

Abstract

Introduction. Taking care of patients' needs and fulfilling their expectations through providing a just access to an effective and safe care of the highest quality standard is the aim of modern health care systems. However, improving the quality of care requires understanding the patients' needs and expectations by getting to know their opinions and experiences in using the health care services. A review of scientific papers concerning family nursing, published from 1995 to 2015, shows that empirical data of Polish patients' expectations towards family nurse is lacking.

The aim of the study. The main aim of this work is to analyse and describe the expectations towards family nurse among patients from Białystok, Poland. Specific objectives are: 1) to establish the characteristics of persons under family nurses' care; 2) to determine how age, gender, level of education, material status and Białystok inhabitants' health self-evaluation influence their expectations towards family nurses; 3) to establish the extent of tasks and medical advice demanded from family nurses; 4) to learn the patients' experiences and opinions on the family nurse cooperation with family doctor; 5) to explain, how patients define "a good family nurse", and to determine the range of such term; 6) to understand the patients' opinions and experiences with family nurses filling out prescriptions.

Material and methods. The research was conducted using a mixed method (examining both quantity and quality data). The *quantity method's* research tool was an original questionnaire used in a population survey conducted by the Medical University of Białystok, titled "Białystok Research PLUS". The data was being acquired from 2017 to 2019, from 412 Białystok inhabitants aged between 20 and 79. The *quality research* was conducted using the semi-structured interview method with an interview guide serving as the research tool. 37 individual interviews were conducted with subjects of different age and varying experiences with the family nurse services, remaining under care of eight different primary care units in Białystok. The interviews have been recorded onto a digital voice recorder and then transcribed and thematically analysed.

The quantity research results. The patients' age, gender and material status have been proven to influence the range of tasks demanded from a family nurse. Respondents aged 20-35 have declared the expectation for medical advice more often, in comparison to older people ($p=0,008$). Men have expressed much less expectation for health benefits in comparison to women ($p=0,009$). People with the lowest and the highest income have expressed much less expectation for preventive services in comparison to the rest of the

respondents ($p=0,049$). The youngest people (20 to 35 years old) often considered the family nurses' home visits as undesired, unlike the older respondents ($p=0,011$). The respondents with the lowest health self-evaluation have expected a family nurse to visit them at homes more often, in comparison to those, who consider their health to be better ($p=0,024$).

The qualitative research results. The transcript analysis allowed to categorise four subjects: 1) A family nurse's tasks (medical, diagnostic and precautionary services; taking care of the patient at home, explaining, advising, informing; organising work at the primary care unit facility; tasks not directly connected to the nurse's professional function); 2) Cooperation with the family doctor (carrying out the therapeutic process; preparing for a doctor's visit; the nurse as a source of information; lack of cooperation); 3) The term "a good family nurse" (outline of the interpersonal qualities and appearance; communication with the patient; care and support; professionalism; availability of services; ethical stance); 4) The range of given and expected advice (considering reacting to a health issue, lifestyle and prevention, information on family nursing and the health care system in general). By analysing the respondents' answers on the family nurses filling out prescriptions, two subtopics were identified: knowledge and experience; and opinions and expectations.

Conclusions. 1. Socio-demographic qualities such as age, gender, education level and marital status did not influence the Białystok inhabitants' usage of family nursing services in a significant way; 2. Gender, age and material status of the respondents were a significant factor in what specific tasks were expected to be fulfilled by a family nurse; 3. Age and the patients' health self-evaluation influenced their opinions on family nurses' home visits in a significant way. The youngest people (20 to 35 years old) did not deem the visits necessary much more often than the older participants. The respondents, whose health self-evaluation was in the low have much more often expected the family nurses to visit them at their homes; 4. The range of tasks and advice given by and expected from a family nurse is wide and corresponds to the family nurse's competence, although the participants have also expressed expectations not directly connected to a nurse's professional function; 5. How a cooperation (or lack thereof) between a family nurse and a doctor is viewed, comes from the varying experiences and observations the patients have made during their visits to health care facilities. Although the traditional model of nursing and the hierarchical relation, in which the doctor holds the dominant position, are pointed out in the patients' statements, they also emphasise the nurse's role as a source of information serving both the doctor and the patient; 6. The term "a good family nurse" is multidimensional and includes individual qualities, interpersonal skills, ethical values and behaviour, professionalism as well as the availability of

services; 7. Opinions on the family nurses' authority to fill out prescriptions and independently administering medicine vary.

Keywords: primary health care, family nurse, expectations, quantity research, quality research, health care services.