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PRACA POGLĄDOWA
REVIEW

Knowledge and expectations of recipients of health services as a factor shaping attitudes toward the healthcare system

Wiedza i oczekiwania świadczeniobiorców jako czynnik kształtujący postawy wobec systemu ochrony zdrowia

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ABSTRACT

INTRODUCTION: Healthcare systems are subject to evaluation by all its participants and the general public. National studies on this subject suggest a clearly negative perception of the Polish healthcare system. This attitude can be interpreted as a consequence of unfulfilled expectations of public opinion, which makes expectations an important field of study. The general aim of this review is to verify the current state of research on the relationship between knowledge, expectations, and evaluation in order to identify the dominant strands of research as well as any gaps in the existing knowledge.
MATERIAL AND METHODS: The study used the method of narrative review and the PubMed and Embase databases. Only English-language publications were included in the review.
RESULTS: In total, 2,239 source articles were identified; 36 publications were included in the final analysis. Based on Laferton's model, the articles were categorized according to the reference to expectations related to behavior or therapy. Out of the 36 selected publications, 28 (77.78%) were assigned to at least two categories. Likewise, 24 articles (66.67%) referred to expectations related to treatment results. Most of the publications (23; 63.9%) described the relationship between knowledge and expectations. The connection between expectations and evaluation was investigated by 8 publications and 5 combined all three elements (knowledge, expectations, and evaluation).
CONCLUSIONS: The review of the literature indicates that the knowledge of recipients of health services may be an important determinant of their expectations toward service providers and the forms of treatment they receive. The collected evidence does not provide a clear answer as to the impact that making expectations more realistic would have on assessments of the healthcare system.

KEYWORDS

evaluation, patient knowledge, health systems, healthcare expectations

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STRESZCZENIE

WSTĘP: Systemy ochrony zdrowia podlegają ocenie przez wszystkich uczestników tych systemów oraz przez opinię publiczną. Krajowe badania dotyczące tego zagadnienia wskazują na wyraźnie negatywne postrzeganie polskiego systemu ochrony zdrowia. Taką postawę można interpretować jako konsekwencję niespełnionych oczekiwań opinii publicznej, co czyni oczekiwania ważnym obszarem badań. Celem ogólnym niniejszego przeglądu jest weryfikacja aktualnego stanu badań nad relacją między wiedzą, oczekiwaniami i oceną w celu identyfikacji dominujących nurtów badawczych oraz luk w istniejącej wiedzy.
MATERIAŁ I METODY: W badaniu zastosowano metodę przeglądu narracyjnego oraz wykorzystano bazy danych PubMed i Embase. Do przeglądu włączono wyłącznie publikacje anglojęzyczne.
WYNIKI: Zidentyfikowano łącznie 2239 artykułów źródłowych; do końcowej analizy włączono 36 publikacji. Na podstawie modelu Lafertona artykuły skategoryzowano według odniesienia do oczekiwań związanych z zachowaniem lub terapią. Spośród 36 wybranych publikacji 28 (77,78%) przypisano do co najmniej dwóch kategorii. Podobnie 24 artykuły (66,67%) odnosiły się do oczekiwań związanych z wynikami leczenia. Większość publikacji (23; 63,9%) opisywała relację między wiedzą a oczekiwaniami. Związek między oczekiwaniami a oceną badano w 8 publikacjach, a 5 łączyło wszystkie trzy elementy (wiedzę, oczekiwania i ocenę).
WNIOSKI: Przegląd piśmiennictwa wskazuje, że wiedza odbiorców świadczeń zdrowotnych może być istotnym czynnikiem determinującym ich oczekiwania wobec świadczeniodawców oraz form leczenia, które otrzymują. Zebrane dowody nie dają jednoznacznej odpowiedzi na pytanie, jaki wpływ na ocenę systemu ochrony zdrowia miałoby urealnienie oczekiwań.

SŁOWA KLUCZOWE

ocena, wiedza pacjenta, systemy ochrony zdrowia, oczekiwania wobec opieki zdrowotnej

INTRODUCTION

The healthcare system in Poland, as in any other country, is constantly being evaluated by all its stakeholders. Although the evaluations of individual actors involved in the functioning of the system may differ slightly, it seems that the problems observed on many levels and lasting for decades have formed a negative image of the system as a whole. This observation seems to be confirmed by public opinion polls, which for many years have reported a very critical attitude among Poles toward the functioning of the healthcare system as a whole [1]. Undoubtedly, in the discussion on views about the healthcare system in all of its aspects, we should also examine the role that expectations and knowledge play in shaping the opinions of individuals and larger groups.

It seems that the justification for conducting research on expectations can be provided by the multitude of studies which prove that expectations can affect the health outcomes of patients in many diseases [2]. There are many examples in the literature suggesting the impact of patients' expectations on the course of therapy, in cardiac surgery [3], arthroplasty [4], or chemotherapy [5], for example. As Main et al. [6] suggest, this fact imposes on healthcare providers the need to define the patient's expectations before proceeding with further clinical procedures.

In general, the definition of expectations published by Hoorens [7] – beliefs about future events or experiences – can be used. These beliefs may refer to future external events or to one's own behaviors or internal reactions to a specific external stimulus [8]. The concept of expectations is currently a subject of interest in many scientific disciplines, but for natural reasons it has a special place in psychology, especially in the context of their importance in perceptual processes. As de Lange et al. [9] note, to support rapid, efficient interaction with one's environment, perceptual processing cannot rely solely on bottom-up sensory input, but instead requires top-down knowledge to shape and interpret incoming signals. Thus, the perception of the situation in which an individual finds themself is strongly conditioned by their expectations. Expectations became the driving force behind many theories – social learning and social cognitive theories [10,11,12] and expected response theory [13,14] being the best examples.

Another frequently investigated link is the one between expectations and satisfaction. In this context, satisfaction is primarily determined by the difference between what is expected and what is received. This point of view was adopted by Bowling et al. [15] in the UK NHS Patient Satisfaction Study. Interestingly, in that study, higher patient expectations did not translate into a lower level of satisfaction, because the respondents declaring increased expectations simultaneously assessed more positively the help they received from service providers. An important assumption that the authors included was distinguishing between the real and the ideal level of expectations (i.e., "as it will be" vs. "as it should be"). Therefore, one can conclude that a key step toward

improving patient satisfaction and providing patient--centered care is to first understand patients' expectations of healthcare [16].

Expectations are also frequently viewed as susceptible to change. Because they refer to future events and experiences, when faced with contradictory information, they are easier to refute than beliefs based on past experience [7,17,18]. Research conducted among oncological patients is interesting in this context. Weeks et al. [19] showed that 74% of patients with advanced cancer had imprecise expectations about the healing potential of their palliative chemotherapy. The tendency toward overly negative expectations was particularly noticeable among patients suffering from depression and anxiety disorders [17], but also in individuals at risk of being targeted by discriminatory behavior [20]. This makes research on patient expectations an area that requires in-depth research in order to better understand the mechanisms behind processing information that contradicts expectations and the conditions that lead to a change in expectations. As noted by Pinquart et al. [21], this knowledge can help in designing interventions to change dysfunctional expectations.

Another interesting topic of research on expectations is the issue of their heredity and social conditioning. An extensive analysis of this issue was presented by Burger and Mortimer [22], who considered the problem from the perspective of shaping educational expectations. Due to the nature of their study, it refers to the influence of intergenerational relations taking place within families, but they noted that the factors which shape expectations are the process of socialization taking place in the family and the social capital of parents, as well as genetic determinants. In addition, the relatively low heritability of optimism and the partial heritability of the sense of control were emphasized. From the perspective of the topic addressed in this paper, however, it seems that more attention should be paid to the social conditioning of expectations. In this respect, a leading role of social transmission of norms and values that can shape the level of expectations has been reported.

When taking on the subject of expectations, particular attention has to be paid to a major obstacle: the inconsistencies in terminology and in the classification of patients' expectations. As noted by Haanstra et al. [23], the concept of expectations is not yet well defined and there is no consensus in the scientific literature. At the same time, it seems that researchers agree that patient expectations are a multifaceted and complex construct. These barriers seem to be met with efforts to organize the scientific interpretation of patients' expectations and give it a useful theoretical framework. In recent years, one of the most significant manifestations of these efforts is undoubtedly the model proposed by Laferton et al. [8], according to which expectations should be related either to the patient's illness and treatment behavior or to the treatment that the patient receives. In addition, this model recognizes that self-efficacy is not the only aspect of patient behavior expectations and that behavior expectations can be divided into self-efficacy expectations and behavioral outcomes. Treatment expectations, on the other hand, consist of expectations about treatment outcomes as well as structural and treatment-related aspects. Laferton et al. [8] suggest that the latter affect expectations regarding treatment outcomes. Both behavioral and outcome expectations can relate to distinguishable expected benefits and side effects. In addition, the expected outcome of a behavior or treatment can be divided into two basic categories: 1) non-volitional expectations – internal changes such as symptoms or autonomic functions – and 2) external expectations, referring to expectations of external changes, such as reactions from one's social environment.

In the context of the issue of expectations, one should also consider their relationship with the information available to patients. In this regard, it will be helpful to refer to the concept of information beliefs created by Fishbein and Ajzen [24], and especially to its interpretation proposed by Coye [25]. The concept itself comes from a model developed by Fishbein and Ajzen [24] for the purpose of interpreting consumer behavior. The authors describe three basic types of beliefs. Firstly, there are descriptive beliefs, which arise as a result of direct observation and experience. Beliefs formed in this way are considered to be held with a high degree of certainty. The second type of belief, which is usually held with much less certainty, is informational belief. These are formed by accepting information provided by an external source. The condition for a change in the target belief is that the recipient of the information must accept it; the degree of acceptance depends partly on the source, message, and channel of communication. The third type of belief is inferential belief, which is formed in the process of using previously learned relationships. Successfully changing this target belief will affect the consumer's attitude toward the product if the attribute targeted by the belief is the most relevant attribute.

In the interpretation proposed by Coye [25], client expectation is a belief about a future event that is the result of information gathered directly through personal observation, indirectly through information provided by others, or inferred from information or observation. In this sense, the knowledge of recipients of healthcare services significantly shapes their attitude toward and expectations of the healthcare system.

Based on the assumptions described above, it was assumed that an individual's knowledge, expectations, and evaluations are logically related components that shape the perception and behavior of recipients of

healthcare services. The general aim of this narrative review is to verify the current state of research on the relationship between knowledge, expectations, and judgment in order to identify dominant research strands and any gaps in the existing knowledge.

MATERIAL AND METHODS

The study design was based on narrative review. Sources were identified through a query conducted in the PubMed and Embase databases. The search specified English-language publications only. Due to the desire to cover the issue from the broadest possible perspective, no target population was specified, opening the door to articles on various health issues. In total, 2,239 publications (excluding duplicates) were identified through the search. These papers were subjected to an initial screening, in which 2,099 were excluded. The remaining 140 articles were subjected to an in-depth analysis in terms of eligibility, which subsequently led to the exclusion of a further 104 articles. Ultimately, 36 publications were reviewed. A detailed review procedure is presented in Figure 1.

The results were analyzed on the basis of three criteria derived from the concepts constituting the theoretical basis of the review. According to the first criterion – the concept of information beliefs cited in the previous section – the papers were categorized with regard to the relationship between the three components of interest (knowledge, expectations, and evaluation). In other words, the articles were divided according to the themes related to the relationship between 1) knowledge and expectations, 2) expectations and evaluation, and 3) knowledge, expectations, and evaluation.

Another criterion used in the analysis was dividing the collected sources based on the model of Laferton et al. [8]. Thus, the analyzed sources were categorized by reference to expectations related to behavior (further divided into the aspect of self-efficacy and behavioral results) or related to treatment (further divided into treatment results and structural aspects). It should be noted that in multiple papers, the issue of expectations was addressed in a multidimensional way. In such situations, papers were included in more than one category in the analysis.

The third criterion was evidence in the publications verifying the dependencies of the tested components. Thus, the papers were divided into those attempting to verify the existence of a relationship between the above-mentioned components and those in which this relationship was assumed *a priori* (e.g., as a default assumption of the research hypotheses) or was derived speculatively. The full extraction data are presented in the Supplementary material.

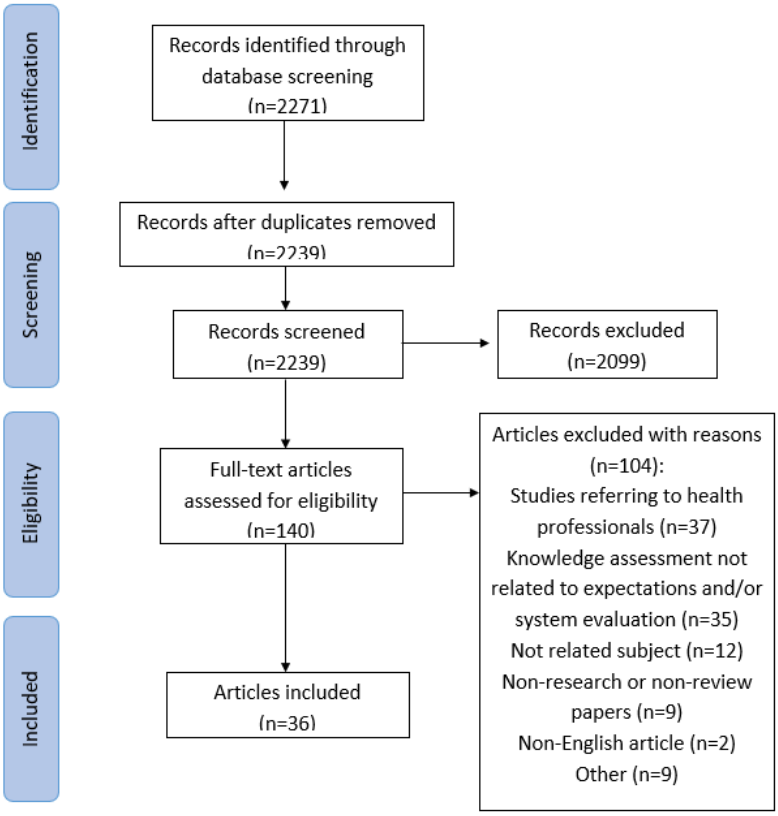

Fig. 1. Flow chart of the narrative review

RESULTS

The review included 36 publications. Most of the articles were original papers (n=30), of which more than half (n=16) were prepared using qualitative methods. Among these publications, in-depth interviews were the most common research method (n=10). In addition, these papers also indicated the use of focus groups (n=3), a combination of in-depth interviews and focus groups (n=1), the ethnographic method (n=1), or the narrative method combined with focus groups (n=1). Another 13 articles presented the results of research that used quantitative methods, among which survey studies were the most common. Overall, the above methodology was declared in 12 publications; in 1 of the papers, the authors discussed research based on a mixed methodology. A detailed analysis of the results is presented in Table I.

Considering the relationship between knowledge, expectations, and evaluation, it was observed that the issues of the relationship between the first two components were definitely most often addressed in the papers. In total, among all the analyzed publications (n=36), in almost two thirds of them (63.89%), the authors were interested in these two components. The relationship between expectations and evaluation was described in a further 8 publications (22.22%), and the relationship of all three components was mentioned in only 5 studies (13.89%).

From the perspective of Laferton's model, a clear tendency was observed to perceive expectations as a multifaceted issue, which is confirmed by the fact that out of 36 publications, as many as 28 (77.78%) were assigned to at least two categories. The most numerous group of papers (n=24; 66.67%) were those that dealt with expectations related to treatment results. On the other hand, the issue of expectations in the context of structural issues was the least frequently discussed in the selected papers; threads related to this issue appeared in only 13 publications (36.11%).

A total of 21 articles included in this review reported results verifying the relationship between knowledge, expectation, and evaluation. In the case of other papers (n=15), these dependencies constituted the default basis of the theoretical model or speculative considerations included in the conclusions or discussion. This was especially true in the case of original papers (n=30), almost half (n=14; 46.67%) of which did not contain any data that could verify the relationship between knowledge, expectations, and evaluation. In the case of review studies (n=6), only 1 (16.67%) did not contain adequate data. In total, 20 out of 21 publications containing empirical references to the relationships between the components under consideration indicated the existence of interdependencies between them. However, it should be emphasized that the papers were very diverse in terms of the subjects and methodology; therefore, far-reaching conclusions should not be drawn from the observations.

For different categories of Laferton's model, evidence supporting the relationships between knowledge, expectations, and evaluation was found with varying frequency. Among the studies dealing with the results of behavior (n=18), as many as 77.78% (n=14) reported evidence relating to expectations. For publications dealing with structural aspects (n=13), only 46.15% (n=6) contained evidence verifying the aforementioned relationships. Thus, it can be concluded that in the case of articles dealing with structural issues, the topic of the relationship between knowledge, expectations, and evaluation was more likely to be treated as a theoretical construct.

Considering the collected material in terms of the type of the relationship described and the evidence provided, 71.43% (n=15/21) of the publications in which the relationships between knowledge, expectations, and assessment were empirically verified referred to only two of the three components, i.e. the impact of knowledge on the expectations of patients. It is worth emphasizing that this is a slightly higher percentage than would have resulted from the overall share of papers dealing with these relationships in the study sample. At the same time, it was observed that the least efforts were made in the publications to verify the evidentiary relationship of all three components. Only 2 of the 36 papers included in the analysis contained this type of information, and it is worth noting that both of these papers were based on qualitative methods.

Table I also presents a cross-compilation of data, taking into account the criteria of the type of relationship examined and its categorization according to Laferton's model. As can be seen, with the exception of the category of structural aspects, articles on the relationship between knowledge and expectations clearly dominated in every other category. In total, in each category, the frequency of papers dealing with this relationship ranged from 30.77% to 72.22%. At the same time, the relationship of all three components should be considered the least researched area. Once again, analyzed from the perspective of Laferton's categorization, it accounted for 16.67% to 30.77% of publications within each category.

DISCUSSION

As noted in the introduction, patients' expectations are an object of keen interest, mainly due to their potential impact on the effectiveness of therapeutic procedures. Evidence supporting this claim was provided by multiple studies. For example, a study by Linde et al. [26] on patients suffering from chronic pain proved that

Table I. General characteristics and categorization of the reviewed articles according to the model by Laferton et al. [8]

		Number of publications	Behavioral expectations		Treatment expectations		Evidence support
			Self-efficacy	Behavioral outcomes	Treatment outcomes	Structural aspects	
		n=36 (100%)	n=14 (100%)	n=18 (100%)	n=24 (100%)	n=13 (100%)	n=21 (100%)
Type of relationship studied	Knowledge → Expectations	23 (63.89%)	8 (57.14%)	13 (72.22%)	15 (62.50%)	4 (30.77%)	15 (71.43%)
	Expectations → Evaluation	8 (22.22%)	3 (21.43%)	2 (11.11%)	5 (20.83%)	5 (38.46%)	4 (19.05%)
	Knowledge → Expectations → Evaluation	5 (13.89%)	3 (21.43%)	3 (16.67%)	4 (16.67%)	4 (30.77%)	2 (9.52%)
Type of publication	Original papers	30 (83.33%)	12 (85.71%)	14 (77.78%)	22 (91.67%)	11 (84.62%)	16 (76.19%)
	Review papers	6 (16.67%)	2 (14.29%)	4 (22.22%)	2 (8.33%)	2 (15.38%)	5 (23.81%)
Methodology	Quantitative research	14 (38.89%)	3 (21.43%)	4 (22.22%)	13 (54.17%)	7 (53.85%)	10 (47.62%)
	Qualitative research	18 (50.00%)	9 (64.29%)	12 (66.67%)	9 (37.50%)	5 (38.46%)	9 (42.86%)
	Mixed	3 (8.33%)	2 (14.29%)	2 (11.11%)	2 (8.33%)	0 (0.00%)	2 (9.52%)
	Undefined	1 (2.78%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (7.69%)	0 (0.00%)
Evidence support		21 (58.33%)	7 (50.00%)	14 (77.78%)	16/24 (66.67%)	6/13 (46.15%)	–

high expectations regarding the effectiveness of acupuncture treatment translated into patients declaring a significantly greater feeling of improvement after the therapy. Similar conclusions can be drawn from research carried out on a group of patients undergoing total knee or hip arthroplasty [27], among others. The potential therapeutic benefits of the patient's expectations are arguably the most frequent subject of research related to knowledge, expectations, and evaluation. This strong focus on the impact that expectations have on health outcomes was reflected in our study by the fact that a number of the articles included in the review referred to expectations related to treatment outcome.

The results of our review suggest that there is no shortage of studies and analyses on the relationship between the components of knowledge and expectations. In fact, it was the most frequently investigated relationship of all those included in the study. The primary focus of the articles was the impact of the patients' information on their expectations regarding the therapeutic process, its course, outcomes, and the impact of this knowledge on the use of health services offered in the system. With regard to the last issue, there is a particularly rich body of literature addressing the limitations in access to health services for groups at risk of social exclusion. Numerous studies conducted in this area indicate the level of knowledge on the functioning of the healthcare system as one of the main factors limiting the use of services. Scheppers et al. [28] conducted a detailed review of the barriers in access to healthcare services found in studies conducted among ethnic minorities. In the rich array of such barriers were factors that directly relate to the respondents' knowledge. The sources of advice and regular sources of care were noted as important factors, with unprofessional advice and a lack of regular care being barriers for the use of healthcare services by ethnic minority patients and their children. Although the impact of information on access to healthcare services is assumed to be particularly strong in the case of ethnic minorities and immigrants [29,30,31,32,33, 34,35,36], this factor should not be omitted while discussing barriers deriving from criteria other than minority status. The impact of knowledge on expectations of treatment is the relationship with the strongest supporting evidence. Research conducted by Davidson et al. [37] indicates the important role that information provided by a doctor can play in shaping the realistic expectations of patients. A study by Huang et al. [38] shows that incorrect information obtained by diabetic patients translated into a tendency to give up pharmacotherapy.

The structural aspects of expectation were significantly less frequently the subject of the reviewed articles, with only 13 out of 36 referring to this issue. It should be viewed as highly problematic, considering the fact that a lack of knowledge of healthcare services and how they can be used has an equally damaging effect on patients' expectations and attitudes. The problem is frequently reported in studies and, notably, in many cases the lack of knowledge of the functions and services provided in the system refers to services provided by health professionals other than a doctor [29,30,31,32]. Considering the increasing demand for healthcare and the limited human resources in the system, further investigation into the impact of knowledge and expectations on the actual paradigm of service use should be prioritized.

As research suggests, the perception and attitudes toward healthcare constitute another barrier. This is particularly evident when patients from ethnic minorities have doubts about the benefits of health services or simply do not see the benefits. The demand for health services is strongly influenced by consumer preferences and the willingness to purchase healthcare services. Ethnic minority patients may view healthcare providers as a rather alien or distant group of people and have too much respect for healthcare professionals. This, in turn, may prevent them from asking important questions about medical instructions, etc. and this form of abstract submission makes it impossible for them to question authority [28].

Extremely interesting conclusions were also provided by Thorpe et al. [39] on the impact of knowledge on patients' attitudes to expectations and requests for antibiotics. The study showed that knowledge acquired before using the services, as well as information received by patients, had an impact on expectations and requests for antibiotics. At the same time, it was indicated that information on the effectiveness and side effects of antibiotics reduced, but did not eliminate, clinically inappropriate expectations and requests for antibiotics.

Other publications also provide similar conclusions on the impact of knowledge on patients' expectations. In a study conducted by Best et al. [40], it was shown that oncological patients had a very favorable attitude toward molecular tumor profiling, despite the fact that they did not have sufficient knowledge about the method or were unable to understand its essence and potential consequences.

CONCLUSIONS

The literature review indicates the clearly dominant research area of expectations and their relationship with knowledge and evaluation. In the context of the concept of information beliefs used in the study, the results indicate a strong interest in the relationship between knowledge and expectations, but it is relatively rare for research to be comprehensive – i.e., taking into account the impact of these two factors on evaluation.

This indicates the existence of a gap in the current state of knowledge regarding the role that knowledge and expectations play in shaping opinions about health services and the healthcare system as a whole.

A preference was noted to address issues related to the impact of expectations on therapeutic effectiveness and the effectiveness of actions taken by patients themselves. Relatively rarely did the issues raised in the papers concern structural aspects, which leads to the thesis that the impact of knowledge and expectations is currently not strongly used in research that comprehensively assesses the functioning of healthcare systems.

The literature review indicates that the level of knowledge of the recipients of healthcare services may be an important determinant of their expectations toward service providers and the forms of treatment they receive. At the same time, the evidence does not provide a clear picture of the impact that making expectations more realistic would have on assessments of the healthcare system. Particularly in the context of the Polish healthcare system, which is burdened by a lack of financial and human resources, further exploration of the relationship between patients' knowledge, expectations, and perceptions of the healthcare system could yield tangible benefits. This could lead to more effective information strategies that would provide patients with a better understanding of the complex range of available services. Furthermore, raising patients' awareness and making their expectations more realistic could be instrumental in reducing the costs of unnecessary medical procedures, which are partially a consequence of not understanding the healthcare system's operating principles and susceptibility to unreliable information regarding medical procedures among the public.

Supplementary material

Data extracion table

	Title of publication	Authors	Journal and date of publication	Type of article	Type of research	Methods	Investigated links between key components			Criteria according to Laferton's model				Evidence support
							Knowledge and expectations	Expectations and evaluation	Knowledge and expectations and evaluation	Self--efficacy	Behavioral results	Treatment results	Structural aspects	
1	Knowledge, attitudes, and beliefs related to hypertension and hyperlipidemia self-management among African-American men living in the southeastern United States	Long E, Ponder M, Bernard S	Patient Educ Couns. 2017 May	original research	qualitative	focus group interview	+			+	+			
2	Patient expectations and experiences of remote monitoring for chronic diseases: Systematic review and thematic synthesis of qualitative studies	Walker RC, Tong A, Howard K, Palmer SC	Int J Med Inform. 2019 Apr	review	qualitative	systematic review		+			+			+
3	Patient expectations for management of chronic non-cancer pain: A systematic review	Geurts JW, Willems PC, Lockwood C, van Kleef M, Kleijnen J, Dirksen C	Health Expect. 2017 Dec	review	quantitative/ qualitative		+			+	+	+		+
4	Pre-consultation information about one's physician can affect trust and treatment outcome expectations	Peerdeman KJ, Hinnen C, van Vliet LM, Evers AWM	Patient Educ Couns. 2021 Feb	original research	quantitative	experimental web-based survey	+					+	+	+
5	A cross-sectional survey investigating women's information sources, behaviour, expectations, knowledge and level of satisfaction on advice received about diet and supplements before and during pregnancy	Funnell G, Naicker K, Chang J, Hill N, Kayyali R	BMC Pregnancy Childbirth. 2018 May 25	original research	quantitative	survey			+	+		+	+	
6	The measurement of patients' expectations for health care: a review and psychometric testing of a measure of patients' expectations	Bowling A, Rowe G, Lambert N, Waddington M, Mahtani KR, Kenten C, Howe A, Francis SA	Health Technol Assess. 2012 Jul	review	quantitative	narrative review	+					+	+	+
7	Patient knowledge and expectations in endoscopic sinus surgery	Neubauer PD, Tabaee A, Schwam ZG, Francis FK, Manes RP	Int Forum Allergy Rhinol. 2016 Sep	original research	quantitative	survey	+					+		
8	Knowledge, expectations and fears of cannabis use of epilepsy patients at a tertiary epilepsy center	von Wrede R, Moskau-Hartmann S, Amarell N, Elger CE, Helmstaedter C	Epilepsy Behav. 2019 Oct	original research	quantitative	survey	+					+		+

	Title of publication	Authors	Journal and date of publication	Type of article	Type of research	Methods	Investigated links between key components			Criteria according to Laferton's model				Evidence support
							Knowledge and expectations	Expectations and evaluation	Knowledge and expectations and evaluation	Self--efficacy	Behavioral results	Treatment results	Structural aspects	
9	Knowledge, perspectives and health outcome expectations of antibiotic therapy in hospitalized patients	Jorgoni L, Camardo E, Jeffs L, Nakamachi Y, Somanader D, Bell CM, Morris AM	Infect Prev Pract. 2022 Aug 30	original research	mixed	survey and interview	+					+		
10	Childbirth expectations and sources of information among low- and moderate-income nulliparous pregnant women	Martin DK, Bulmer SM, Pettker CM	J Perinat Educ. 2013 Spring	original research	qualitative	interview	+					+		
11	Expectations of healthcare quality: A cross-sectional study of internet users in 12 low- and middle-income countries	Roder-DeWan S, Gage AD, Hirschhorn LR, Twum-Danso NAY, Liljestrand J, Asante-Shongwe K, Rodríguez V, Yahya T, Kruk ME	PLoS Med. 2019 Aug 7	original research	quantitative	internet survey		+				+	+	+
12	Patient-reported healthcare expectations in inflammatory bowel diseases	Pittet V, Vaucher C, Froehlich F, Maillard MH, Michetti P	PLoS One. 2018 May 17	original research	qualitative	focus group interview		+				+	+	
13	Medicine use and medicine-related problems experienced by ethnic minority patients in the United Kingdom: a review	Alhomoud F, Dhillon S, Aslanpour Z, Smith F	Int J Pharm Pract. 2013 Oct	review	quantitative/ qualitative	systematic review	+			+	+			+
14	Barriers and Facilitators to Healthcare Access in Adults with Intellectual and Developmental Disorders and Communication Difficulties: an Integrative Review	Shady K, Phillips S, Newman S	Rev J Autism Dev Disord. 2022 May 30	review	unspecified	integrative review	+						+	
15	'I did try and point out about his dignity': a qualitative narrative study of patients and carers' experiences and expectations of junior doctors	Kostov CE, Rees CE, Gormley GJ, Monrouxe LV	BMJ Open. 2018 Jan 21	original research	qualitative	narrative method + focus group interview		+		+			+	
16	Great expectations: patient perspectives and anticipated utility of non-diagnostic genomic-sequencing results	Hylind R, Smith M, Rasmussen-Torvik L, Aufox S	J Community Genet. 2018 Jan	original research	qualitative	interview	+					+		+
17	How patients' use of social media impacts their interactions with healthcare professionals	Benetoli A, Chen TF, Aslani P	Patient Educ Couns. 2018 Mar	original research	qualitative	focus group interview	+				+			+

	Title of publication	Authors	Journal and date of publication	Type of article	Type of research	Methods	Investigated links between key components			Criteria according to Laferton's model				Evidence support
							Knowledge and expectations	Expectations and evaluation	Knowledge and expectations and evaluation	Self--efficacy	Behavioral results	Treatment results	Structural aspects	
18	'I don't think anybody explained to me how it works': qualitative study exploring vaccination and primary health service access and uptake amongst Polish and Romanian communities in England	Bell S, Edelstein M, Zatoński M, Ramsay M, Mounier-Jack S	BMJ Open. 2019 Jul 9	original research	qualitative	interview			+		+	+	+	+
19	Barriers to patient information provision in primary care: patients' and general practitioners' experiences and expectations of information for low back pain	McIntosh A, Shaw CF	Health Expect. 2003 Mar	original research	qualitative	interview	+					+	+	
20	Identifying needs and barriers to diabetes education in patients with diabetes	Rafique G, Shaikh F	J Pak Med Assoc. 2006 Aug	original research	qualitative	interview	+			+	+			
21	Seeking Health Information: A Qualitative Study of the Experiences of Women of Refugee Background from Myanmar in Perth, Western Australia	Griffin G, Nau SZ, Ali M, Riggs E, Dantas JAR	Int J Environ Res Public Health. 2022 Mar 10	original research	qualitative	interview		+		+				
22	Knowledge, attitudes and practices towards antibiotic use in upper respiratory tract infections among patients seeking primary health care in Singapore	Pan DS, Huang JH, Lee MH, Yu Y, Chen MI, Goh EH, Jiang L, Chong JW, Leo YS, Lee TH, Wong CS, Loh VW, Poh AZ, Tham TY, Wong WM, Lim FS	BMC Fam Pract. 2016 Nov 3	original research	quantitative	survey	+				+	+		+
23	Ethnic notions and healthy paranoias: understanding of the context of experience and interpretations of healthcare encounters among older Black women	Sims CM	Ethn Health. 2010 Oct	original research	qualitative	etnographic method			+	+	+			
24	Early patient satisfaction following orthopaedic surgery	Howard B, Aneizi A, Nadarajah V, Sajak PMJ, Ventimiglia DJ, Burt CI, Zhan M, Akabudike NM, Henn RF 3rd	J Clin Orthop Trauma. 2020 Oct	original research	quantitative	survey		+				+	+	+

	Title of publication	Authors	Journal and date of publication	Type of article	Type of research	Methods	Investigated links between key components			Criteria according to Laferton's model				Evidence support
							Knowledge and expectations	Expectations and evaluation	Knowledge and expectations and evaluation	Self--efficacy	Behavioral results	Treatment results	Structural aspects	
25	Peer advice giving from posttreatment to newly diagnosed esophageal cancer patients	Graham-Wisener L, Dempster M	Dis Esophagus. 2017 Oct 1	original research	qualitative	interview	+			+	+			
26	"If I'd Known …" – a Theory-Informed Systematic Analysis of Missed Opportunities in Optimising Use of Nicotine Replacement Therapy and Accessing Relevant Support: a Qualitative Study	Herbec A, Tombor I, Shahab L, West R	Int J Behav Med. 2018 Oct	original research	qualitative	interview	+			+	+	+		+
27	Patient Perspectives on the Drivers and Deterrents of Antibiotic Treatment of Acute Rhinosinusitis: a Qualitative Study	Smith SS, Caliendo A, Cheng BT, Kern RC, Holl J, Linder JA, Cameron KA	J Gen Intern Med. 2022 Oct 18	original research	qualitative	interview	+			+	+	+		+
28	Improving knowledge and trust in vaccines: A survey-based assessment of the potential of the European Union Clinical Trial Regulation No 536/2014 plain language summary to increase health literacy	Penlington M, Goulet P, Metcalfe B	Vaccine. 2022 Feb 7	original research	quantitative	survey	+				+	+		+
29	Public awareness and attitudes toward palliative care in Northern Ireland	McIlfatrick S, Hasson F, McLaughlin D, Johnston G, Roulston A, Rutherford L, Noble H, Kelly S, Craig A, Kernohan WG	BMC Palliat Care. 2013 Sep 17	original research	quantitative	survey		+				+	+	
30	Online assessment of patients' views on hospital performances using Rasch model's KIDMAP diagram	Chien TW, Wang WC, Wang HY, Lin HJ	BMC Health Serv Res. 2009 Jul 31	original research	quantitative	survey			+			+	+	
31	"They think we're OK and we know we're not". A qualitative study of asylum seekers' access, knowledge and views to health care in the UK	O'Donnell CA, Higgins M, Chauhan R, Mullen K	BMC Health Serv Res. 2007 May 30	original research	qualitative	focus group interview + interviews			+	+	+	+	+	+

	Title of publication	Authors	Journal and date of publication	Type of article	Type of research	Methods	Investigated links between key components			Criteria according to Laferton's model				Evidence support
							Knowledge and expectations	Expectations and evaluation	Knowledge and expectations and evaluation	Self--efficacy	Behavioral results	Treatment results	Structural aspects	
32	"I was considering surgery because I believed that was how it was treated": a qualitative study on willingness for joint surgery after completion of a digital management program for osteoarthritis	Cronström A, Dahlberg LE, Nero H, Hammarlund CS	Osteoarthritis Cartilage. 2019 Jul	original research	qualitative	interview	+				+	+		+
33	Effect of information on reducing inappropriate expectations and requests for antibiotics	Thorpe A, Sirota M, Orbell S, Juanchich M	Br J Psychol. 2021 Aug	original research	quantitative	survey	+			+	+			+
34	Understanding and identifying key contextual factors that influence the practitioner-patient encounter in the management of osteoarthritis: A qualitative systematic review	Ismail A, Evans C, Yaseen K, Hall M, Doherty M, Zhang W	Ann Rheum Dis. 2022 Jun 1	review	qualitative	systematic review	+				+			+
35	Do patient information leaflets affect patients' expectation of orthodontic treatment? A randomized controlled trial	Nasr I, Sayers M, Newton T	J Orthod. 2011 Dec	original research	quantitative	randomized controlled study	+					+		+
36	Changing parents' opinions regarding antibiotic use in primary care	Maor Y, Raz M, Rubinstein E, Derazne E, Ringel S, Roizin H, Rahav G, Regev-Yochay G	Eur J Pediatr. 2011 Mar	original research	quantitative	survey		+		+	+	+		+

Authors' contribution

Study design – K. Kaczmarek, P. Romaniuk
Data collection – K. Kaczmarek, K. Brukało
Manuscript preparation – K. Kaczmarek, K. Brukało, P. Romaniuk
Literature research – K. Kaczmarek, P. Romaniuk
Final approval of the version to be published – K. Kaczmarek, K. Brukało, P. Romaniuk

REFERENCES

1. Starzyńska-Rosiecka D/PAP. NIK opublikowała raport nt. systemu ochrony zdrowia w Polsce. Puls Medycyny, 30-05-2019 [online] https://pulsmedycyny.pl/system-ochrony-zdrowia/system-ochrony-zdrowia/nik-opublikowala-raport-nt-systemu-ochrony-zdrowia-w-polsce/ [accessed on 17 November 2025].
2. Di Blasi Z, Harkness E, Ernst E, Georgiou A, Kleijnen J. Influence of context effects on health outcomes: a systematic review. Lancet. 2001;357(9258):757–762. doi: 10.1016/S0140-6736(00)04169-6.
3. Juergens MC, Seekatz B, Moosdorf RG, Petrie KJ, Rief W. Illness beliefs before cardiac surgery predict disability, quality of life, and depression 3 months later. J Psychosom Res. 2010;68(6):553–560. doi: 10.1016/j.jpsychores.2009.10.004.
4. Mahomed NN, Liang MH, Cook EF, Daltroy LH, Fortin PR, Fossel AH, et al. The importance of patient expectations in predicting functional outcomes after total joint arthroplasty. J Rheumatol. 2002;29(6):1273–1279.
5. Colagiuri B, Zachariae R. Patient Expectancy and post-chemotherapy nausea: a meta-analysis. Ann Behav Med. 2010;40(1):3–14. doi: 10.1007/s12160-010-9186-4.
6. Main CJ, Buchbinder R, Porcheret M, Foster N. Addressing patient beliefs and expectations in the consultation. Best Pract Res Clin Rheumatol. 2010;24(2):219–225. doi: 10.1016/j.berh.2009.12.013.
7. Hoorens V. Expectation. In: Ramachandran VS [ed.]. Encyclopedia of Human Behavior. 2nd ed. San Diego: Academic Press; 2012, pp. 142–149. doi: 10.1016/B978-0-12-375000-6.00163-4.
8. Laferton JAC, Kube T, Salzmann S, Auer CJ, Shedden-Mora MC. Patients' Expectations Regarding Medical Treatment: A Critical Review of Concepts and Their Assessment. Front Psychol. 2017;8:233. doi: 10.3389/fpsyg.2017.00233.
9. de Lange FP, Heilbron M, Kok P. How Do Expectations Shape Perception? Trends Cogn Sci. 2018;22(9):764–779. doi: 10.1016/j.tics.2018.06.002.
10. Bandura A. Social foundations of thought and action: A social cognitive theory. Englewood Cliffs, NJ, US: Prentice-Hall, Inc; 1986.
11. Maddux JE. Expectancies and the social–cognitive perspective: Basic principles, processes, and variables. In: Kirsch I [ed.]. How expectancies shape experience. Washington, DC, US: American Psychological Association; 1999, pp. 17–39.
12. Schwarzer R. Optimism, Vulnerability, and self-beliefs as health-related cognitions: A systematic overview. Psychol Health. 1994;9(3):161–180. doi: 10.1080/08870449408407475.
13. Kirsch I. Response expectancy as a determinant of experience and behavior. Am Psychol. 1985;40(11):1189–1202. doi: 10.1037/0003-066X.40.11.1189.
14. Kirsch I. Self-Efficacy and Outcome Expectancies. In: Maddux JE [ed.]. Self-Efficacy, Adaptation, and Adjustment: Theory, Research, and Application. Boston, MA: Springer US; 1995, p. 331–345. doi: 10.1007/978-1-4419-6868-5_12.
15. Bowling A, Rowe G, McKee M. Patients' experiences of their healthcare in relation to their expectations and satisfaction: a population survey. J R Soc Med. 2013;106(4):143–149. doi: 10.1258/jrsm.2012.120147.
16. Bardes CL. Defining "patient-centered medicine". N Engl J Med. 2012;366(9):782–783. doi: 10.1056/NEJMp1200070.
17. Rief W, Glombiewski JA, Gollwitzer M, Schubö A, Schwarting R, Thorwart A. Expectancies as core features of mental disorders. Curr Opin Psychiatry. 2015;28(5):378–385. doi: 10.1097/YCO.0000000000000184.
18. Roese NJ, Sherman JW. Expectancy. In: Social psychology: Handbook of basic principles, 2nd ed. New York, NY, US: The Guilford Press; 2007, p. 91–115.
19. Weeks JC, Catalano PJ, Cronin A, Finkelman MD, Mack JW, Keating NL, et al. Patients' expectations about effects of chemotherapy for advanced cancer. N Engl J Med. 2012;367(17):1616–1625. doi: 10.1056/NEJMoa1204410.
20. Hamilton DL, Garcia-Marques L. Effects of expectancies on the representation, retrieval, and use of social information. In: Foundations of Social Cognition: A Festschrift in Honor of Robert S Wyer, Jr. Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers; 2003, p. 25–50.
21. Pinquart M, Endres D, Teige-Mocigemba S, Panitz C, Schütz AC. Why expectations do or do not change after expectation violation: A comparison of seven models. Conscious Cogn. 2021;89:103086. doi: 10.1016/j.concog.2021.103086.
22. Burger K, Mortimer JT. Socioeconomic origin, future expectations, and educational achievement: A longitudinal three-generation study of the persistence of family advantage. Dev Psychol. 2021;57(9):1540–1558. doi: 10.1037/dev0001238.
23. Haanstra TM, van den Berg T, Ostelo RW, Poolman RW, Jansma EP, Cuijpers P, et al. Systematic review: do patient expectations influence treatment outcomes in total knee and total hip arthroplasty? Health Qual Life Outcomes. 2012;10:152. doi: 10.1186/1477-7525-10-152.
24. Fishbein M, Ajzen I. Belief, Attitude, Intention, and Behavior: An Introduction to Theory and Research. Contemp Soc. 1977;6:244. doi: 10.2307/2065853.
25. Coye RW. Managing customer expectations in the service encounter. Int J Serv Ind Manag. 2004;15(1):54–71. doi: 10.1108/09564230410523330.
26. Linde K, Witt CM, Streng A, Weidenhammer W, Wagenpfeil S, Brinkhaus B, et al. The impact of patient expectations on outcomes in four randomized controlled trials of acupuncture in patients with chronic pain. Pain. 2007;128(3):264–271. doi: 10.1016/j.pain.2006.12.006.
27. Neuprez A, Delcour JP, Fatemi F, Gillet P, Crielaard JM, Bruyère O, et al. Patients' Expectations Impact Their Satisfaction following Total Hip or Knee Arthroplasty. PLoS One. 2016;11(12):e0167911 doi: 10.1371/journal.pone.0167911.
28. Scheppers E, van Dongen E, Dekker J, Geertzen J, Dekker J. Potential barriers to the use of health services among ethnic minorities: a review. Fam Pract. 2006;23(3):325–348. doi: 10.1093/fampra/cmi113.
29. ten Have ML, Bijl RV. Inequalities in mental health care and social services utilisation by immigrant women. Eur J Public Health. 1999;9(1): 45–51. doi: 10.1093/eurpub/9.1.45.
30. Morgan M. Prenatal care of African American women in selected USA urban and rural cultural contexts. J Transcult Nurs. 1996;7(2):3–9. doi: 10.1177/104365969600700202.
31. Gray S, Lawrence S, Arregui A, Phillips N, Bell R, Richards T, et al. Attitudes and behaviors of African-American and Mexican-American women delivering newborns in inner-city Los Angeles. J Natl Med Assoc. 1995;87(5):353–358.
32. Watt IS, Howel D, Lo L. The health care experience and health behaviour of the Chinese: a survey based in Hull. J Public Health Med. 1993;15(2): 129–136.
33. Hatfield B, Mohamad H, Rahim Z, Tanweer H. Mental health and the Asian communities: A local survey. Br J Soc Work. 1996;26(3):315–336. doi: 10.1093/oxfordjournals.bjsw.a011098.
34. Ma GX. Between two worlds: the use of traditional and Western health services by Chinese immigrants. J Community Health. 1999;24(6):421–437. doi: 10.1023/a:1018742505785.
35. Moon A, Lubben JE, Villa V. Awareness and utilization of community long-term care services by elderly Korean and non-Hispanic white Americans. Gerontologist. 1998;38(3):309–316. doi: 10.1093/geront/38.3.309.
36. Levesque JF, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. Int J Equity Health. 2013;12:18. doi: 10.1186/1475-9276-12-18.
37. Davidson D, Noonan VK, Dvorak MF, Zhang H, Fisher CG. The impact of patient expectations on outcome following treatment for spinal trauma: Part 1: What are spine surgeons telling their patients? Spine (Phila Pa 1976). 2010;35(19):1807–1811. doi: 10.1097/BRS.0b013e3181c15b5d.
38. Huang YM, Pecanac KE, Shiyanbola OO. "Why Am I Not Taking Medications?" Barriers and Facilitators of Diabetes Medication Adherence Across Different Health Literacy Levels. Qual Health Res. 2020;30(14): 2331–2342. doi: 10.1177/1049732320945296.
39. Thorpe A, Sirota M, Orbell S, Juanchich M. Effect of information on reducing inappropriate expectations and requests for antibiotics. Br J Psychol. 2021;112(3):804–827. doi: 10.1111/bjop.12494.
40. Best MC, Bartley N, Jacobs C, Juraskova I, Goldstein D, Newson AJ, et al. Patient perspectives on molecular tumor profiling: "Why wouldn't you?". BMC Cancer. 2019;19(1):753. doi: 10.1186/s12885-019-5920-x.