considering the published evidences we can determine that satisfaction levels positively affect the therapeutic outcomes of patients as a result of their better adherence to the medication [15 - 17]. It also increases the likelihood that patient will continue in the use of health care and maintain a good relationship with health care provider, which can significantly influence the economic stability and prosperity of the health care provider as a business subject [18, 19]. Slovakia is a small country with approximately 5.4 million residents (in 2013) and an area of 49 000 km<sup>2</sup> [20]. In 1989 the communist regime was ended and a republic with parliamentary democracy was constituted. Political and social changes resulted in a transformation from a centrally planned economy into a market economy and this development also encompassed health care. From 2004 Slovakia became an EU member state. Slovakia is divided into 8 self-governing regions. The Bratislava Region is the smallest in terms of size and it has the highest density of population (11.2% of the total population lives in this region). It includes the capital Bratislava and three districts (Malacky, Senec, Pezinok). The Bratislava Region differs from others mainly in education level (49.1% population with a secondary school *versus* Slovak average of 52.6%; 26.2% population with a high school *versus* Slovak average 13.9%). The average age of Slovak population is 39.6 years; the Bratislava Region with the value 40.8 years is comparable with other regions (range 37.2 - 41.0).

The pharmaceutical care in Slovakia is strictly defined by existing laws [21, 22]. Pharmaceutical care includes the provision, storage, preparation, control, manufacture and supply of prescription and over-the-counter medications (OTC), medical devices, dietary foods, supplementary products; provision of professional information and counselling, carrying out physical and biochemical examination for primary prevention, and control of efficacy and safety of drug therapy. The legislation also specifies conditions for the provision of pharmaceutical care. In recent years, dramatic changes have been

observed in the field of pharmaceutical care providers in Slovakia, such as a liberal approach in property rights, deregulation of the number of pharmacists and pharmacies and changes in the legal form of pharmacies [23]. All of these can influence the economic and financial development of community pharmacies as business entities [24]. The profit of pharmacies, regulated by laws and current competitive market require rigorous application of quality standards [25] and a change in the traditional role of community pharmacists from medicine dispensers to patient-oriented providers of pharmaceutical care and services [26]. Studies have shown that this approach can significantly improve patient satisfaction and lead to an improved relationship between patient and pharmacist [27]. Although pharmaceutical care as a new patient-oriented concept is already widely accepted in other countries, its implementation in daily community pharmacy practice in almost all European countries is limited due to various barriers [28]. Traditional pharmacy services are dominant in Slovak community pharmacies. According to the Slovak Chamber of Pharmacists, 4,419 pharmacists and 1,972 pharmacies are currently in Slovakia [29]. Slovakia belongs among European countries with a dense pharmaceutical network [30]. There are 8.22 pharmacists and 3.66 pharmacies per 10,000 inhabitants. Significant regional differences are observable as follows: the Bratislava Region 2,058 inhabitants per pharmacy and 659 inhabitants per pharmacist; other regions range is 2,516 - 3,122 inhabitants per pharmacy and 1,203 - 1,477 inhabitants per pharmacist. The provision of pharmaceutical care is time-consuming, especially in the case of counselling. The lower number of patients may be an advantage, because it is less burdensome and pharmacists can deal with the patients at a higher individual level. On the other hand, the higher market competition of pharmaceutical care providers creates competitive pressure. Therefore community pharmacists must seek to establish stable relationships with patients by providing a high standard of pharmaceutical care or through offering new services to fully satisfy them.

The evaluation of patient satisfaction with the provision of pharmaceutical care and perception of pharmacists and pharmacy services in Slovakia is still an area deserving greater attention. Our previously published results of the pilot survey presented a high patient satisfaction with provided pharmaceutical care. The professional and human approach of pharmacists was identified as the key factors of patient satisfaction [31].

The objectives of the presented study were to compare factors influencing patient choice of one particular pharmacy and evaluate patient satisfaction with pharmaceutical care provided in Slovak community pharmacies with respect to region.

## Materials and Methods

A cross-sectional study was carried out by students from Faculty of Pharmacy with the patronage of the Slovak Chamber of Pharmacists on the basis of an anonymous self-administrated questionnaire. The survey questionnaire was developed from similar studies [8, 11]. Back translation was used to reach the original content of instruments. The final survey questionnaire consisted of a total of 29 items with random arrangement. Three dimensions were appointed according to published studies: Managing therapy (16 items), Interpersonal relations (9 items) and General satisfaction (4 items). The final questionnaire employed a 5 - point Likert-type scale: "1 - fully agree, 2 - agree, 3 - neither agree, nor disagree, 4 - disagree, 5 - fully disagree".

Demographic characteristics and two special questions with a choice of maximum three answers were involved, namely: (1) the reasons for patient visiting a community pharmacy, (2) the factors that make them choose a particular pharmacy. The questionnaire was piloted on a small sample (10 patients) for clarity, relevance, acceptability and time to completion. Data collection took place over an 8 week period during normal daytime business hours between October and December 2013 in a total of 33 community pharmacies in 23 Slovak cities

(the Bratislava Region = 2 cities / 5 pharmacies; other regions = 21 cities / 28 pharmacies). The selection of cities was conducted according to the possibility to obtain agreement of pharmacies and the availability of an investigating student. No inclusion criteria for selection of respondents were requested. All questionnaires were analysed regardless of the completeness of the questionnaire; therefore actual evaluated numbers were different from the total number of respondents (N = 2,844). After coding and checking questionnaires for accuracy, they were analysed using the Statistical Package for Social Sciences (SPSS) version 19.0 for Windows. Frequency and percentage statistics were used to represent the obtained results. The non-parametric Mann-Whitney test was used for comparison of two variables; Kruskal-Wallis test in the case of more than two variables. For all the statistical analyses, a significant level of 0.05 was set.

## Results and Discussion

The total study population consisted of 2,844 respondents. 14.8% (421) of the total number of respondents were from the Bratislava Region (BA Region); 85.2% (2,423) represented other regions. Table I generally summarizes the basic characteristics of survey (number of cities, pharmacies and respondents).

**Table I**  
Survey localization and the number of respondents

Characteristics	Number of cities	Number of pharmacies	Number of respondents (%)
<b>Bratislava Region</b>	<b>2</b>	<b>5</b>	<b>421 (14.8%)</b>
Cities more than 100,000 inhabitants	1	4	326
Cities less than 20,000 inhabitants	1	1	95
<b>Other regions</b>	<b>21</b>	<b>28</b>	<b>2,423 (85.2%)</b>
Cities less than 100,000 inhabitants	6	6	557
Cities less than 50,000 inhabitants	9	12	957
Cities less than 20,000 inhabitants	6	10	909
<b>Together</b>	<b>23</b>	<b>33</b>	<b>2,844 (100.0%)</b>

Demographic and prescription profile of the respondents are presented in Table II. These included relatively comparable groups of respondents with respect to gender, the number of prescription or OTC medications in the last month, the number of prescriptions in the last three months, the number of pharmacies visited in the last three months, long-term use of medications and the average monthly expenditure on medications and other goods in pharmacies. The majority of respondents were female. Only about 17.0% of respondents exhibited three or more prescription or OTC medications in the last month. Most respondents reported 1 – 2 prescriptions in the last three months (38.2% BA Region; 36.9% other regions) and 2 visited pharmacies (43.9% BA Region; 41.8% other regions) during the same period. The average monthly expenditure for medications and other goods spent at a pharmacy for the majority of

respondents was less than 10 Euros (47.0% BA Region; 42.9% other regions) or less than 30 Euros (38.7% BA Region; 40.7% other regions). With regard to the respondent age and education, the groups showed significant differences between BA Region and other regions. The mean age of BA Region respondents was 41.90 years with a standard deviation  $\pm$  18.001 years, while in other regions it was 44.42 years with a standard deviation  $\pm$  16.886 years. In BA Region there was a higher share of respondents with a high school graduation (42.3% versus 32.4% other regions) and a lower share of respondents with basic (3.3% versus 7.1% other regions) and secondary education (53.4% versus 58.8% other regions). The results in Table III show that BA Region respondents were significantly more educated and younger ( $p < 0.001$ ) than respondents

in other regions. No statistically significant differences were found for other characteristics of respondents.

**Table II**

Demographic and prescription profile of the respondents

Characteristics	Frequency (%)		
	BA Region	other regions	
<b>Gender</b>	Male	140 (33.3)	804 (33.2)
	Female	281 (66.7)	1,616 (66.8)
<b>Age</b>	Mean	41.90	44.42
	Median	39.00	44.00
	SD	18.001	16.886
	Minimum	16	14
	Maximum	97	96
<b>Educational level</b>	Basic school	14 (3.3)	173 (7.1)
	Secondary school	225 (53.4)	1,424 (58.8)
	High school	178 (42.3)	785 (32.4)
<b>Number of prescription or OTC medications in the last month</b>	0	187 (44.4)	1,082 (44.7)
	1 - 2	161 (38.2)	893 (36.9)
	≥ 3	72 (17.1)	418 (17.3)
<b>Number of prescription in the last 3 months</b>	0	129 (30.6)	701 (28.9)
	1 - 2	186 (44.2)	1,029 (42.5)
	≥ 3	106 (25.2)	678 (28.0)
<b>Number of pharmacies visited in the last 3 months</b>	1	75 (17.8)	399 (16.5)
	2	185 (43.9)	1,013 (41.8)
	≥ 3	161 (38.2)	999 (41.2)
<b>Long- term use of medications</b>	Yes	183 (43.5)	1,096 (45.2)
	No	237 (56.3)	1,319 (54.4)
<b>The average monthly expenditure on medications and other goods (Euros)</b>	< 10	198 (47.0)	1,039 (42.9)
	10 - 30	163 (38.7)	986 (40.7)
	>30	60 (14.3)	387 (16.0)

**Table III**

The statistically significant differences in demographic and prescription profile of respondents

Kruskal-Wallis test	Chi-Square	Df	Asymp. Sig. (2-sided)
<b>Gender</b>	0.000	1	0.990
<b>Educational level</b>	<b>19.911</b>	<b>2</b>	<b>0.000</b>
<b>Number of prescription or OTC medications in the last month</b>	1.550	2	0.461
<b>Number of prescription in the last 3 months</b>	1.608	2	0.448
<b>Number of pharmacies visited in the last 3 months</b>	0.158	2	0.924
<b>Long-term use of medications</b>	0.474	1	0.491
<b>The average monthly expenditure on medications and other goods (Euros)</b>	2.427	2	0.297
Mann-Whitney U-test	Sig.		
<b>Age</b>	<b>0.001</b>		

The main reasons for visiting a community pharmacy are given in Table IV. The two primary stated reasons for visiting a pharmacy were to obtain prescription medications (71.5% BA Region; 70.2% other regions) and over-the-counter medications or dietary supplements

(78.6% BA Region; 69.0% other regions). Only a small number of respondents reported visiting a pharmacy for consultation (11.4% BA Region; 12.1% other regions) and for other services provided by the pharmacy (4.5% both in BA and other regions).

**Table IV**

Main reasons for visiting a community pharmacy

Reasons	Frequency (%)	
	BA Region	other regions
<b>Prescription medications</b>	301 (71.5)	1,700 (70.2)
<b>OTC medications or dietary supplements</b>	331 (78.6)	1,671 (69.0)
<b>Other goods</b>	131 (31.1)	655 (27.0)
<b>Consultation</b>	48 (11.4)	294 (12.1)
<b>Other services</b>	19 (4.5)	108 (4.5)
<b>Other reasons</b>	9 (2.1)	30 (1.2)

The main factors influencing the choice of any particular pharmacy are shown in Table V. The primary factor was the pharmacy location (79.3% BA Region; 73.1% other regions) which included the proximity of a pharmacy to home, work, medical clinic, or hospital and the presence of a pharmacy in a shopping mall. Other relevant factors included qualified and friendly personnel of pharmacy (48.2% BA Region; 49.4% other regions) and good experience with pharmacy (32.5% BA Region; 32.0% other regions). Convenient working hours, self-service area of pharmacy or other

services were identified by respondents at a markedly lower rate and these were more important for respondents from the Bratislava Region. Detailed analysis suggested that in the Bratislava Region the purchase of OTC medications or dietary supplements was a significantly more frequent reason for pharmacy visiting ( $p < 0.001$ ) and pharmacy location and convenient working hours was a statistically significant factor influencing the choice of any particular pharmacy ( $p = 0.008$ ). The results are presented in Table VI.

**Table V**

Factors influencing the choice of any particular pharmacy

Factors	Frequency (%)	
	BA Region	other regions
<b>Pharmacy location</b>	334 <b>(79.3)</b>	1,772 <b>(73.1)</b>
<b>Qualified and friendly personnel</b>	203 <b>(48.2)</b>	1,198 <b>(49.4)</b>
<b>Good experience</b>	137 <b>(32.5)</b>	776 <b>(32.0)</b>
<b>Convenient working hours</b>	106 <b>(25.2)</b>	473 <b>(19.5)</b>
<b>Self-service area</b>	36 <b>(8.6)</b>	161 <b>(6.6)</b>
<b>Other service</b>	14 <b>(3.3)</b>	62 <b>(2.6)</b>
<b>Other factors</b>	9 <b>(2.1)</b>	57 <b>(2.4)</b>

**Table VI**

The statistically significant reasons of pharmacy visiting and factors influencing the choice of pharmacy

Kruskal-Wallis test	Chi-Square	Df	Asymp. Sig. (2-sided)
<b>Reasons</b>			
<b>Prescription medications</b>	0.307	1	0.580
<b>OTC medications or dietary supplements</b>	<b>16.054</b>	<b>1</b>	<b>0.000</b>
<b>Other goods</b>	0.991	1	0.084
<b>Consultation</b>	0.182	1	0.670
<b>Other services</b>	0.003	1	0.959
<b>Other reasons</b>	2.146	1	0.143
<b>Factors</b>			
<b>Pharmacy location</b>	<b>7.115</b>	<b>1</b>	<b>0.008</b>
<b>Qualified and friendly personnel</b>	0.041	1	0.839
<b>Good experience</b>	0.222	1	0.637
<b>Convenient working hours</b>	<b>7.034</b>	<b>1</b>	<b>0.008</b>
<b>Self-service area</b>	0.805	1	0.370
<b>Other service</b>	2.015	1	0.156
<b>Other factors</b>	0.074	1	0.786

In Slovakia, all prescription and OTC medications are dispensed only in pharmacies. Other goods (cosmetics, herbal products) can also be purchased in facilities which do not provide health care (e.g. supermarkets). Slovak physicians usually prescribe more medications or packages on one prescription, so the visits to physicians or pharmacies can be minimized. Therefore the main reason for pharmacy visiting is the prescription or OTC medications. Furthermore, in the Bratislava Region, the purchase of OTC medications or dietary supplements was a statistically significant reason for pharmacy visit, compared with other regions ( $p < 0.001$ ). Previous published data suggested a relationship between consumer behaviour of pharmacy customers, choice of pharmacy and buying OTC medications [32].

We assumed that inhabitants in Bratislava Region have a higher interest in self-medication, the use of alternative treatment methods or prevention due to higher financial income, higher employment rate or younger age and contact community pharmacies frequently.

The survey at the same time showed that respondents in both region groups had low interest in consulting or other services provided by pharmacies. Counselling, therapy management or special pharmaceutical services can enhance the image of a particular pharmacy, increase or maintain its patients and generate sufficient revenue of pharmacy [33]. In this respect, Slovak pharmacists will have to do more for promotion of these activities. A variety of information is published

about the reasons for pharmacy visits. El Hajj [34] stated that the main reason for visiting community pharmacy was to obtain OTC medications (93.0% respondents) and prescription medications (83.0% respondents) in Qatar, that was higher than in other states, for example in Malta [35] or United Kingdom [36]. 35.0% of surveyed patients in Qatar reported visiting a pharmacy primarily to ask for pharmacist advice, while according to our results only 11.4% in BA Region and 12.1% respondents in other regions contact pharmacy due to consultation. This result can be explained by the fact that counselling is a compulsory part of dispensing prescription and OTC medications and there is a broad package of fee-free health care provided by physicians. El Hajj also found, that pharmacy location was the most decisive factor for option of particular pharmacy for 90.0% of respondents. We also identified pharmacy location as crucial for all respondents. Even pharmacy location and convenient working hours were statistically significant factors that influenced the selection of a particular pharmacy in the Bratislava Region. Notably in the Bratislava Region, the network of community pharmacies is “dense” and many pharmacies don’t have a strategic location.

Similarly, convenient working hours are not just a competitive advantage today, but a necessity for survival of community pharmacy. Unfortunately, it is related with a higher cost.

The evaluation of patient satisfaction showed comparable distribution of satisfaction ratings in terms of medium and mean in the Bratislava Region and other regions (Table VII). Both evaluated groups of regions achieved “*minimum value*” (the highest patient satisfaction) according to Likert-scale in the all dimensions (Managing therapy 16, Interpersonal relationship 9, General satisfaction 4, Total satisfaction 29), while the “*maximum value*” (the highest dissatisfaction) was reached only in the Bratislava Region (Managing therapy 80, Interpersonal relationship 45, General satisfaction 20, Total satisfaction 145). In other regions, “*maximum value*” was not achieved in either of dimensions (Managing therapy 77, Interpersonal relationship 44, General satisfaction 18 and Total satisfaction 139). The results in Table VIII showed that respondents of the Bratislava Region rated significantly worse Managing treatment ( $p = 0.032$ ) in comparison to other regions. Interpersonal relationship and General satisfaction were rated equally, regardless of regions.

**Table VII**

The evaluation of patient satisfaction with provided pharmaceutical care

		BA Region			other regions		
		MT	IR	GS	MT	IR	GS
N	Valid	394	409	405	2,248	2,314	2,364
	Missing	27	12	16	175	109	59
Mean		<b>34.58</b>	<b>16.72</b>	<b>8.29</b>	<b>33.5</b>	<b>16.6</b>	<b>8.05</b>
Median		<b>35</b>	<b>16</b>	<b>8</b>	<b>34</b>	<b>16</b>	<b>8</b>
Std. Deviation		10.511	5.672	2.585	10.501	5.349	2.57
Minimum		16	9	4	16	9	4
Maximum		80	45	20	77	44	18
<b>Total satisfaction</b>		<b>145</b>			<b>139</b>		

MT – Managing therapy, IR – Interpersonal relationship, GS – General satisfaction

**Table VIII**

The statistical significant differences between three dimensions of pharmaceutical care according to regions

Mann-Whitney U test	Sig.	Results
<b>Managing treatment</b>	.032	<b>Managing therapy was statistically worse evaluated in BA Region.</b>
<b>Interpersonal relationships</b>	.881	<b>No statistical differences in evaluation of Interpersonal relationship and General satisfaction in BA Region and other regions.</b>
<b>General satisfaction</b>	.064	

Patients generally assess their satisfaction with pharmaceutical care positively. In a Maltese study, the majority of consumers were very or fairly satisfied with a number of pharmacist characteristics [37]. Similar findings were obtained in the United Kingdom [38], Netherlands [39], Saudi Arabia [40] or Bosnia and Herzegovina [41]. Previous Slovak study revealed that only 18.0% of respondents were dissatisfied with pharmaceutical care, 82.0% respondents confirmed their satisfaction [30]. Several studies also showed that patient satisfaction is affected by age,

gender, nationality or education of respondents. Alturki and Khan [14] published a significant difference in satisfaction level in terms of respondent age, gender and race. In our study, respondents from the Bratislava Region were statistically significantly younger and more educated than respondents from other regions. We consider these facts as the key determinants of final higher criticism and lower satisfaction level. From a broader point of view we can conclude that younger and more educated patients require a more professional approach from

community pharmacists in the management of treatment rather than a friendly relationship with pharmacists and appropriate facilities.

### Conclusions

The comparison of factors influencing a patient choice of pharmacy and evaluation of patient satisfaction with pharmaceutical care provided in Slovak community pharmacies with respect to the region, brought significant conclusions. The Bratislava Region differs from other Slovak regions in terms of pharmaceutical care providers (*number of pharmacists, number of pharmacies, density of pharmaceutical network*) and demographic characteristic of inhabitants (*gender, age, level of education, financial expenditures*). The purchase of OTC medications or dietary supplements was a significantly more frequent reason for pharmacy visiting and pharmacy location and convenient working hours was a statistically significant factor influencing the choice of any particular pharmacy in the Bratislava Region. Respondents in this region were more dissatisfied considering the Managing therapy. Interpersonal relationship and General satisfaction were assessed in the same level regardless the region or respondents. Overall the study showed a high patient satisfaction with pharmaceutical care provided in Slovak community pharmacies with regional differences. The patient age and education were revealed as important determinants of patient satisfaction assessment that community pharmacists must always consider and focus upon in an effort to increase quality of provided pharmaceutical care.

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