

BUILDING TRUST IN PHYSICIANS – THE GENERATIONAL DIFFERENCES IN THE PERCEPTION OF TRUST IN HEALTH CARE SECTOR

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Purpose: The purpose of this article is to investigate the generational difference among patients' trust in medical practitioners and factors creating their credibility.

Design/methodology/approach: The theoretical basis is the literature on the subject. In the article, the authors use questionnaires to answer to the questions related to image and trust in physicians among people represent different generations. In the empirical part, a survey was conducted among 370 Polish respondents representing generations: Baby Boomers, X, Y, Z. The objective of the research is to investigate patients' perception of the image of physicians and trust in them in Poland.

Findings: An analysis of 370 respondents revealed that different generations perceive the image of doctors differently. The overarching theme of trust underpins these results. The surveyed group tends to take a more calculated approach to trust, particularly when their health and lives are at risk or when they have experienced inadequate care more often than unsuccessful treatment in their interactions with healthcare professionals. It is notable that patients express the greatest confidence in the expectation that physicians will uphold medical confidentiality.

Research limitations/implications: A relevant problem was reaching representatives of the Baby Boomers generation. In the future, paper surveys can be considered so that digital exclusion is not an obstacle to reaching respondents. Also valuable could be to select one generation group and significantly deepen the research in the areas discussed.

Practical implications: It is possible to notice generational differences therefore to adjust the outreach strategy according to preferences and opportunities.

Originality/value: This article elucidates a salient concern pertaining to different generational perspectives on medical specialists. Employing survey methodologies, it endeavors to discern the determinants of trust in physicians and the primary reservoirs from which patients solicit recommendations.

Keywords: trust, image, generational differences in perceptions.

Category of the paper: This article indicates as a research paper.

1. Introduction

Nowadays health care systems have to face crises in many areas. Increased demand for medical services due to occurrence of civilization diseases, the demographic aging of the society and forecasts of this phenomenon to intensify in the coming decades (Adamczyk, 2017). Trust in physicians is fundamental for effective functioning of the healthcare market. Despite the information asymmetry in physician-patient relationship trust is essential to improve the health and welfare (Li, Khan, 2022). The primary objective of this article is to delve into the variations across generations concerning the level of trust exhibited by patients in medical practitioners, while also exploring the diverse factors that contribute to establishing credibility in the eyes of these patients. Patients' trust in health care professionals is crucial for clinical practice and should be the foundation for effective treatment. Patients should be able to trust physicians (Birkhäuser et al., 2017). Trust is one of the vital components of patient-physician relationship. Patients' trust is multidimensional and construct described in many ways (Thom, 2002; Pearson, Raeke, 2000). The imperative goals of health care law and public policy as well as medical ethics are enhancing, preserving, and justifying trust (Hall et al., 2001). Lack of patient's trust in physicians discourages the use of preventive services, lowers quality of medical care and influences patient's adherence to clinical recommendations (Li, Khan, 2022).

2. The Process of Building Authenticity and Trust by Physicians

Health systems are intrinsically characterized by relational dynamics, and numerous pivotal challenges confronting these systems stem from relational intricacies. Adverse staff attitudes towards patients have the capacity to engender dissatisfaction with healthcare services, with the implication that even proficient technical care may not entirely ameliorate these concerns (Gilson, 2003). Patients are more likely to share symptoms and adhere to treatment instructions when they trust their healthcare provider's commitment to confidentiality, competence, and respect. The significance of trust in therapeutic collaboration arises from the inherent power imbalance between healthcare professionals, equipped with medical knowledge and clinical expertise, and patients who seek care (Grimen, 2009). Beyond producing health outcomes, the healthcare sector shapes perceptions of state-provided social protection, as it falls under state regulation (Østergaard, 2015). This argument extends to broader considerations of the relationship between healthcare and citizenship, suggesting that individuals exhibit greater trust in the state when they receive quality care through public services (Gilson, 2006). Consequently, a healthcare system perceived as trustworthy has the potential to cultivate

a strong connection between citizens and the state. Conversely, the public health sector's failure to establish conditions for trustful relationships can contribute to the societal marginalization of vulnerable population groups (Østergaard, 2015).

Trusting behavior is manifested when an individual acts in a manner that depends on another person, thereby subjecting the trustor to potential risk (Simpson, 2012). Russell Hardin's encapsulated interest account of trust aligns with rational choice models of action. In this framework, trust is defined as a belief in another person's trustworthiness. According to Hardin, the statements "I believe you are trustworthy" and "I trust you" are interchangeable (2002, p. 10). In the realm of cultivating a positive corporate image, relying solely on a transactional approach with customers is no longer sufficient. Business success is now contingent upon the establishment of robust relationships between service providers and recipients. The literature has extensively delved into the role that trust can play in transactional retail settings (Cowles, 1994). Cultivating a lasting relationship with a customer necessitates careful consideration of its distinct components: initiation, sustenance, and enhancement. These aspects are indispensable for realizing economic objectives. Moreover, this endeavor seeks to address the prevailing tendency among companies to allocate greater attention and marketing resources towards acquiring new customers, as opposed to retaining existing ones (Kotler, 2001).

3. Trust and its significance in medical area

In order to make a formal evaluation of trust, a global approach must be taken. Trust has a variety of definitions and a multitude of potential factors. One of the leading and most logical approaches to trust is the calculative approach, which is essentially derived from rational choice theory. This theory proclaims that individuals are rational and therefore evaluate the gains and losses connected with certain ways to achieve their goals. This means that at the end of the process they will choose the most optimal way to achieve them (Bogucki, 2008). On the other hand, the theory also anticipates that the goal chosen by the individual satisfies his interests to the greatest extent among all other. For an informed decision in the matter of trust, a reliable source of data is needed. In this regard it's best to draw data from one's own experience and on this basis calculate the trustworthiness of a potential partner. In this calculation, trust is derived from someone else's credibility and the best guarantee of another person's credibility is the security of his own interests. This means that trust may be perceived as a form of encapsulated interests, where someone else's interest is to act in my interest (Hardin, 2002).

In contrast, a competing concept of trust is the altruistic concept, which by definition rejects elements of rational choice theory (Głós, 2015). This approach departs from profit and loss balances and mutual interest. It is based primarily on someone's benevolence/goodwill/bona

fides and on confident expectation that the person we have put our trust into will be motivated by the knowledge that we are counting on them (Jones, 1996). Eventually when living in today's society we are forced to rely on the services of countless unknown people every day and without even a slightest amount of simple trust one would fall into stupor and would not be able to carry out basic tasks of daily living (Hardin, 1993).

Considering overall economics, trust is fundamental for effective partnerships. It increases efficiency, lowers the costs and has a beneficial effect on the satisfaction from work (Głos, 2015). This implies that in the medical sector, trust promotes good health. Patients who trust their physicians are more willing to follow their recommendations, are more likely to visit them and in general are more conscientious about patient-physician communication (Hillen, 2013). In some extent when struggling with a crisis in which health or life is at stake, patients can place almost boundless trust in their physicians (Hall, 2001). On the other hand the lack of trust can hold a reverse effect and lead to non-compliance with medical recommendations causing the patient's condition to worsen. Consequently, not witnessing an improvement in his health, the patient may lose his confidence even more (Pentor Research International Poznań, 2010).

Recent transformations in medicine and healthcare sector have made trustworthiness more challenging. The prevalence of evidence-based medicine (EBM) approach in today's healthcare practice unquestionably contributes to its development but on the other hand, arouse social anxieties through rationalization, depersonalization and the impossible pursuit of definitive evidence. The fairly recent change in the position of the patient himself has also had some ambivalent outcomes. The end of the physician's paternalistic credibility era and the prevailing principle of patient's autonomy as an absolute means that the patient gained more independence but also is expected to gain more orientation in the medical world (Głos, 2015). These phenomena may put a certain distress on an generally aging society thus promote uncertainty, distrust and entitlement attitude.

Among any other threats to health care trust, the greatest one is its ongoing commercialization. Despite the enhancement in services quality, it turns the personal relationship between physician and patient into a service relationship resembling contracts between a businessman and a customer which is bereft of voluntary solicitude (Mechanic, 1996). This intentional and strictly defined course of development may lead to a critical point in public trust to health care system. Under those assumptions the patient could base his expectations that physician will arrange supplementary, expensive examinations or otherwise undertake "over-the-top" measures just because physician's salary is high enough or the fear of losing his job is enough for him to make it unprofitable to let the patient down (Głos, 2015).

4. Generational perspectives in the perception of the medical profession

An examination of generational perspectives reveals subtle differentiations in the perception of the medical profession, as outlined in Table 1. Age emerges as a pivotal determinant influencing attitudes towards healthcare, methodologies employed in scheduling medical appointments, and the discernment of reputable recommendations within this context.

Table 1.
Classification of generations

Generation	Year of birth	Characteristics of the generation
Baby Boomers	1946-1964	True to authority, they usually handle stress and conflict situations well. They value stability the most. They are dutiful and loyal, patient and ready to make sacrifices.
Generation X	1965-1979	They are not afraid of hard work and avoid conflict. They value stability and security but are cautious about change. They are sceptical and independent but at the same time flexible.
Generation Y	1980-1995	Well-educated, development-oriented and competitive, they value high achievement. They are optimistic about the future. They are well versed in new technologies, enjoy teamwork and appreciate work-life balance.
Generation Z	1996-2012	Citizens of the world, national borders are not an obstacle for them plus they are very tolerant. Impatient, they expect fast results. They appreciate contact via the Internet and are very familiar with the latest technologies. They attach great importance to independence.

Source: own compilation based on (Dolecińska, Kołodziejczyk, 2016; Hysa et al., 2021).

Baby Boomers are those born between 1946 and 1964. Some people in this cohort have already retired, while others have only a limited remaining working life. Notwithstanding these differences, a notable subgroup within this demographic shows a willingness to remain professionally engaged, with a preference for the professions and entrepreneurial activities (Dolecińska, Kołodziejczyk, 2016). The Baby Boomer cohort, who have worked hard to earn their professional position, inherently value work as a value in itself. The pursuit of stability is their top priority, and thanks to their years of experience, they have an unshakeable belief in their competence. Although they come from an analogue era, the people of this generation fit seamlessly into the contemporary digital milieu and embrace modern technologies. Although they prefer personal contact, they also recognise and appreciate technological progress (Hysa et al., 2021).

Generation X are those born between 1965 and 1979. Escalated inflation, augmented unemployment, and labor instability necessitated their acceptance of unfavorable working conditions and roles beneath their skill and qualification levels. This period of career initiation cultivated resourcefulness but concurrently heightened an atmosphere of uncertainty and job insecurity (Zabel et al., 2017). This generation holds family and friends in high regard. In the professional realm, they proficiently engage with new technologies, excel in collaborative settings, strive for work-life balance, maintain ethical standards, albeit with a propensity for workaholicism and diminished self-esteem. Notably, their primary measure of achievement is

linked to financial success (Dolecińska, Kołodziejczyk, 2016). They hold professionals in high regard, aspiring to cultivate advanced expertise in their respective domains. Marked by attributes of loyalty, responsibility, and deference to authority, they exhibit a strong work ethic and a proclivity for conflict avoidance. In their selection of a specialist, they accord significant weight to the physician's experience and professional achievements, often relying on advice from trusted acquaintances over online sources (Hysa et al., 2021).

The subsequent two generations exhibit apparent similarities, displaying a shared penchant for emerging technologies. It is noteworthy that Generation Y, commonly referred to as millennials, has been notably shaped by globalization, leading to the dissolution of national boundaries, the amalgamation of diverse cultures, and increased access to global products and services. Individuals born between 1980 and 1995, commonly referred to as millennials, embody characteristics such as independence, ambition, creativity, innovation, and a commitment to personal and societal development (McCrinkle, Wolfinger, 2009). Possessing a strong educational background and orientation toward development, coupled with a competitive mindset, they place a premium on achieving high standards. Their outlook is marked by optimism regarding future prospects (Hysa et al., 2021). They prioritize time management and, consequently, opt for the most efficient methods when scheduling appointments with physicians, showing a preference for mobile applications or telephone registrations. Additionally, even when recommended by a trusted friend, they may seek further information about a physician through influential opinion-forming websites.

Characterized by a notable receptivity to technological advancements and a willingness to embrace diverse worldviews, Generation Z, born between 1996 and 2012, envisions a world intricately entwined with technological innovations. They hold an intrinsic appreciation for their leisure time, effectively leveraging technological tools to streamline not only their professional endeavors but also various aspects of daily life (Pichler et al., 2021). Global citizens, unfettered by national borders, demonstrate remarkable tolerance. Their impatience is evident in their expectation of swift results, and they value communication via the Internet, displaying adeptness with cutting-edge technologies. Emphasizing independence holds significant importance for them (Dolot, 2018). Their propensity to solicit advice in the digital domain is guided by a pragmatic disposition. Demonstrating a lack of trepidation towards the adoption of emerging technologies, they exhibit a preparedness to corroborate the professional standing of a specialist through scrutiny of patient testimonials on opinion portals.

5. Research method and sample

The main objective of the research was to investigate patients' perception of the physicians' image and following trust in them in Poland. For mentioned purpose the questionnaire in Google online survey tool was prepared. The link was shared among Polish respondents born between 1946-2005 selected randomly. The questionnaire was available for two weeks, and after getting the expected number of responses, it was deactivated. As a result a total of 370 answers were gathered and included into the research sample. In the Table 2 basic information about respondents are shown.

Table 2.

Information about respondents

Category	Feature	Share [%]
Gender	Female	54%
	Male	46%
Education	Basic, secondary	11%
	Vocational	37%
	Higher	52%
Generation	Baby Boomers	15%
	X	25%
	Y	25%
	Z	35%
Place of residence	Village	18%
	City of up to 50,000 inhabitants	29%
	City of 50,000 to 100,000 inhabitants	16%
	City of more than 100,000 to 500,000 inhabitants	7%
	City of more than 500,000	30%

Source: own elaboration.

Women and men with the various levels of education who are representatives of four generations took part in the research. The questionnaire utilizes five questions from Anderson and Dedrick's scale, which is a tool for assessing trust between patients and physicians (Krajewska-Kułał et al., 2008). The questionnaire also includes questions on basic information about the frequency and financing of consumed medical services. In addition, the following issues were discussed: sources of information used when choosing a physician, importance of appointment register methods, important factors affecting the choice of a certain physician, and overall trust in physicians.

6. Research results

As mentioned in the previous section, the survey was conducted for the empirical research. The results of the survey are described with emphasis on generational differences in the perception of trust in physicians and their image. First question referred to the frequency of

medical visits in the last year in order to assess healthcare needs and divide respondents into groups according to the exposure to the patient-doctor relationship.

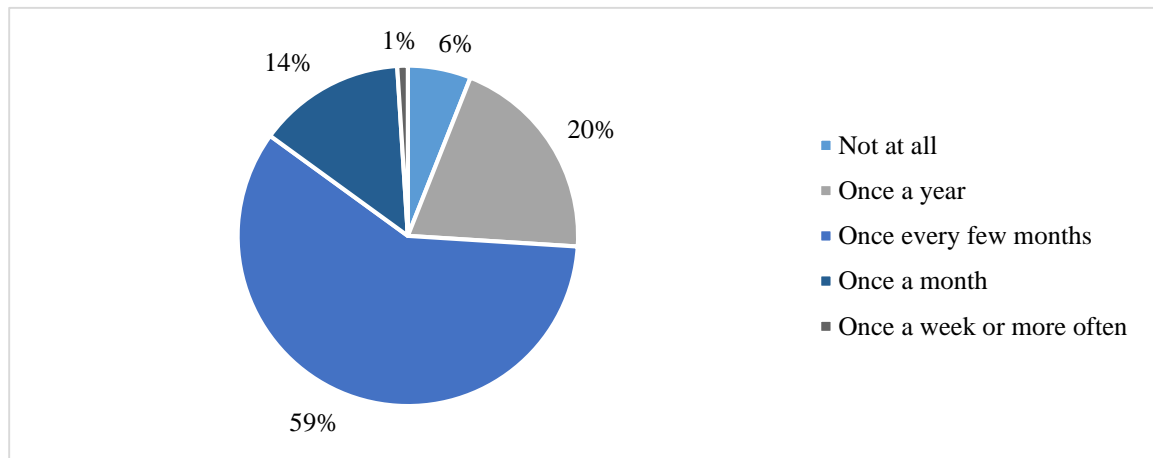


Figure 1. How many times in the past year have you used a visit to a physician?

Source: own elaboration.

The vast majority of people (59%) stated that they visit physician once every few months. Across all generational groups, the most frequently chosen answer was "once every few months". Furthermore, as many as 94% respondents stated that they consult physicians at least once a year. Also all representatives of generational groups chosen "once a month" on the second position. This means constant relationship and regular contact with physicians.

The next question concerned sources of medical services funding to assess whether patients use more of the public sector, or one of two options in the private sector: out of pocket payment, so-called private appointments or an individual private medical care package. Results are shown on the Figure 2.

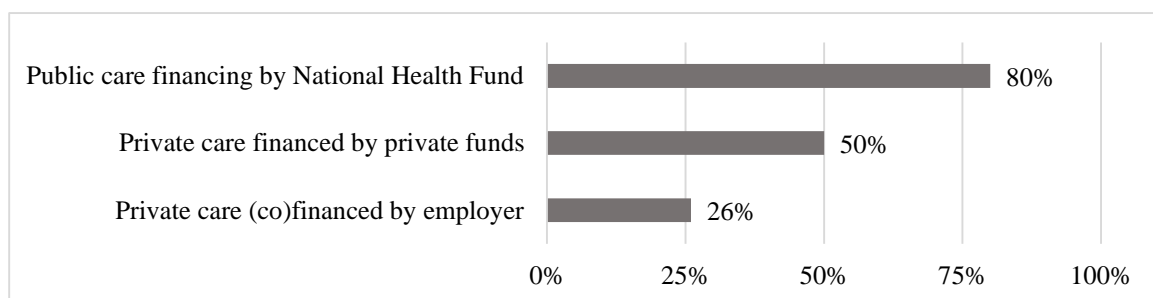


Figure 2. What type of health care financing have you relied on in the past 5 years?

Source: own elaboration.

As the question was marked multichoice, in the Table 3. the percentage of patients using a combination of methods was indicated.

Table 3.

Number and types of funding sources for medical services by respondents' answers

Type of sources used	Share of answers
Public health only	36%
Public and private care financed by own funds	27%
Private care financed by own funds	11%
All three types: public care, private care financed by own funds and (co)financed by employer	9%
Public health and private care (co)financed by employer	8%
Private care (co)financed by employer only	6%
Private care financed by own funds and (co)financed by employer	3%

Source: own elaboration.

The two most popular combinations are public health care only, and public health connected with private care financed by own funds. These two options cover 63% respondents' answers, meaning that it represents the majority of available combinations.

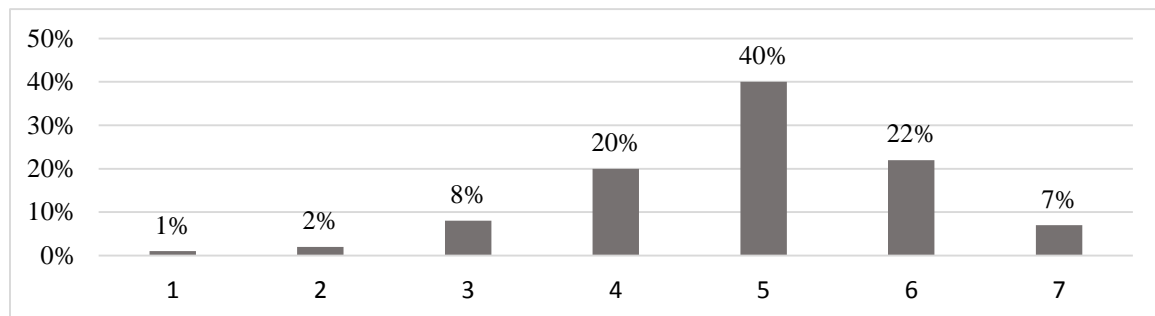


Figure 3. How much confidence do you have in specialist physician in Poland in general (1 – I don't trust physicians at all, 7 – complete trust in physicians)?

Source: own elaboration.

In order to access overall level of trust, respondents most often indicated 5 on a seven-point scale. Taking into account the average in each generation group it could be noted that older generations tend to manifest overall greater degree of confidence in specialist physicians. Among Baby Boomers average is 5,1; among Generation X it is 5,17, among Generation Y it is 4,7, and among Generation Z it is 4,0.

The question then focused on sources of information which are the most important for the decision to choose a specialist physician.

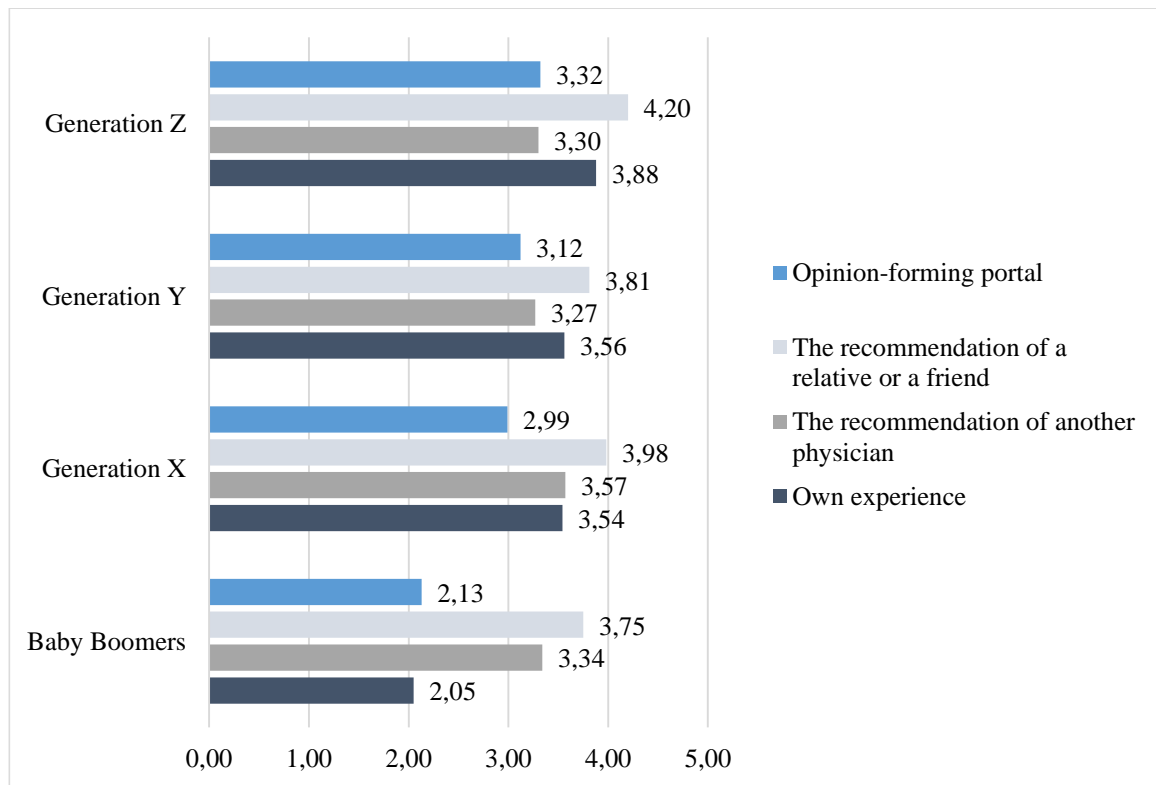


Figure 4. Which of the following sources of information are most important to you in terms of choosing a specialist physician (1 – completely irrelevant, 5 – crucial)?

Source: own elaboration.

Representatives of all generational groups identified the recommendation of a relative or a friend as the most important source of information to choose a certain specialist physician. Interestingly, opinion-forming portals were chosen by representatives of all the generations to be roughly the least essential to such decision. What is more, representatives of Generation Z choose the recommendation between physicians as one of the least important.

The following question reviewed which qualities of a physician are most important in the matter of choosing his services.

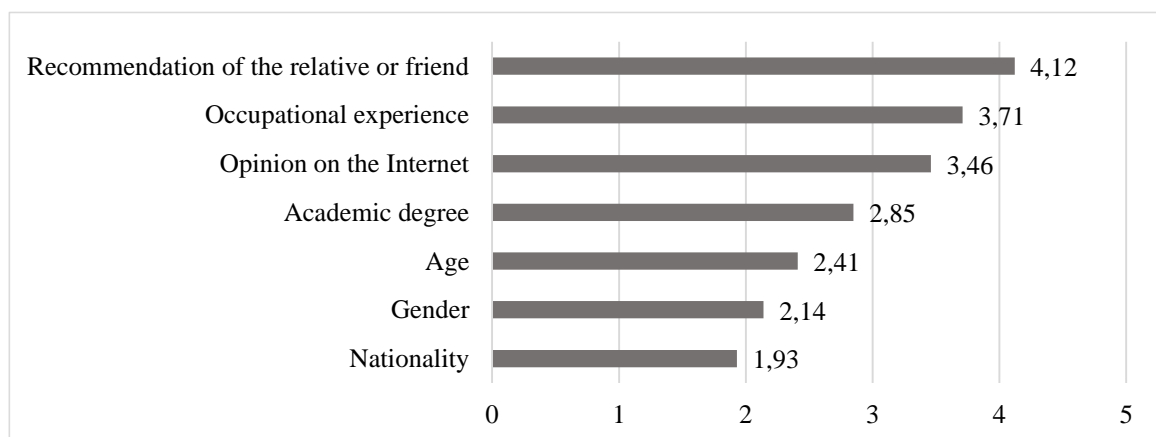


Figure 5. What is most important to you when choosing a specialist physician (1 – completely irrelevant, 5 – crucial)?

Source: own elaboration.

The most essential factors when choosing a specialist physician are recommendation of the relative or friend, occupational experience and opinion on the Internet. According to respondents, substantially less significant are academic degree, age, gender, and nationality. In all four generational groups analyzed, recommendation of the relative or friend emerged as the most important factor, particularly for Generation Z and Baby Boomers. The physicians' nationality came out as the least important factor, especially for Generation Y and Z.

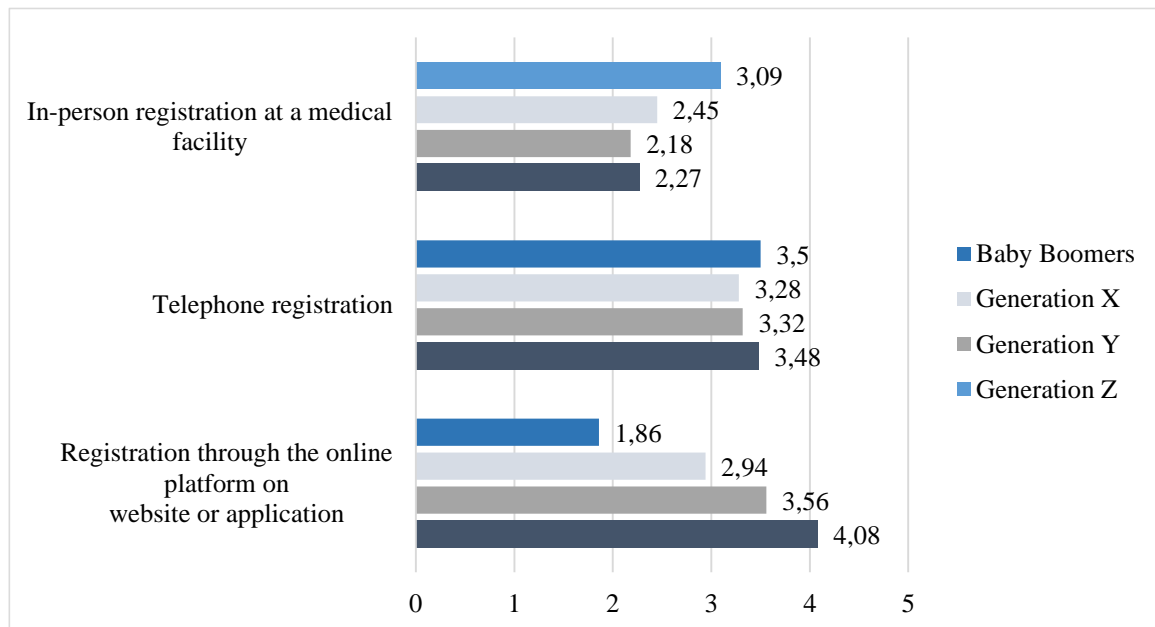


Figure 6. How important is for you mentioned way to register with a specialist physician (1 – completely irrelevant, 5 – crucial)?

Source: own elaboration.

From the data obtained, on average the most preferred method of registering with a specialist physician is telephone registration and personal registration at the facility is the least preferred method overall. However, specifically for Baby Boomers personal registration in facility is choice of second greatest importance. Moving onward, it can be noted that for older generations, taking into account Baby Boomers and generation X, the most preferred method is telephone registration. In contrast, for generations Y and Z, the most preferred method is enrollment via online platform or application with telephone registration on a second place.

The last question concerned trust in the physician-patient relationship. Respondents were asked to rate the statements given in the survey on a scale from 1 to 7. The results are shown on the Figure 7.

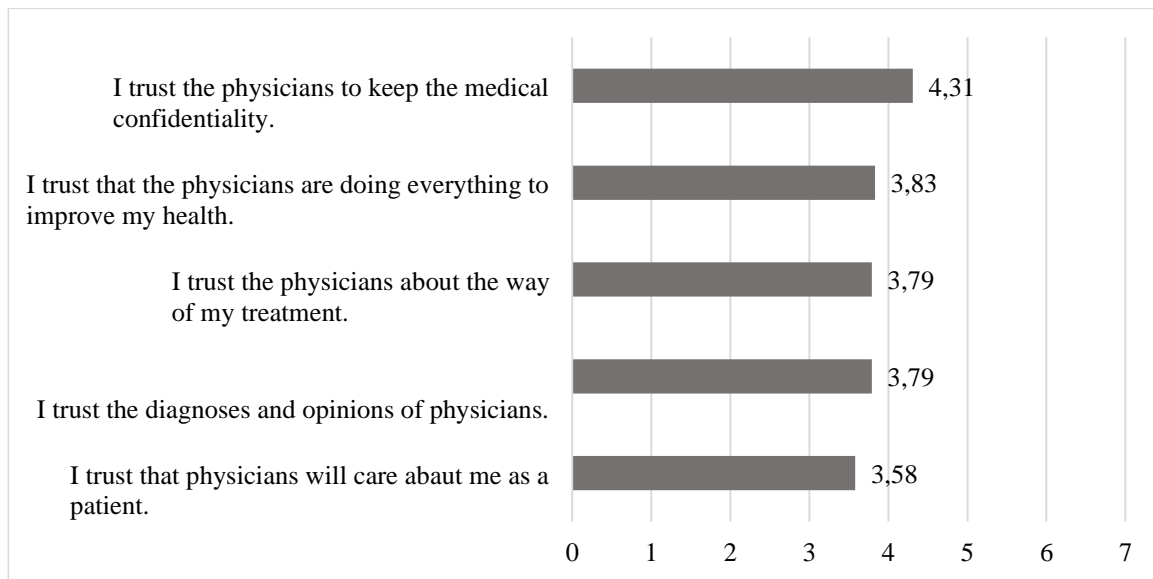


Figure 7. Please rate the following statements on a scale of 1-7 (1 – strongly disagree, 7 – fully agree) about the specialist physicians you are treated by.

Source: own elaboration.

Last question focused on the evaluation of statements regarding trust between patients and physicians in various aspects occurring in medical care, including diagnosis, treatment as well as medical confidentiality. Patients place greatest confidence in that the physician will maintain the medical confidentiality. 59% of all respondents rated this as 6 or 7. The least confidence among respondents was related with the statement concerning physician's care about them as a patient. This may imply either that the examined group of respondents hold more calculative approach to trust when their health and life is at stake, or they have experienced lack of care more frequently than lack of successful treatment in their relationships with practitioners.

7. Discussion and conclusions

Ninety-four percent of the surveyed population maintains regular contact with a doctor annually, facilitating the ongoing development of informed perspectives in this field. However, a concerning 6% of respondents reported no interaction with a doctor in the past year, posing the potential risk of their attitudes becoming deeply rooted and hindering active engagement in the establishment of future doctor-patient relationships. Additionally, a significant 74% of participants utilize medical services consistently, enabling them to observe changes and formulate opinions that they can subsequently share with others (Figure 1).

The predominant share of the medical services market, influencing the public perception of doctors, is held by public healthcare and private visits outside of medical insurance (refer to Figure 2 and Table 3). The research indicates that within the study group, trust decisions are largely influenced by personal authority and the opinions of trusted individuals, surpassing the

significance of more objective sources. These include self-assessment of credibility based on publicly available information or endorsements from public authorities like scientific bodies. Notably, there is a discernible decline in the authority of medical recommendations among younger generations (Figure 4, 5).

The pivotal role of registration and telephone contact emerges as paramount, as it caters to the diverse needs of each age group most comprehensively (Figure 6). In the context of selecting a doctor for their care, respondents place greater emphasis on calculative trust in a doctor's competence and the efficacy of their work. The survey underscores that the portrayal of Polish doctors is predominantly framed by notions of professionalism and effective treatment rather than a focus on compassionate support for patients in their illness. In specific scenarios where effective treatment is scientifically unfeasible, anticipated complications arise, or medical errors occur, whether human or technical, there exists a potential risk of further erosion of authority (Figure 7).

In summary, baby boomers value stability and work and are adapting seamlessly to the digital age, but they prefer analogue contact opportunities. As a result, they are less interested in online reviews of medical specialists and signing up for appointments via mobile apps and online portals. Generation X, which is characterised by challenges, prioritises family, uses technology and relies on personal networks, so referrals from specialists among friends and family are particularly important. They appreciate the ability to make specialist appointments over the phone. Millennials value independence, ambition and technology when it comes to making effective healthcare decisions. Generation Z, which is tech-savvy and globally minded, strives for quick results, values independence and relies on digital platforms for healthcare recommendations. Representatives of the younger generations (Y and Z) value the opportunities that technology offers them and are most likely to use mobile apps and online platforms for enrollment.

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